

**P1-108 IMPACT OF THE SMOKEFREE LEGISLATION ON SMOKING BEHAVIOUR AND ATTITUDES OF QUITTING AMONG FATHERS WITH INFANTS UNDER 18 MONTHS IN HONG KONG: A CROSS-SECTIONAL STUDY**

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**Introduction** Hong Kong has implemented the Smokefree legislation since January 2007 and smoking is prohibited in vast public and covered areas thereafter. The Smoke free legislation aims to protect people from exposing to SHS and motivating smokers to quit. This study explored the effect of the legislation on the smoking behaviour and their attitudes of quitting among fathers of newborn babies.

**Methods** This is a cross-sectional survey on families with a smoking father, a non-smoking mother and an infant under 18 months recruited at the Maternal and Child Health Centres from June 2008 to October 2009. Frequencies showed the changes in fathers' household smoking behaviour and their attitudes of quitting after the legislation.

**Results** 1112 fathers completed the baseline questionnaire and their mean age was 35.5 ( $\pm 7.0$ ) years and had been smoking for 17.9 ( $\pm 7.2$ ) years. 96% (1054/1097) were aware of the legislation, 27.3% (299/1097) reported they had less SHS exposure and 27% (296/1097) had smoked less at home after the enactment of the legislation. However, the majority of them had no changes in their desire to quit (63.7%, 699/1097), perceived importance of quitting (70.3%, 771/1097), perceived confidence of quitting (73%, 801/1097) and perceived difficulty of quitting (75.6%, 829/1097) compared before the legislation.

**Conclusion** This study showed that some fathers improved their smoking behaviours after the Smokefree legislation but a majority had no change in attitudes towards quitting. The HK government should therefore promote the importance of quitting to the public and allocate more resources to the smoking cessation services.

**P1-109 THE WCRF/AICR CONTINUOUS UPDATE PROJECT: DIETARY FIBRE INTAKE AND COLORECTAL CANCER INCIDENCE**

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**Introduction** In the WCRF/AICR 2<sup>nd</sup> expert report, it was concluded that foods containing dietary fibre probably decreases colorectal cancer risk. As part of the WCRF Continuous Update Project, we updated the associations between dietary intake of total fibre and by dietary sources, and colorectal cancer incidence.

**Methods** Relevant prospective studies were identified in PubMed until May 2010. Random effect dose-response meta-analyses were performed on total dietary fibre, and specifically fruit, vegetable, legume, and cereal fibres and colorectal cancer risk. Heterogeneity between studies was assessed by  $I^2$  statistic.

**Results** Total dietary fibre intake was inversely and statistically significantly associated with colorectal cancer. The summary RR for 10 g/day increase was 0.90 (95% CI 0.86 to 0.94, 15 studies). Similar association was observed in cereal fibre (RR<sub>10g/day</sub>=0.90, 95% CI 0.83 to 0.97, 8 studies) but not in fruit fibre (RR<sub>10g/day</sub>=0.93, 95% CI 0.82 to 1.05, 9 studies), vegetable fibre (RR<sub>10g/day</sub>=0.98, 95% CI 0.91 to 1.06, 9 studies), and legume fibre (RR<sub>10g/day</sub>=0.62, 95% CI 0.27 to 1.42, 4 studies). There was no evidence of heterogeneity between studies.

**Conclusion** The overall results of cohort studies indicate that high intake of dietary fibre is inversely associated with decreased color-

ectal cancer risk. The protective effect is more evident for fibre from cereal sources. More studies in different populations are needed to confirm this observation.

**P1-110 PREVALENCE OF OVERWEIGHT AND OBESITY AMONG THE MIDDLE AND OLD-AGED IN EASTERN CHINA, 2010**

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In the past decade, the prevalence of overweight and obesity in Chinese has increased markedly, especially in regions economy developing quickly. And the ageing also has been an increasing social problem. To obtain current estimates of overweight and obesity among the middle and old-aged (45 years or older) in economy developed region, a census study was carried out. Overweight and obesity was defined as a BMI of 24 or higher and 28 or higher, respectively. A regional representative sample (3740 males, 5174 females) was included in by a multi-stage cluster sampling method from Zhejiang Province. The prevalence of overweight and obesity were 33.4% and 8.1% among 45- through 59-years-old, and 33.7% and 8.2% among 60 years or older for males, and 38.3% and 11.2%, 37.8% and 11.8% for females, respectively. Females had a much higher prevalence of overweight or obesity than males ( $p < 0.000$ ). However, no significant difference existed by age. Compared with a national sampling survey in 2002, those were 26.3% and 7.2%, and 23.5% and 6.6% for males, and 31.4% and 12.9%, and 25.2% and 11.9% for females, respectively. Not only the prevalence of obesity in females maintained in a comparative high level, the prevalence of overweight and obesity in males and overweight in females also increased evidently. These results suggest that the prevalence of overweight and obesity among the middle and old-aged is a serious social problem. We should pay enough attention to the body weight control issue among them with the arrival of the ageing society.

**P1-111 PREVALENCE AND PSYCHOSOCIAL DETERMINANTS OF SMOKING AND PASSIVE SMOKING IN OLDER PEOPLE IN RURAL AND URBAN CHINA: A MULTICENTER COMMUNITY-BASED STUDY**

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**Background** The prevalence and psychosocial determinants of smoking and passive smoking in older people in China are not well documented.

**Methods** Using a standard interview method, we examined random samples of 6071 participants aged  $\geq 60$  years in Anhui, Guangdong, Heilongjiang, Shanghai and Shanxi provinces, China during 2007–2009. The smoking and passive smoking questionnaire was derived partly from the Scottish MONICA survey.

**Results** World age-standardised prevalence for current and former smoking in men was 45.6% (95% CI 42.6% to 48.6%) and 20.5% (18.6% to 22.4%), and in women 11.1% (9.87% to 12.3%) and 4.49% (3.73% to 5.26%). Age-gender adjusted OR for current and former smoking was significantly with younger age (for current-smoking), male gender, low levels of education, occupational class and annual income, living in rural area, less satisfaction for life, alcohol drinking, widow status, having no religion, pessimism (for current-smoking), worrying and depressive syndrome. Among 3774 never-smokers,