hepatitis resulting in fatal outcome were detected in patients taking rifampicin, ethambutol, isoniazid and pyrazinamide. Anaphylactic shock was observed in patients with injected streptomycin. Skin and appendages disorders was the most common adverse effects reported. The result can be predictor of TB surveillance system to develop plan for TB patients surveillance.

**Changes in the Number of Oral Health-Related Quality of Life Impacts in Elderly People**

**Objectives** The aim of this study was to evaluate the pattern of changes in the number of oral-health-related-quality of life (OHRQoL) impacts and investigate its relationship with self-reported oral health measurements in a sample of community-dwelling elderly from São Paulo-Brazil.

**Methods** The sample consisted of 747, 65 and older people, enrolled in the Health, Well-being and Ageing cohort-study. OHRQoL negative-impacts were measured using the General Oral Health Index-GOHI and calculated as the number of items reported as “always” or “often.” Self-reported oral health measurements included: number of teeth lost and use of prosthesis. Changes scores were calculated by subtracting the number of impacts at baseline from the impacts at follow-up. A positive change score indicates an increment in the number of impacts, a negative score indicates a decrement and a change score of zero represents no change. Multinomial logistic regression analysis was used, estimating values for OR and a 95% CI. A design effect correction was made using the Stata survey command to analyse data coming from complex samples.

**Results** Most people had no change in the number of impacts and 21.80% had a decrement. Increment was related with tooth loss ≥16 (OR 1.74), use of dental prosthesis (OR 0.54), schooling ≥3 years (OR 1.65) and age (OR 1.03). Decrement was associated with tooth loss ≥16 (OR 2.61), use of dental prosthesis (OR 0.52).

**Conclusion** Changes in OHRQoL impacts were significantly related with the number of teeth lost and use of prosthesis even after controlling for socioeconomic factors.

**Midterm Consequences on Health of the Earthquake of 6 April 2009 in L’Aquila (Italy), Assessed by the Behavioural Risk Factor Surveillance System PASSI**

**Introduction** 1 year after the earthquake in L’Aquila, all Abruzzo Local Health Units (LHU) with the University of L’Aquila, the Italian institute for health and the support of the Ministry of health, carried out a survey on midterm consequences of the earthquake on health. The analysis, based on the behavioural risk factors surveillance system PASSI, was aimed at assessing the prevalence of symptoms of depression and anxiety in adults, at monitoring health related behaviour and the prevalence of post-traumatic stress disorder (PTSD) with the objective to establish a knowledge base for better informed public health decisions.

**Methods** From June to October 2010, 958 people living in earthquake area were interviewed by phone (response rate 95%), using the properly modified PASSI questionnaire.

**Results** 92% of interviewees were in the earthquake area at time of event; 5% were injured; 10% knew an injured person, 40% knew a person killed by the earthquake among their relatives or friends, 35% had to leave their home due to severe damage, 45% reported economic losses and 15% lost their job. 22% were displaced in a temporary public accommodation. 4% met the definition of PTSD and 16% of depression, higher for women and 50–69 aged years old.

**Conclusion** The study provides an estimate of non-traumatic consequences of the earthquake, otherwise neglected but financially covered by the NHS, and is a useful tool for public health needs assessment and planning in case of a disaster.

**Layers of Complexity in Interpreting Effectiveness Evidence**

**Introduction** There has been growing attention to using effectiveness evidence to guide public health and health improvement policies, strategies, programmes, and actions “on the ground.” However, there has only been partial recognition of complications that have a material bearing on how such evidence is interpreted and translated into action. This paper aims to shed further light on such complications, capitalising on the authors’ previous roles as “evidence originators” in academia and their more recently gained perspectives as “evidence interpreters” in national agencies.

**Methods** A particular randomised controlled trial in which the authors were directly involved—based on a workplace cardiovascular disease prevention programme—was revisited and used as an illustrative case study to elucidate important considerations in assessing and applying effectiveness evidence more generally.

**Results** Relatively obvious, and less obvious, complicating factors were identified in relation to defining the intervention, judging effectiveness, and transferability of findings. In addition, some “bigger picture” considerations were described, with individual interventions viewed as pieces in the health improvement “jigsaw” or as frames in the “movie” of ever-changing influences on population health.

**Conclusion** The layers of complexity uncovered in this work should be taken into account in designing, executing and reporting primary evaluative studies and reviews, in formulating recommendations for action, and in developing more fully fit-for-purpose approaches to evidence-informed public health and health improvement.

**Trends in Cardiovascular Risk Factors in the UK, 1961–2011**

**Introduction** Cardiovascular disease rates in the UK have been steadily declining over the past 50 years, mainly due to improvements in risk factors. This paper focuses on the behavioural risk factors and aims to document trends from 1961 to the present.

**Methods** We searched the peer-reviewed and grey literature from comparable estimates of prevalence of smoking, poor diet, alcohol consumption, physical inactivity and overweight and obesity, within the UK between 1961 and 2011.
**Results** Trends in heavy drinking showed no real increase since the '70s for either men or women. 40–50 years ago, average BMI was within the “normal” range of 20–25, but now it is above this range for most age groups. Childhood overweight and obesity has also dramatically increased since the ’70s. Smoking rates have declined with four times less tobacco available in the UK now since 1961. The quality of the UK diet has improved, with reductions in saturated fat and sugar intake, and increases in fruit consumption. Long term trends in physical activity levels were unclear.

**Conclusion** Falls in cardiovascular disease are due to the improvements in smoking and diet—two of the major risk factors. Trends in heavy drinking have remained fairly constant, but the striking increases in average BMI and childhood obesity threaten to slow or even reverse the declines in cardiovascular mortality, a condition which in 2009 killed a third of the UK population.

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**Introduction** The breastfeeding is extremely important to the general’s and stomatognathic system’s health of the baby. The aim of this research is to evaluate the existing association between breastfeeding and deleterious oral habits and the prevalence of the habits in children from 03 to 05 years old in Vitória, Espírito Santo.

**Methods** Case-control study, used as parameters to the samples a prevalence of 53%, confidence level of 95% and margin of error of 5%. The final sample was 903 students, randomised and representative of a total of 9829 children, with complete primary dentition. For the data collection it was used a questionnaire directed to the responsible. The comparison of the percentages among habits and socioeconomic factors and weaning was tested by Fisher’s exact test. To the risk was used OR. The level of significance was 5%. The statistic package SPSS-Social Package Statistical Science, version 15—was used to this analysis. This research was approved by Comité de Ética em Pesquisa da UFES (084/2010).

**Results** 12.4% present or had presented the habit of finger sucking and 37.7% the habit of sucking pacifier. There is no statistically significant association of the habit of finger sucking with weaning and children who suffer weaning present approximately 4 times more chance of developing the habit of sucking pacifiers.

**Conclusion** It is necessary a larger awareness of the mothers about breastfeeding and public politics to create conditions for them to have these healthy choices.

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**Introduction** There are scientific evidences which show the health contribution of the quality of life. These measurements have not been well guided towards the free speech of the oral health in the people’s life.

**Objective** This study aimed to investigate the impact of the teeth loss on the elderly people’s quality of life.

**Material and Methods** Qualitative investigation with descriptive features, which used random out sample as a result of the total edentulous elderly people’s selection, who live in a institution of Fortaleza, Brazil. Within 250 residents screened: 72 elderly, completely edentulous, with ages varying from 60 to 79 years old were selected. A semi-structured questionnaire with closed and opened questions in which the last ones were used for the free flow of the interviewee’s speech. The content was analysed and codified according to Bardin.

**Results** 84.7% had gone to the dentist in order to have exodontics. 81.9% reported difficulties after losing their teeth. Physical dimensions, characterised by the difficulties to be fed, and social dimensions, due to the interference in the communication with other people were obtained.

**Conclusion** The tooth loss causes disorder in the individual’s quality life, mainly when it affects his well-being and appearance.