Results 8 papers and reports which contributed to the final model. The proportional meta-analysis showed a pooled proportion positive for chlamydia of 7.7% (95% CI 5.2% to 10.6%). All the studies were reported on <24 years age group and there was only limited data on males. Hence no separate analyses were performed according to age group or gender. Chlamydia screening programs in community pharmacies tend to be targeted at certain client groups for example, young people, those seeking emergency contraception in pharmacies. Studies reviewed reported that clients and pharmacists find chlamydia services via community pharmacy broadly acceptable. However the uptake of the service was much lower than expected and tended not to include men and ethnic minorities.

Conclusion The reported prevalence of chlamydia infection in pharmacy setting is similar to estimates from general practice thus giving wider choice of care to young people. This new approach is acceptable to both young people and pharmacists. Encouraging men and ethnic minorities to access community pharmacy based chlamydia services remains a challenge.

RISK PERCEPTION OF SMOKING AND QUITTING IN HUNGARY

Introduction Despite improvements in tobacco control smoking is the leading, preventable risk factor for premature death and disability in Hungary. The purpose of this study was to identify the determinants of smoking and quitting in Hungary.

Methods The first wave of a quantitative longitudinal study was delivered in 2009. A sample of individuals (n=2250) aged 16–70 years was selected from the seven geographical regions of Hungary. The survey was conducted through self-administered questionnaires. Chi² test and one-way ANOVA were applied to compare smokers who attempt to quit with smokers without intentions.

Results One-third (33.2%) of interviewed were current smokers, 17.6% were ex-smokers, and 49.1% non-smokers; the prevalence of smoking was significantly higher in men and lower educated respondents. Actually 48.0% of smokers wanted to quit smoking, 29.5% didn’t and 22.5% was uncertain. Age, gender, education and marital status had no effect on behaviour, but the knowledge about the various risks of smoking (p<0.001) and the support for tobacco control in public places (p<0.001) were significantly higher among smokers who wanted to quit smoking.

Conclusion The improvement of knowledge and the implementation of anti-smoking policy can support the decision making about quitting smoking independently from socio-demographic factors.

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NUTRITIONAL REQUIREMENTS FOR CHILDREN AGED 2–5 YEARS

Objective To produce recommendations for children aged 2–5 years, considering the specificities of this age group in relation to nutritional needs and capacity of food intake.

Methods Individual energy requirements were estimated using the formulae for calculating the Recommended Dietary Intake. Taken as reference data on weight and height, by age and sex, referring to the 50th percentile established by the multicenter study of growth references developed by the WHO (2006). After obtaining the total energy, we calculated its mean and SD for each year studied. The minimum and maximum portions related to the lower and higher energy values established were adapted in the Food Guide Pyramid developed by Philippi et al., 1996.

Results The average total energy was around 1000, 1300 and 1400 kcal for two, three and 4 years old children, respectively. Minimum and maximum portions were: 4 to 7 servings for the group of cereals, breads, tubers and roots, 3 to 4 for vegetables, 4 to 5 for fruit and 3 servings for milk and milk products, 2 for meat and eggs; 1 part for the group of pulses, 1 to 2 for oils and fats, and 1 to 2 servings for sugars and sweets.

Conclusion The results of this study can be applied in nutritionist’s professional practice and to planning public policies aimed at ensuring the adequate provision of nutritional support to children in the age group studied.
Methods Cross-sectional, random study of 40 patients in a private practice, submitted to the SF-36 questionnaire and to a Vitamin D serum dosage.

Results Average age is 52 years (±8.58); 95% of participants have a college degree. The great majority displays skin pigmentation between levels II (40%) and II/III (55%), according to the Fitzgerald Skin Types, and 75% of them relate scarce sun exposure. The average dosage of Vitamin D is 20.05 ng/ml (±7.96), and insufficient levels (<30 ng/ml) were detected in 90% of the patients. However, the analysis of the SF-36 revealed positive perception of both physical and mental health, with more than 70% of favourable answers to the items analysed, including degree of pain, vitality, psychological aspects, functional capacity, social and emotional aspects, and mental health. In spite of that, 92.5% declare little leisure time.

Conclusions The reduction of Vitamin D was positively related with low sun exposure, not associated with skin colour or quality of life. Based on these results, the high incidence of hypovitaminosis D in women from a tropical country leads us to suggest the importance of a routine dosage of Vitamin D.

Introduction A community sample of pregnant women participated in a randomised controlled trial of prenatal care in Calgary, Alberta between 2001 and 2004. These women were followed-up when the child was 5 years old. Longitudinal data from these studies revealed that of children who were at high risk of developmental problems, 47% had mothers with a history of abuse. The primary objective was to test the hypothesis that maternal history of abuse was associated with child development at age three. Secondary objectives were (a) to examine this association according to type (physical, emotional, sexual, and financial abuse and neglect) and (b) to examine the prevalence of types of abuse.

Methods Questionnaire data from the initial study and the 3-year follow-up were used to determine the prevalence of the different types of abuse. Child development was measured using the Parents’ Evaluation of Developmental Status instrument. χ² analyses were performed to examine the relationship between these types of abuse and child development at age three.

Results Of the women who answered the questions regarding abuse, 34% reported a history of abuse. Of these women, 75% experienced emotional abuse, 49% experienced physical abuse, 42% experienced sexual abuse, 16% experienced neglect, and 14% experienced financial abuse. A statistically significant relationship was observed between physical abuse (p=0.04), emotional abuse (p=0.004) and risk of child development problems at age three.

Conclusion Maternal history of emotional and/or physical abuse potentially has a negative impact on child development at age three.

Effects of Maternal History of Abuse on Child Development at Age 3

Introduction Child abuse is a compelling topic in the field of child development and mental health. The impact of abuse on child development is multifaceted, affecting both cognitive and emotional development. The purpose of this study was to examine the long-term effects of maternal history of abuse on child development at age three.

Methods A total of 100 mothers were recruited, with a history of abuse (n=50) and without a history of abuse (n=50). The mothers were followed up when their children were 3 years old. Longitudinal data from these studies revealed that of children who were at high risk of developmental problems, 47% had mothers with a history of abuse. The primary objective was to test the hypothesis that maternal history of abuse was associated with child development at age three. Secondary objectives were (a) to examine this association according to type (physical, emotional, sexual, and financial abuse and neglect) and (b) to examine the prevalence of types of abuse.

Results Of the women who answered the questions regarding abuse, 34% reported a history of abuse. Of these women, 75% experienced emotional abuse, 49% experienced physical abuse, 42% experienced sexual abuse, 16% experienced neglect, and 14% experienced financial abuse. A statistically significant relationship was observed between physical abuse (p=0.04), emotional abuse (p=0.004) and risk of child development problems at age three.

Conclusion Maternal history of emotional and/or physical abuse potentially has a negative impact on child development at age three.

Teaching of Epidemiology in Russia. History and Modernity

Introduction Epidemiology for a long time was inseparable from clinical medicine. In the 18-19th centuries selected issues of epidemiology were taught in the departments of fundamental medicine, and therapeutic departments of the Russian Imperial Universities. Systematic teaching of epidemiology began in the late 19th century at Universities of St. Petersburg and Moscow. Teaching of epidemiology as a distinct discipline began in 1920 when the Medical Institute of Odessa opened one of the first in the world Department of Epidemiology. In the thirties in the Soviet Union were organised the Health and Sanitation departments, which were prepared epidemiologists and hygienists. Soviet epidemiology paid great attention to the epidemiology of infectious diseases. Within a short period there had been significant advances in the fight against smallpox, typhus, tuberculosis and malaria. In the last decade of 20th century began a new stage in the development of epidemiology in Russia. The basic principles of epidemiology as fundamental medical science were formulated, and it was reflected in the teaching of epidemiology in Medical Schools. In accordance with educational standards of 2011 important role devoted to the population-based approach on the study of infectious and non-communicable diseases, to the organisation of epidemiological studies and implementing evidence-based medicine. The cooperation between Russian Universities with Universities in Europe can be achieved real successes in teaching epidemiology in modern period.