Introduction In Latin-America, social inequalities play an important role as determinants of health conditions. This study aimed to analyse associations among social inequalities, health status and healthcare utilisation in Brazilian elderly men.

Methods The study was based on 2859 old men living in a medium size city in Southeast Brazil. Two-stage cluster analysis was performed using socioeconomic and demographic characteristics. To verify possible associations between cluster characteristics and health variables prevalence ratios (FR) and their 95% CI were estimated.

Results Three clusters were identified. Individuals in Cluster 1 (socioeconomically favourable) were married, owned their homes and no longer worked. In Cluster 2 (socioeconomically intermediate) were the younger and still economically active men and in Cluster 3 (socioeconomically unfavourable) were mostly widowers with few years of schooling. In comparison to Cluster 1, men in Cluster 3 had high probability of referring use of public health services (FR 1.17 95% CI 1.10 to 1.24), report chronic conditions (FR 1.12 95% CI 1.02 to 1.25) and have no regular physician (PR 1.30 95% CI 1.17 to 1.44); men in Cluster 2 had low probability of referring poor health (PR 0.62 95% CI 0.52 to 0.63), reporting chronic conditions (PR 0.70 95% CI 0.63 to 0.79) and relating regular use of medication (PR 0.77 95% CI 0.71 to 0.83).

Conclusion Socioeconomic differences are associated with health status and use of health services in this population. Social inequalities leading to poor living conditions and other environmental exposures further enhance their vulnerability. Measures to identify these high risk individuals, reduce inequalities and facilitate the access to health services are necessary in order to reverse current standards.
**Results** The factorial analyses indicated a two-dimensional structure (perception of work ability/mental resources and diseases and health restrictions). The value of Cronbach’s α and McDonald ω was, respectively, 0.80 and 0.87. The theoretical hypothesis of the construct validity were confirmed with direct correlation and significant of the WAI with the scores of reward, control and self-evaluation of the health status; inverse correlation and significant with the scale of need for recovery, psychological distress, effort, over-commitment and demand.

**Conclusion** We found good evidence for a high reliability and construct validity of WAI questionnaire, supporting its use in future analyses in similar populations.

**Objective** To investigate differences and a possible effect modification by geographical region in the association between sleep duration and overweight.

**Methods** In the IDEFICS-Study we examined 16,223 children (2–9 years) from eight European countries. Sleep was assessed by means of a parental 24-h-Recall. Logistic regression models were applied to analyse the association between overweight and sleep duration and to test for effect modification by region.

**Results** A dose dependent association between sleep duration and overweight was seen. This persisted after adjustment, but remained significant only for sleeping <9h if stratified by region (north: OR 2.0; 99% CI 1.3 to 3.2 vs south: OR 2.5; 99% CI 1.4 to 4.3). No effect modification by region was found. The association was stronger in older children.

**Conclusion** Geographic region and related aspects do not modify the association between sleep and overweight, but should be taken in consideration as a confounding factor on this association.

**Purpose** The aim of this study was to assess the association of sleep duration with health status or health related quality of life (HRQL), according to gender, in non-institutionalized elderly population living in Campinas (Brazil).

**Methods** It is a population-based cross-sectional study developed using data from the Campinas Health Survey carried out in 2008/2009. The SF-36 v2 health survey was used to assess the HRQL of 1520 elderly individuals. The eight scales of SF-36 and the physical and mental component summary measures were the dependent variables and the principal independent was sleep duration. Simple and multiple linear regression models were used to verify the association among the variables.

**Results** The sleep duration of 5 or fewer hours was associated with poor health status only in the female population, in the mental component of HRQL. Sleeping 10 h or more was associated with the eight SF-36 scales and two components, in the elderly male population. In the female, only the physical function, role physical, mental health dimensions were associated with this sleep duration. Simple and multiple linear regression models were used to verify the association among the variables.

**Conclusion** HRQL was associated only with the long sleep in the elderly men. In women, both the short and long sleep was associated negatively with the health status, in different dimensions. Considering that health self-assessment has a significant relationship with clinical status and mortality, research on health related quality of life and sleep duration become important, and this study is among the first to present this relationship.