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 (94.4%) occurred at sea and in the month of August (53%). 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 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 legislation to prohibit swimming in unprotected sea.

P1-69 IMPACT OF WEALTH STATUS ON HEALTH OUTCOMES IN PAKISTAN

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Objective To assess the prevalence of dependency in older people in Chile.

Methods Cross-sectional study in a national representative sample of 4546 people 60 y and older (61.5% women) living in the community in Chile. After dementia screening, home interviews including socio-demographic variables, history of chronic diseases and disability/functional limitations were done. Dementia was assessed with a previously validated test (MMSE plus PFAQ). Dependency was defined as being bed-belted or having dementia or need of assistance to perform 1 ADL or unable to perform 1 IADL.

Results The prevalence of dependency was 24.1% (95% CI 21.7 to 26.7%), increasing with age, 25.3% in women and 22% in men, p<0.013) and higher in people living in rural areas (33.5% 95% CI 34.8 to 32.1) than in urban areas (22.7% 95% CI 17.7 to 25.6) p<0.001. Beneficiaries of the public Health System had twice dependency rate than beneficiaries of private health insurance (21.5 to 26.9 vs 11.6% 95% CI 5.7 to 22.4, p<0.01). Age adjusted dependency was associated with <5 years of schooling (OR 2.28; 95% CI 1.59 to 3.27) and living in rural areas (OR 1.59; 95% CI 1.23 to 2.1), but not with gender.

Conclusion Important social differentials were observed. The prevalence of Dependency was higher in people living in rural areas, in the less educated and in the poor.

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P1-70 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.

Methods Cross-sectional study in a national representative sample of 4546 people 60 y and older (61.5% women) living in the community in Chile. After dementia screening, home interviews including socio-demographic variables, history of chronic diseases and disability/functional limitations were done. Dementia was assessed with a previously validated test (MMSE plus PFAQ). Dependency was defined as being bed-belted or having dementia or need of assistance to perform 1 ADL or unable to perform 1 IADL or need of assistance to perform 2 IADL.

Results The prevalence of dependency was 24.1% (95% CI 21.7 to 26.7%), increasing with age, 25.3% in women and 22% in men, p<0.013) and higher in people living in rural areas (33.5% 95% CI 34.8 to 32.1) than in urban areas (22.7% 95% CI 17.7 to 25.6) p<0.001. Beneficiaries of the public Health System had twice dependency rate than beneficiaries of private health insurance (21.5 to 26.9 vs 11.6% 95% CI 5.7 to 22.4, p<0.01). Age adjusted dependency was associated with <5 years of schooling (OR 2.28; 95% CI 1.59 to 3.27) and living in rural areas (OR 1.59; 95% CI 1.23 to 2.1), but not with gender.

Conclusion Important social differentials were observed. The prevalence of Dependency was higher in people living in rural areas, in the less educated and in the poor.

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