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.

**SP3-53** CHANGES IN THE NUMBER OF ORAL-HEALTH-RELATED QUALITY OF LIFE IMPACTS IN ELDERLY PEOPLE

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F Andrade,* M L Lebrão, J Santos, Y Duarte. University of São Paulo, São Paulo/São Paulo, Brazil

**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-GOHAI 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.

**SP3-54** MIDTERM CONSEQUENCES ON HEALTH OF THE EARTHQUAKE OF 6 APRIL 2009 IN L’AQUILA (ITALY), ASSESSED BY THE BEHAVIOURAL RISK FACTOR SURVEILLANCE SYSTEM PASSI

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1V Minardi,* 2N Mirante, 3V Cofini, 3E Benelli, 1A Carboneii, 1P D’Argenio, 1G Diodati, 1P Farello, 1A Giganentesco, 1C Mancini, 1S Menna, 4P Natali, 1A Savino, 4I Taglione, 1E Tarolla, 2M O Trinito, 1S Salmaso, 1C Granchelli. 1National Centre for Epidemiology, Surveillance and Health Promotion, Istituto Superiore di Sanità, Rome, Italy; 2University of L’Aquila, L’Aquila, Italy; 3Zadig, Roma, Italy; 4AUSL Teramo, Teramo, Italy; 5AUSL L’Aquila, Avezzano e Sulmona, L’Aquila, Italy; 6AUSL L’Aquila, L’Aquila, Italy; 7AUSL L’Aquila, Avezzano e Sulmona, L’Aquila, Italy.

**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.

**SP3-55** LAYERS OF COMPLEXITY IN INTERPRETING EFFECTIVENESS EVIDENCE

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1A Tannahill,* 2M P Kelly, 1NHS Health Scotland, Glasgow, UK; 2National Institute for Health and Clinical Excellence, London, UK

**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.

**SP3-56** TRENDS IN CARDIOVASCULAR RISK FACTORS IN THE UK, 1961—2011

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**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.

ORAL HEALTH OF THE ELDERLY: PREVALENCE OF ORAL LESIONS RELATED TO DELETERIOUS HABITS

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Introduction With increasing age, the oral mucosa becomes more susceptible to external stimuli, favouring increased exposure of the individual to aggressive agents. Considering the deleterious habits, the use of alcohol and tobacco represents risk factors for oral lesions. Studies show that the incidence of oral cancer accompanies patterns of tobacco and alcohol consumption.

Objective To investigate the prevalence of oral lesions and relate them to deleterious habits in elderly patients.

Methodology It was a quantitative research conducted at the dental Clinic of UNIFOR, Fortaleza-CE, in the period from 1998 to 2006. The sample consisted of all 756 records of the elderly, and the date were processed by SPSS 15.0.

Results The majority (63.0) were women, age 60–92, mean age 67±6. The most significant proportions were: married (48.4%), retired (42.3%), incomplete primary school (31.5%). It was found a prevalence of 12.3% of oral lesions, with the risk being 1.6 times higher (p = 0.030) among younger (up to 65 years) and 1.7 times higher among smokers (p = 0.048). Although this risk is 1.6 times higher among those who drank alcohol, it was not statistically significant (p = 0.122).

Conclusion The elderly showed a high prevalence of oral lesion, being the youngest, the smokers and the alcohol consumers those most vulnerable to the emergence of these diseases. Dental services need to implement programs of elderly care and health education, essential to clarify the risks and their associations with oral diseases, aiming to promote health.

OLDER PEOPLE'S ORAL HEALTH EVALUATION AND THEIR INTERFERENCE IN DEPRESSION SYMPTOMS

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Introduction Population’s ageing brings problems that confront health systems.

Objective Evaluate the oral health of elderly patients and their interference in depression symptoms.

Methodology Quantitative research applied for elderly of Reference Centers for Social Welfare in Fortaleza. Applied: Geriatric Depression Scale and an identification and epidemiological survey questionnaire. Software SPSS, version 15.0, computed the data.