Results In 2008, 273 people (91.2% male and 8.8% female) died from drowning. Mean age of death 25.3 (SD=11.7) years. Overall, 175 people were visitors and 98 residents. The death rate from drowning was 3.3 per 100 000 population. Most cases (93.4%) occurred at sea and in the month of August (33%). The overall number of life years lost was 7211 (4579 for visitors and 2632 for residents). The number of life years lost rate was 89 per 100 000 in residents. Most DALYs were in the age group 10–19 years.

Conclusion These data argue for improvement and expansion of protected beaches and increased surveillance with the creation of legislation to prohibit swimming in unprotected sea.

**Impact of Wealth Status on Health Outcomes in Pakistan**

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**Objective** To assess the independent impact of wealth status (as determined by a validated index) on health outcomes in Pakistan.

**Methods** Secondary data analysis of the Pakistan Demographic Health Survey (PDHS) database 2006–2007 was performed. The Maternal database consisted of 10 023 women aged 15–49 years, births database 59 049 children, while children’s database consisted of 9 177 children. Multivariate logistic regression analysis was performed using STATA V 9.0 and SPSS 10.0.

**Findings** The adjusted OR and 95% CI for having delivery attended by a skilled healthcare provider with reference to the poorest quintile were poorer 1.44 (1.19 to 1.75), middle 1.96 (1.52 to 2.28), richer 3.02 (2.43 to 3.76) and richest 5.40 (2.43 to 11.01), p<0.0001. The adjusted OR and 95% CI of mortality among children under 5 years age in Pakistan with reference to the poorest quintile were poorer 0.89 (0.81 to 0.97), middle 0.72 (0.65 to 0.80), richer 0.69 (0.62 to 0.76) and richest 0.85 (0.55 to 0.76), p<0.0001. Other indicators of child health: Neonatal mortality, Infant mortality, Vaccination status and reproductive health indicator such as emergency obstetric care availability were statistically significantly associated with wealth index quintiles, adjusting for confounding factors.

**Conclusion** These representative data from Pakistan quantify the burden of morbidity and mortality associated with unjust distribution of wealth in the country. There are wide disparities in access to health in different socioeconomic groups as evidenced by this study. Social protection for health is needed so that those in the informal sector are not excluded from accessing healthcare. In addition scale-up of poverty reduction strategies and promotion of inter-sectoral action is needed.

**Incidence and Determinants of Disability in Instrumental Activities of Daily Living (IADL) in Elderly**

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**Introduction** Knowing the incidence of disability in IADL in elderly is very important for planning health services.

**Objective** To analyse the incidence rate and determinants of disability in IADL in elderly people.

**Methods** Data comes from two rounds of a longitudinal survey - SABE study, which began in 2000 with a multistage clustered sampling which included 2143 people aged 60 years old living in Sao Paulo/Brazil. In 2000, 1034 elders without disabilities in IADL were selected. In 2006, the same activities were reanalysed and the incidence rate of disability was calculated based in a sample of 801 elderly. Logistic regression used IADL status in baseline: age, living condition, ability to write and read, mental status, smoking, medication, body mass index, physical activity, MMSE, depression, perception of vision and hearing, handicap, self-report of hypertension, diabetes, heart and lung disease, osteoarthritis, cancer, stroke, joint pain, falls, hip fracture or wrist and number of comorbidities. Inferences were weighted to account for sample design.

**Results** The incidence of disability for women was 44.7/1000 person-years (95% CI 36.7 to 54.8) and for men was 25.2/1000 person-years (95% CI 13.5 to 35.0). Among men there was an independent relationship between incidence of disability and inability to write and read and poor perception of hearing adjusted for age. Among women, this relationship occurred with inability to write and read, poor perception of hearing, age and overweight or obesity adjusted by hypertension.

**Conclusions** Incidence rate of disability in IADL was greater in men. The determinants in both genders are similar, except age and overweight or obesity, important factors for women.

**Prevalence of Dependency in Older People in Chile. Frequency and Social Differentials**

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**Introduction** The process of population ageing in developing countries has important economic and social consequences. Dependency in the elderly constitutes a main concern for them considering the associated need of care, institutionalisation and health costs.

**Aim** To assess the prevalence of dependency in older people in Chile.