

**Results** 150 patients between 60 and 91 years old (mean 69.37 and SD  $\pm 7.169$ ) 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 same condition as last year. 66% were edentulous. Highlighted problems: tartar, inflamed gums, cavities, residual root, soft tissue injuries, prosthesis needs. Last year, only 20% visited the dentist. Main cited diseases: vision, hypertension, hearing, osteoporosis, diabetes mellitus, cardiovascular diseases, rheumatism and cholesterol. 10.7% were smokers and 69.3% used drugs. Symptoms of mild and severe depression were detected. Statistical association verified among depression symptoms with: perceived general health ( $p=0.003$ ), osteoporosis ( $p=0.007$ ). Depression and oral health: smoking ( $p=0.040$ ), dry mouth ( $p=0.001$ ), burning mouth ( $p=0.055$ ), 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.

### SP3-61 PRESENT AND PREVIOUS ADOLESCENT PREGNANCY: SOCIOECONOMIC CHARACTERISTICS AND THE EFFECT ON NEWBORN WEIGHT

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**Introduction** The negative effects of pregnancy in adolescence on maternal and child health have been described. However gaps in the literature examination the association between this exposure and outcome remain. The aim of this study was to examine the association between socioeconomic characteristics of three groups of mothers (adolescents (<20 years old), women  $\geq 20$  years old with a previous pregnancy during adolescence and women  $\geq 20$  years old without a pregnancy during adolescence) and low birth weight (<2500 g).

**Methods** 1681 women in the first trimester of pregnancy were interviewed in two cities; follow-up at postpartum was available for 1540. To verify the hypothesis of homogeneity of proportions,  $\chi^2$  tests were used. To verify the association with low birth weight we conducted crude and adjusted logistic regression analyses with a significance level of 0.05.

**Results** Women  $\geq 20$  years old with a history of pregnancy in adolescence were more socioeconomically deprived than other groups. Compared to women  $\geq 20$  years old without a history of pregnancy in adolescence, women  $\geq 20$  years old with a history of pregnancy in adolescence had a lower level of educational attainment [OR 2.68], lower social status [OR 1.96] and lower income [OR 2.71]. Low birth weight was greater in the children of adolescent mothers [OR 1.36].

**Conclusions** These findings suggest that in Brazil adolescent pregnancy is a social problem and women with a pregnancy in adolescence are socioeconomically disadvantaged through their lives.

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

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**Introduction** Little is known about the quality of medical record data used to evaluate febrile seizures despite its influence on vaccine recommendations.

**Methods** Parent report from phone interviews and mailed questionnaires was compared to abstracted medical records of 110 children with febrile seizures between ages 3 and 60 months. Concordance between parent report and medical records for characteristics and predisposing factors of febrile seizures was assessed by per cent total agreement and  $\kappa$  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,  $\kappa$  was low for all measures (100% had  $\kappa < 0.33$ ). 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 fever (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 characteristics of childhood febrile seizures.

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

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**Introduction** The negative effects of pregnancy in adolescence on the mother and child health has been well established, however there are still remaining gaps to more studies to explore this cause-effect relation.

**Objectives** To compare three groups of mothers—adolescents (<20 years) and two composed of  $\geq 20$ -year-old women classified according to past experience of pregnancy during adolescence—with respect to perinatal care.

**Methods** A sample of 1681 women was interviewed in two cities during the first trimester of pregnancy, a follow-up sample of 1540 at postpartum and 1434 after 3 months. We conducted crude and adjusted logistic regression analysis for each outcome, with a significance level of 5%.

**Results** The most disadvantaged conditions were found among the adolescent's mothers and those with a history of pregnancy in adolescence. In comparison with women who hadn't been pregnant in adolescence, they had, respectively, a higher frequency of inadequate pre-natal-care [OR 1.8 and 1.5], no postpartum visit [OR 1.3 and 1.5], no performance of newborn screening test [OR 2.3 and 2.1] and baby's first doctor visit >1-month-old [OR 1.7 and 1.8]. No differences were found regarding breastfeeding at 3-month-old and immunisation. After adjustment for city, educational level and skin colour the association remained statistically significant for pre-natal inadequacy [OR 1.7 and 1.4] and baby's first doctor visit >1-month-old [OR 1.5 and 1.6].

**Conclusions** Previous and current adolescence pregnancy seems to be a risk factor for inadequate healthcare for both women and its offspring.

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

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