**Results** 150 patients between 60 and 91 years old (mean 69.37 and SD ±7.169) participated. Most patients were women, white race, widowhood, low educational level and family income. 54% was considered reasonable general health, 14.7% poor and 51.3% the widowhood, low educational level and family income. 54% was terol. 10.7% were smokers and 69.3% used drugs. Symptoms of mild diabetes mellitus, cardiovascular diseases, rheumatism and cholest- erol. 1540. T o verify the hypothesis of homogeneity of proportions, chi square test was used. The null hypothesis was rejected (p = 0.001) and using prosthesis (p = 0.005), pain in the mouth (p = 0.009), swelling of the mouth (p = 0.001) and using prosthesis (p = 0.005).

**Conclusion** Older people’s oral health is poor and most show depressive symptoms. The consequences of teeth condition were significant with depressive problems, providing public health burden that must be considered by public policy.

**Methods** Parent report from phone interviews and mailed ques- tionnaires was compared to abstracted medical records of 110 chil- dren with febrile seizures between ages 3 and 60 months. Concordance between parent report and medical records for char- acteristics and predisposing factors of febrile seizures was assessed by per cent total agreement and κ statistic. Sensitivity of medical record and parent report was determined setting parent report and medical record as the standard, respectively (Tisnado, 2006).

**Results** Per cent total agreement between medical record and parent report was good for many variables studied (62.5% had >70% agreement). However, κ was low for all measures (100% had κ <0.35). For seizure characteristics, parent report was more sensitive than medical record (69.9% (95% CI 50.0 to 88.9) and 31.9% (95% CI 18.2 to 45.7), respectively) while both were sensitive for fewer (91.0% (95% CI 85.4 to 96.6) vs 91.9% (95% CI 86.6 to 97.3), respectively). Neither was sensitive for predisposing factors (62.1% (95% CI 41.5 to 81.8)) and 64.1% (95% CI 44.0 to 83.3), respectively).

**Conclusion** These data demonstrate the limitations of using only medical records or parent report to assess febrile seizures. Collection of information from both sources is required to most accurately portray the spectrum of predisposing factors and seizure character- istics of childhood febrile seizures.

**SP3-62** AGREEMENT BETWEEN MEDICAL RECORD AND PARENT REPORT FOR EVALUATION OF CHILDHOOD FEBRILE SEIZURES

**SP3-63** FROM PRE-NATAL TO 3 MONTHS OLD: LONGITUDINAL STUDY WITH ADOLESCENT MOTHERS

**SP3-64** ASSOCIATION BETWEEN HISTORY OF TUBERCULOSIS AND VEGETARIANISM FROM A NATIONALY REPRESENTATIVE SURVEY IN INDIA

**Introduction** Introduce this topic and mention the background and rationale for the study. Mention the specific research question and the objectives.