

was due to diarrhea. Analysis of preventable deaths indicated a reduction from 32 to 20 deaths that could have been prevented by Adequate Gestational Care, and an increase in preventable deaths by Early Diagnosis and Treatment. *Conclusion:* Pre-natal and delivery care improved whereas care for children less than 1 yr old worsened. Analysis of death causes allowed a reduction of infant mortality rate to 16.44 in 2005.

#### 607 NO DIETARY PATTERN IS SPECIFIC FOR METABOLIC SYNDROME. A CROSS-SECTIONAL STUDY WITHIN THE EPIPORTO COHORT

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**Session:** Posters session 2: June 30 2006

**Presentation:** Poster.

#### ABSTRACT

*Objective:* To identify dietary patterns and its association with metabolic syndrome. *Design and Methods:* We evaluated 2166 non-institutionalised adults. Diet was assessed using a semi-quantitative dietary frequency questionnaire, and dietary patterns were identified using principal components analysis followed by cluster analysis (K-means method) with bootstrapping (choosing the clusters presenting the lowest intra-cluster variance). Metabolic syndrome (MetS) was defined according to the NCEP-ATP-III. *Results:* The overall prevalence of metabolic syndrome was 20.6%. In the population sample 4 clusters were identified in females - 1.Healthy, 2.Milk/Soup; 3.Fast food; 4.Wine/Low calories; and 4 in males - 1.Milk/Carbohydrates; 2. Codfish/Soup; 3.Fast food; 4.Low calories. In males, using Milk/Carbohydrates as the reference and adjusting for age and education, high blood pressure (OR = 1.72; 95%CI:1.04–2.85) and high triglycerides (OR = 1.61;95%CI:1.00–2.60) were associated with the fast food pattern, and low calories pattern presented higher frequency of high blood pressure (OR = 1.61; 95%CI:1.01–2.55). In females, after age and education adjustment, no significant association was found either with metabolic syndrome or its individual features and the dietary patterns identified. *Conclusion:* We found no specific dietary pattern associated with an increased prevalence of metabolic syndrome. However, a fast food diet was significantly more frequent in males with dyslipidemia and high blood pressure.

#### 609 PREVALENCE OF STRESS URINARY INCONTINENCE AND IMPACT OF EDUCATION CAMPAIGN FOLLOWING CHILDBIRTH

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**Session:** Posters session 3: July 1 2006

**Presentation:** Poster.

#### ABSTRACT

*Aim:* To determine the prevalence of Stress Urinary Incontinence (SUI) before, during pregnancy and following childbirth, and also to analyse the impact of a health education campaign about SUI prevention, following childbirth in Viana District, Portugal. *Methods:* Participants (n = 336), interviewed during hospitalization, after birth and two months later at Health Centres, were divided into two groups: a first group of non-exposed and a second exposed to a health education campaign. This second group was encouraged to perform an exercise programme and given a 'SUI-prevention-treatment' brochure, approved by the Regional Health Authority. *Results:* SUI prevalence was 5.4%(95%CI: 3.0–7.8) before pregnancy, 51.5%(95%CI: 46.1–56.9) during pregnancy and 10.2(95%CI: 6.8–13.7) four weeks after birth. Less than half of the women with SUI sought help from healthcare professionals. Statistical significant differences were found between groups: SUI

knowledge level and practice of pelvic floor muscles re-education exercises were higher in the exposed group (2.6 and 5.1 times, respectively). *Conclusions:* SUI affects a great number of women but only a small percentage reveals it. This campaign improved women knowledge and modified their else behaviors. Healthcare professionals must be aware of this reality, providing an early and continuous intervention that would optimise the verified benefits of this campaign.

#### 611 HOUSING INFRASTRUCTURE MODIFIES THE EFFECT OF SOCIAL INEQUALITIES ON CHILD DEVELOPMENT: A MULTILEVEL ANALYSIS

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**Session:** Poster session 1: June 29 2006

**Presentation:** Poster.

#### ABSTRACT

*Background:* Social inequalities have been associated with poorer developmental outcomes, but little is known about the role of the area of residence. *Objectives:* Examine whether the housing infrastructure of the area modifies the effect of socio-economic conditions of the families on child development. *Design and Methods:* Community-based survey of 3052 under-fives in Southern Brazil applied hierarchical multi-level linear regression to investigate determinants of child development, measured by a score from the Denver Developmental Screening Test. *Results:* In multivariable models, the mean score of child development increased with maternal and paternal education and work qualification, family income and better housing and was higher when the mother was in paid work (all p < 0.001). Paternal education had an effect in areas of lower housing quality only; the effect of occupational status and income in these areas were twice as large as in better-provided areas (likelihood test for all interactions p < 0.05). This model explained 37% of the variation in developmental score between the areas of residence. *Conclusion:* The housing quality and sanitation of the area modified the effects of socioeconomic conditions on child development. **DISCUSSION:** Housing and sanitation programs are potentially beneficial to decrease the negative effect of social disadvantage on child development.

#### 612 PREVALENCE OF NEWBORNS BORN WITH ISLET AUTOANTIBODIES VARIES GEOGRAPHICALLY

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**Session:** Posters session 3: July 1 2006

**Presentation:** Poster.

#### ABSTRACT

*Background:* It is known that both genetic and environmental factors are involved in the early development of Type1 Diabetes (T1D), and that incidence varies geographically. However we still need to explain why there is variation in incidence. *Objectives:* In order to better understand the role of non-genetic factors, we decided to examine whether prevalence of newborns with high risk genotypes or islet autoantibodies varies geographically. *Design and Methods:* The analysis was performed on a cohort of 29912 newborns born to non-diabetic mothers, between September 2000 and August 2004, who were included in Diabetes Prediction in Skåne study (DiPiS) in Sweden. Neighbourhoods were defined by administrative boundaries and variation in prevalence was investigated using multi-level regression analysis. *Results:* We observed