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 significant with depressive problems, providing public health burden that must be considered by public policy.

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 record for characteristics and predisposing factors of febrile seizures was assessed by per cent total agreement and k 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, k was low for all measures (100% had k < 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 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.

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Introduction Infection with *M tuberculosis* is a necessary but not sufficient condition for development of clinical Tuberculosis (TB). The reasons why some tuberculosis infections progress to clinical TB while most remain latent is not clear. A vegetarian diet has been implicated as a risk factor for tuberculosis among South-Asians in the UK.

Methods To explore whether this is the case in India we analysed data from the nationally representative National Family Health Survey-3 (2006) which collected information on TB and diet, and tested for HIV-1. Tuberculosis was reported by heads of households.

Results Vegetarianism was not a risk factor for tuberculosis among HIV-1 negative married men and women between 15 and 49 (women) or 54 (men) years [OR 0.66 (95% CI 0.49 to 0.89)] while poverty and a history of blood transfusions were. Individuals reporting TB were slightly older than those who did not (31.8 vs 29.4 in women, 39.3 vs 37.2 in men). Vegetarians were also slightly older than non-vegetarians (29.5 vs 29.4 in women, and 37.9 vs 37.0 in men). Except for 11 men and 11 women all individuals with TB were reported to have received treatment for their condition. Urban residence, poverty, higher age, and blood transfusion were positively associated with TB.

Conclusion Vegetarianism appeared to be protective against TB, perhaps due to confounding by unmeasured life-style factors. As it seems unlikely that confounding has masked a strong positive association with TB. Vegetarianism was not a risk factor for TB in India.

**Conclusion** Non-randomised evaluations of complex surgery are challenging but necessary. Ensuring the comparability of treatment groups is critical for robust evaluation.

**SP3-66 CARRIES IN CHILDREN ON THE EAST SIDE OF MEXICO CITY STUDY**

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Introduction The fluor addition in salt began in Mexico at the early '90s; consequently there has been a decrease of caries cases, but with different average results at the age of 12 in the whole country. Mexico City is one of the zones that present a moderate average (2.1–3). Considering this information it is pertinent to expose the benefit of fluoridated salt in different zones of Mexico City, as well as the different marginalisation characteristics.

Objective To know the experience of carries in children on the East side of Mexico City.

Methods Cross and observational survey. Informed previous consent, 352 students were analysed from the area of Iztapalapa on the East side of Mexico City. This zone is rated as one of the most marginalised ones of the federative entity. Previous calibration of two examiners, both caries dentitions were diagnosed (WHO). Data analysed with SPSS, getting central tendency results and dispersion of gender, age and carries variables. In order to distinguish homogeneity of variables it was used χ² (p<0.05).

Results 285 girls (52%) and 267 boys (48%) were examined, average age of 8.65 years old. The global dmft was 3.79+3.48 and the global DMFT was 1.67+2.07. There was no significant gender difference in both dentitions, but there was one related to age (p<0.0001). The average dmft-6 was 4.98+4.10 and the DMFT-12 was 3.22+2.71.

Conclusions The studied population presented high rates of carries at the age of twelve, a situation that suggests major efforts in mouth health prevention.