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.

Results The prevalence of oral lesions related to deleterious habits was 10.0% among young people (up to 40 years) and 20.0% among older people (over 40 years). A higher proportion of older people attended the dental services compared to younger people. The majority of oral lesions were related to smoking and alcohol consumption.

Conclusion The elderly showed a high prevalence of oral lesions, 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.

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.

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 tooth 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.