potentials factors related to tooth loss and loss of periodontal attachment.

**Methods** Cross-sectional study in 501 adults between 35 and 59 years, living in five different areas covered by the Community Health Agents Program/Family Health Strategy (CHAP/FHS), from July to October 2008. The oral health status information was obtained using indexes and criteria according Examiner’s Manual SB Brazil project (2001). Descriptive and exploratory analyses were carried out and the differences in scores were tested by Pearson’s $\chi^2$.

**Results** Near 50.0% of adults had tooth loss (<20 functional teeth present) and 17.7% had loss of periodontal attachment $\geq$ 6 mm. Female had a greater tooth loss (53.0%) and male had larger loss of periodontal attachment $\geq$ 6 mm (32.2%). The adults with more than 45 years presented bigger tooth loss (67.2%) as much as periodontal attachment $\geq$ 6 mm (24.3%). Among the factors associated with tooth loss, can be pointed out no monthly individual income, low educational level and attending dentist when there is need (p<0.001), while only low educational level was associated with loss of periodontal attachment $\geq$ 6 mm (p<0.001).

**Conclusions** The oral health status of adults was poor, which makes it one of the priorities of the primary care. Low socioeconomic status is commonly related to this condition, suggesting that improving the socioeconomic determinants reflect improvements in oral health.

**SP3-84** IMPACT OF ORAL HEALTH STATUS ON QUALITY OF LIFE IN ADULTS, BRAZIL

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**Introduction** The objective of this study was to assess the prevalence of impacts of oral health status on quality of life among adults, Brazil.

**Methods** A cross-sectional survey was carried out of 501 adults between 35 and 59 years, living in five different areas covered by the Community Health Agents Program/Family Health Strategy (CHAP/FHS) in Salvador—Bahia, Brazil. Data were collected from July to October, 2008, through interviews and clinical examination that’s used indexes and criteria according Examiner’s Manual SB Brazil project (2001). Data on the impact of oral health on the quality of daily living based upon the Oral Impacts on Daily Performance (OIDP) indicator. Exploratory analyses were tested by Pearson’s $\chi^2$.

**Results** OIDP mean score was 12.1±6.3 and 39.7% reported that their mouth affected their pattern of daily living. Oral impacts levels were lowest in subjects with the less loss of periodontal attachment. The most common oral impacts were on eating (20.6%) followed by the ones related to aesthetics (smiling—16.4%). Approximately 15% of the adults had oral impacts on cleaning teeth and relaxing. Oral impacts were more prevalent among the female (19.5%).

**Conclusions** This survey has shown that the oral status of adults fairly frequently affects their quality of life, and in particular, the ability to eat. Assess the oral health-related Quality of life promotes a more complex understanding of oral health, adds a subjective perspective to clinical interventions that’s provide measures to improve the quality of life of patients.

**SP3-85** DETERMINANTS OF LIFETIME DENTAL PAIN IN TWO BRAZILIAN BIRTH COHORTS

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**Introduction** Dental pain significantly impacts child’s life. This study explores the determinants of lifetime dental pain (LDP) among children.

**Methods** Data from a follow-up of two birth cohorts in Brazil was used: Ribeirão Preto (RP) with one of highest Human Development Index (HDI) in the country and São Luiz (SL) one of the lowest. Follow-up data (1/3 of original cohort) was collected in 2004/5 when children from RP were 10/11 years old (n=790), and children from SL were 7/8 years old (n=675). Prevalence Ratios (PR) were calculated and multivariable analyzes was performed hierarchical modelling. Covariates were mother education, age, marital status, sex, skin colour, number of siblings and number of household members, mother’s perception of child oral health, dental visit, and private dental insurance.

**Results** LDP prevalence in RP was 32.7%, while in SL was 56.4%. Common variables in the final model for the two cities were sex, mothers education, mother’s perception of child oral health. For RP private health insurance (PR 0.67; 95% CI 0.46 to 0.95) and marital status (PR 1.10; 95% CI 0.87 to 1.40) were also included in the model. For SL visiting dentist in the past 2 years was positively associated with LDP (PR 1.22 95% CI 1.07 to 1.39) as well as the number of household members with children in families with more then five members showing PR 1.36 (95% CI 1.03 to 1.79).

**Conclusion** The prevalence of LDP in both cohorts was relatively high and specially associated with family structure and socio-economic position.