

P01: HERITABILITY OF BLOOD PRESSURE IN THE SWISS POPULATION: THE FAMILY-BASED SKIPOGH STUDY

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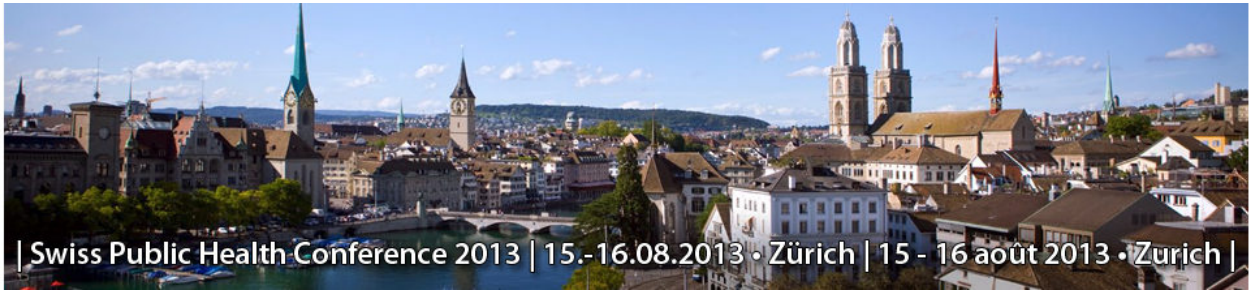
Objective: Blood pressure is known to aggregate in families. Yet, heritability estimates are population-specific and no Swiss data have been published so far. Moreover, little is known on the heritability of the white-coat effect. We investigated the heritability of various blood pressure (BP) traits in a Swiss population-based sample.

Methods: SKIPOGH (Swiss Kidney Project on Genes in Hypertension) is a family-based multi-centre (Lausanne, Bern, Geneva) cross-sectional study that examines the role of genes in determining BP levels. Office and 24-hour ambulatory BP were measured using validated devices (A&D UM-101 and Diasys Integra). We estimated the heritability of systolic BP (SBP), diastolic BP (DBP), heart rate (HR), pulse pressure (PP), proportional white-coat effect (i.e. [office BP-mean ambulatory daytime BP]/mean ambulatory daytime BP), and nocturnal BP dipping (difference between mean ambulatory daytime and night-time BP) using a maximum likelihood method implemented in the SAGE software. Analyses were adjusted for age, sex, body mass index (BMI), and study centre. Analyses involving PP were additionally adjusted for DBP.

Results: The 517 men and 579 women included in this analysis had a mean (\pm SD) age of 46.8 (17.8) and 47.8 (17.1) years and a mean BMI of 26.0 (4.2) and 24.2 (4.6) kg/m², respectively. Heritability estimates (\pm SE) for office SBP, DBP, HR, and PP were 0.20 \pm 0.07, 0.20 \pm 0.07, 0.39 \pm 0.08, and 0.16 \pm 0.07 (all $P < 0.01$). Heritability estimates for 24-hour ambulatory SBP, DBP, HR, and PP were, respectively, 0.39 \pm 0.07, 0.30 \pm 0.08, 0.19 \pm 0.09, and 0.25 \pm 0.08 (all $P < 0.05$). The heritability of the white-coat effect was 0.29 \pm 0.07 for SBP and 0.31 \pm 0.07 for DBP (both $P < 0.001$). The heritability of nocturnal BP dipping was 0.15 \pm 0.08 for SBP and 0.22 \pm 0.07 for DBP (both $P < 0.05$).

Conclusions: We found that the white-coat effect is significantly heritable. Our findings show that BP traits are moderately heritable in a multi-centric study in Switzerland, in line with previous population-based studies, justifying the ongoing search for genetic determinants in this field.

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P02: SCREENING VON AUSGEWÄHLTEN ZECKENÜBERTRAGBAREN INFEKTIONEN, BORRELIA SPECIES SENSU LATO, ANAPLASMA PHAGOCYTOPHILUM AND RICKETTSIA HELVETICA BEI BLUTSPENDERN UND MILITÄRPERSONEN IN DER SCHWEIZ – EINE BEVÖLKERUNGSWEITE, PROSPEKTIVE QUERSCHNITTSSTUDIE

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Während der letzten Jahre wurde weltweit eine Zunahme von vektorübertragbaren Infektionen festgestellt. Es wird angenommen, dass in Industrieländern die berufliche Exposition und das Freizeitverhalten wichtigere Risikofaktoren sind als die Klimaerwärmung. Für die Schweiz fehlen bisher Daten zur bevölkerungsweiten Prävalenz von Zeckenstichen, Borrelia-, Anaplasma- und Rickettsieninfektionen, sowie deren geographischer Verteilung. In den Jahren 2008/09 wurde eine auf Fragebogen und Serumproben basierende prospektive Querschnittstudie bei Blutspendern und Soldaten durchgeführt. Die Proben von 2131 Soldaten und 4463 Blutspendern wurden mittels Serologie auf IgG Antikörper untersucht. Bei Borrelieninfektionen wurde das etablierte Zweischnittverfahren eingesetzt (IgG ELISA Screeningtest und bei positivem Resultat IgG Immunoblot). Der Fragebogen umfasste Variablen zur Demographie, Reiseaktivität, Freizeit, Zeckenstichen, Gesundheit, zu chronischen Erkrankungen und aktuellen Symptomen, sowie zur Inanspruchnahme medizinischer Versorgung. In den untersuchten Regionen wurde eine Prävalenz von 51.6% für beobachtete Zeckenstiche gefunden, sowie eine Jahresprävalenz von 10.7% für das Untersuchungsjahr. Verglichen mit der Westschweiz wurden aus allen anderen Regionen höhere Zeckenstichraten beobachtet. Mit zunehmendem Alter stieg das Risiko an, je mit einem zeckenübertragbaren Pathogen infiziert worden zu sein. Arbeit oder Aktivitäten im Wald und in der Natur waren die hauptsächlichen Risikofaktoren, wozu auch Campieren, Wandern und Pfadfinder-Aktivitäten zählten. Mit über 80% dominierte *Borrelia afzelii*, während dem Anaplasma Infektionen (5.6%) signifikant mit dem Wohnort als Kind assoziiert waren, was auf isolierte Endemiegebiete hinweisen kann (patchy distribution). Die Prävalenz von Rickettsien war mit 0.7% gering. In der Nord und Nordwest Schweiz wurde ein 3fach erhöhtes Risiko für einen positiven Borrelientest gefunden (Immunoblot). Empfehlungen zur Prävention von Zeckenstichen sollten ein breiteres Spektrum von Risikoaktivitäten enthalten und auch Hochrisikogruppen erreichen. Zudem ist eine intensivierte, interdisziplinäre Zusammenarbeit verschiedener Akteure essentiell für ein evidenzbasiertes Monitoring und Prävention, welche sowohl das Vorkommen von infizierten Zecken, die Interaktionen von Reservoir- und Nutztieren, wie auch das Expositions- und Infektionsrisiko von Menschen umfassen muss.

(Studiengruppe: C.Tinguely², S.Schmid¹, N.Satz³, S.Bankoul⁴, B.Jamnicky¹, M.Bopp¹, O.Peter⁵, R.Lienhard⁵, C.Niederhauser², S.Fontana², R.Steffen¹, F.Frey⁶, M.Strasser⁷, O.Engler⁷)

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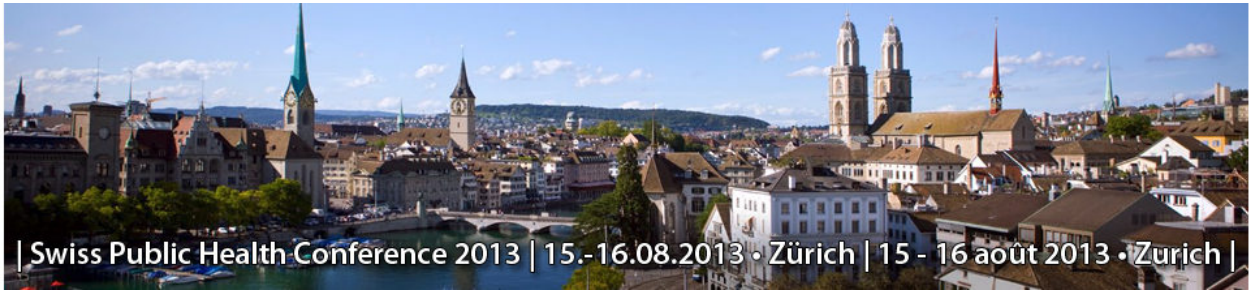
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P03: KREBSVORSORGE IM KANTON ZUG- EINE REPRÄSENTATIVE STUDIE ZUM KREBSVORSORGEVERHALTEN DER ZUGER BEVÖLKERUNG (2011)

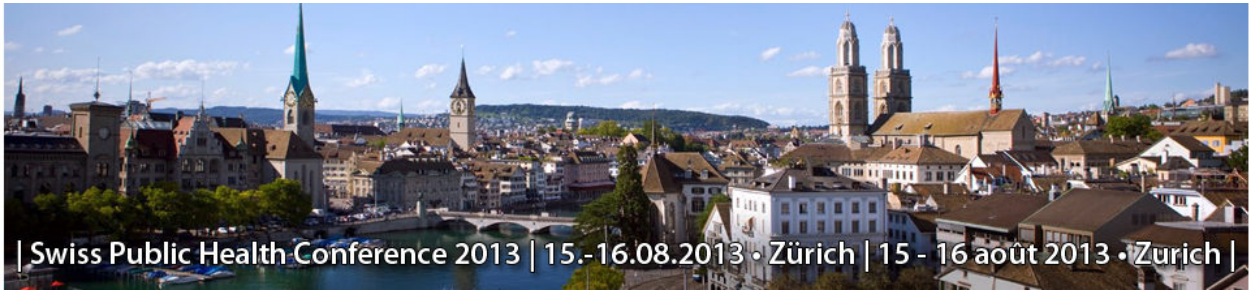
Beatrice Augstburger
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Ausgangslage: Die Bedeutung von Krebs in unserer Gesellschaft wächst und gilt als grosse gesundheitspolitische Herausforderung. Der Kanton Zug verfügt seit 2010 als erster Kanton der Schweiz über eine Krebsstrategie. Ausgangslage für die Umsetzung war eine verifizierte Datengrundlage mit dem Ziel, Kenntnisse über Wissenstand und Nutzung von Krebsvorsorge der Zuger Bevölkerung zu erhalten. Im Fokus der vorliegenden Untersuchung lag der Zusammenhang zwischen den soziodemografischen Merkmalen, Wissen über Krebsvorsorgeuntersuchungen sowie Krebsvorsorgeverhalten.

Methode: Im Jahr 2011 führte Demoscope Research&Marketing eine telefonische Repräsentativbefragung (Random Road) durch. Basierend auf der Schweizerischen Gesundheitsbefragung 2007, Bundesamt für Statistik (BFS), wurden 1'001 Zugerinnen und Zuger (503 Männer, 499 Frauen) zwischen 15 und 99 Jahren befragt.

Resultate: Wissen und Verhalten zum Thema Krebsvorsorge werden hauptsächlich von Alter, Geschlecht und Bildung bestimmt. Personen in der mittleren Lebensphase und solche mit einer hohen Bildung wissen am meisten über Krebsvorsorgeuntersuchungen. Der Zusammenhang zwischen eigenem Verhalten und Krebsrisiko ist insbesondere für körperliche Bewegung wenig bekannt. Die Ergebnisse zeigen, dass in Abhängigkeit von Alter, Geschlecht, Bildung, Lebenssituation, Herkunft, Versicherungsstatus und Erwerbstätigkeit ein anderes Vorsorgeverhalten besteht. Frauen und Männer kennen und nutzen unterschiedliche Vorsorgeuntersuchungen, so zum Beispiel Gebärmutterhalskrebsabstrich oder Prostatauntersuchung.

Konklusion: Handlungsbedarf besteht vor allem im Bereich Wissensvermittlung für Personen mit tiefer Bildung und solchen aus einem Herkunftsland mit einem tiefen sozioökonomischen Status. Sowohl der Zusammenhang zwischen dem eigenen Risikoverhalten und Krebserkrankungen, als auch die Angebote zu Krebsvorsorgeuntersuchungen sollen bekannter gemacht werden. Viele der Befragten nutzen zwar Vorsorgeuntersuchungen, diese aber nicht regelmässig. Hier übernehmen die Ärztinnen und Ärzte als sogenannte Multiplikatoren eine wichtige Aufgabe. Die Ergebnisse stützen den Ansatz, künftig spezifischer auf die unterschiedlichen Zielgruppen zuzugehen.



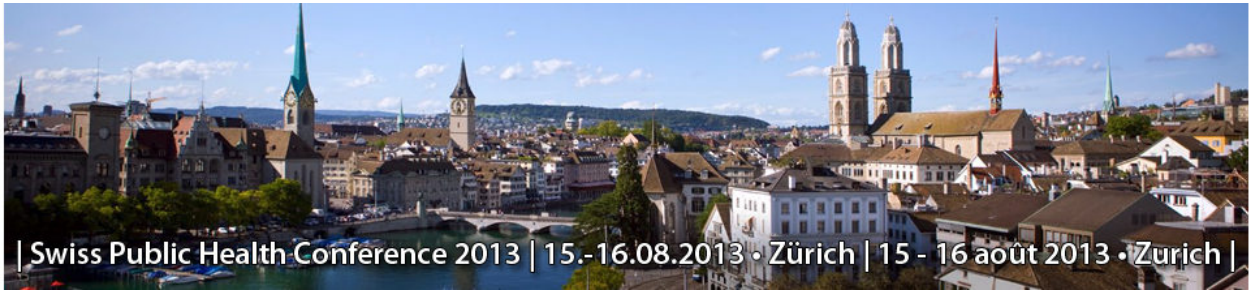
P04: THE EFFECT OF CURRENT DIETARY GUIDELINES ON FOOD CHOICE

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Schematic food guides such as the food pyramid or the plate model are designed to assist consumers in composing healthier meals. However, existing representations used in Switzerland were not tested for their intended effect until now. Consumers seem to have a quite good nutritional understanding but it is uncertain, if they are able to transcribe this knowledge into practical use. Latest research showed that nutritional information provided in the form of the food pyramid did not improve consumers' meal composition indicating that consumers have difficulty to implement the gained knowledge. The present study hypothesized that a simplified delivering of the information may facilitate the translation into practice. The "plate for optimal serving" illustrates visually how a balanced meal should look like.

Whether the plate model has the potential to promote a healthier meal composition was tested with the following experimental procedure. Participants (n=120) were invited to serve themselves a lunch from a fake food buffet. They were randomly assigned to one of three conditions. Group one (control group) was invited to freely choose a meal they would normally eat for lunch. Participants in the second condition were first instructed to read a brochure about current dietary guidelines illustrated by the food pyramid and then asked to serve a healthy meal (pyramid group). Participants in the third group were asked to read a brochure containing the "plate for optimal serving" and then instructed to serve themselves a healthy meal (plate group). The meals were then analysed by composition and compared between the experimental groups using MANOVA.

In the present study, we assumed that participants in the pyramid and plate group are able to establish a meal with a reduced amount of energy compared to the control group. We conclude that this is primary caused by asking them to choose a healthy meal and not because they were provided with nutritional information. However, in comparison to the pyramid group, the simple visual information found in the brochure with the plate should lead to a change in meal composition. People in the plate group may choose more vegetables and less protein as well as starchy side dishes compared to the other groups. The results of the experimental study and consequent practical implications are discussed.



P05: OUTCOME ITALIENISCHER SCHMERZPATIENTEN IM VERGLEICH MIT SCHWEIZERISCHEN SCHMERZPATIENTEN NACH TEILNAHME AN EINER STATIONÄREN INTERDISZIPLINÄREN REHABILITATION

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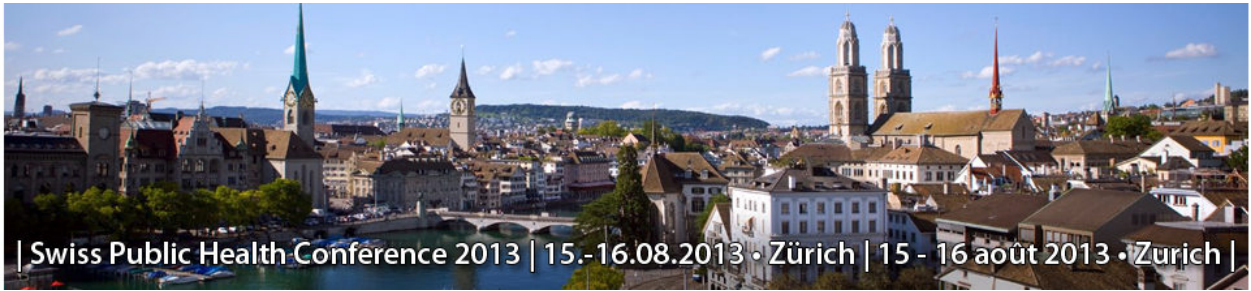
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Hintergrund. Ziel dieser Studie war, Status sowie kurz- und mittelfristige Veränderungen des Gesundheitszustandes und der Lebensqualität von italienischsprachigen Patienten mit Fibromyalgie oder chronischen Rückenschmerzen vor und nach einem vierwöchigen, stationären, interdisziplinären Rehabilitationsprogramm zu analysieren und mit deutschsprachigen Teilnehmenden zu vergleichen.

Methodik. Prospektive Kohortenstudie mit 35 italienischsprachigen und 135 deutschsprachigen Patienten. Die gesundheitsbezogene Lebensqualität, der Schmerz sowie Angst und Depressivität wurden gemessen und mit Bevölkerungsnormwerten verglichen. Veränderungen wurden durch Effektstärken (ES) beziffert.

Resultate. Physische und psychosoziale Gesundheit wie auch Depression und Angst der italienischsprachigen Patienten waren bei Eintritt signifikant ($p < 0.01$) schlechter als bei der Bevölkerungsnorm. Nach dem Schmerzprogramm verbesserten sich bei den italienischsprachigen Patienten der Schmerz um $ES = 0.97$, die soziale Funktion um $ES = 0.68$, Angst um $ES = 0.07$ und Depression um $ES = 0.16$. Diese Effektstärken waren höher als bei den deutschsprachigen Patienten beim Schmerz ($ES = 0.78$) und in der sozialen Funktion ($ES = 0.52$), nicht jedoch bei der Angst ($ES = 0.34$) und Depression ($ES = 0.47$). Sechs Monate nach Eintritt blieben diese Verbesserungen bei den deutschsprachigen Patienten weitgehend erhalten. Bei den italienischsprachigen Patienten gingen diese Effekte mittelfristig wieder verloren.

Schlussfolgerung. Ein stationäres interdisziplinäres Schmerzprogramm von 4 Wochen führt bei italienischsprachigen Patienten kurzfristig zu mittleren bis grossen Verbesserungen. Diese Effekte basieren vermutlich auf positiven gruppenspezifischen Effekten während des stationären Aufenthaltes einerseits. Andererseits vermag die empfohlene ambulante Nachbehandlung die Verbesserungen auch nicht teilweise aufrecht zu erhalten.



P06: TELEMEDIZINISCHE BETREUUNG BEI PATIENTEN MIT DIABETES MELLITUS TYP 2

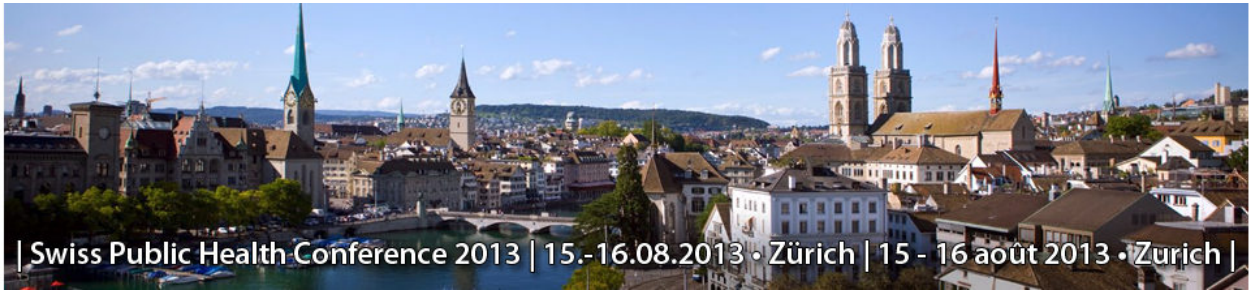
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Einleitung: Telemedizinische Programme, die Patientenschulungen und Coaching über das Telefon und Telemonitoring des Blutzuckers (Messung zu Hause und Übermittlung an ein telemedizinisches Zentrum) umfassen, können die hausärztliche Betreuung von Typ 2-Diabetikern ergänzen. Diese Evaluation untersucht, wie sich Body Mass Index und HbA1c bei Teilnehmern eines solchen Programms entwickeln.

Methoden: Die Analysen beruhen auf einer Fallserie (N=123) der Typ 2-Diabetiker, die bis Dezember 2011 am telemedizinischen Chronic Care Management-Programm des Schweizer Zentrums für Telemedizin Medgate teilgenommen haben. Zielparameter waren die Änderung des HbA1c und BMI von Programmstart bis Programmabschluss. Mittels multivariater linearer Regressionsmodelle wurde zusätzlich analysiert, ob die erreichte Änderung in HbA1c bzw. BMI von Alter, Geschlecht, dem Vorhandensein von Folgeschäden, der Teilnahmedauer im Programm oder der Änderung der Medikation im Programmverlauf abhing.

Ergebnisse: Der mittlere HbA1c-Wert lag bei Programmbeginn bei 7,30 % und fiel klinisch und statistisch signifikant um 0,53 %. Auch die mittleren BMI-Werte sanken klinisch und statistisch signifikant um 0,9 kg/m² auf 29.7 kg/m². Die Änderung sowohl in HbA1c als auch im BMI hing nicht von Alter, Geschlecht, dem Vorhandensein von Folgeschäden, der Teilnahmedauer am Programm oder der Änderung der Medikation im Programmverlauf ab.

Schlussfolgerung: Diese Evaluation zeigt, dass sich unter Studienbedingungen erhobene Wirksamkeitsmasse für telebiometrisch unterstützte, auf Patientenschulungen basierende Programme für Typ 2-Diabetiker unter Alltagsbedingungen bestätigen lassen.



P07: BREAST CANCER INCIDENCE IN YOUNGER SWISS WOMEN

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Background

Breast cancer in younger women has received increased attention in recent years. Although breast cancer is uncommon in young women, it is the most frequent cancer and the leading cause of cancer death for younger women in developed countries. For Switzerland, the United States and several European countries, declines in breast cancer incidence have been reported since around the year 2000, after decades of increase, among women aged 50 and older. On the other hand an increase in the incidence of breast cancer in younger women has been reported in recent years. Therefore, this study aims to evaluate time trends in breast cancer incidence in younger women in Switzerland.

Methods

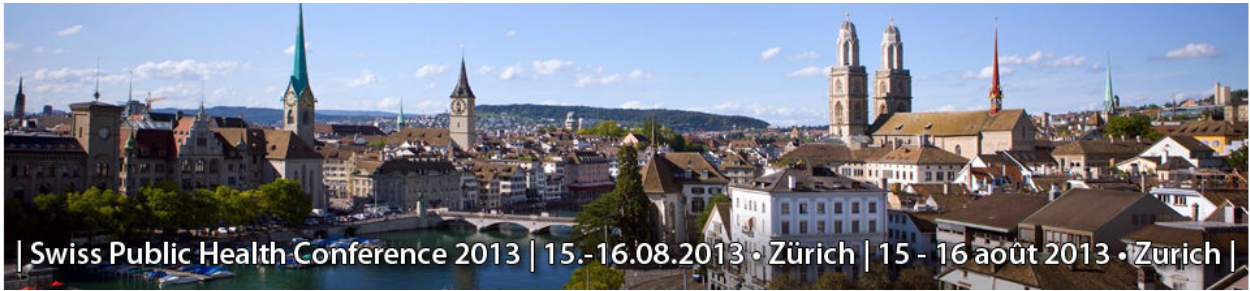
Data on invasive breast cancer cases were obtained from the Swiss Cancer Registries of Basel, Fribourg, Geneva, Graubünden/Glarus, Jura, Neuchâtel, St. Gallen-Appenzell, Ticino, Valais, Vaud and Zurich, covering the time period 1996 to 2009. Mid-year population estimates for the respective time period were supplied by the Swiss Federal Statistical Office. For females aged 20-49 years, annual age-standardized incidence rates (ASIRs) (European standard) per 100,000 person-years and corresponding 95%-confidence intervals (95% CI) were calculated. For females aged 20-39 and 40-49 years, ASIRs and incidence rate ratios (IRRs) were calculated by grouped time periods, consisting of 3-5 incidence years. IRRs and corresponding 95% CI were calculated using Poisson regression adjusting for age (reference period 1996-2000).

Results

ASIRs in females aged 20-49 increased gradually since 1996, being 57.36 per 100,000 person-years in 1996 (95% CI 52.54-62.51) and rising to 68.34 (95% CI 63.40-73.57) per 100,000 person-years in 2009. Comparing the time-period 2007-2009 and the reference period 1996-2000, IRRs show values of 1.17 (95% CI 1.04-1.31) for the age-group 20-39 years and 1.04 (95% CI 0.97-1.10) for the age-group 40-49 years.

Conclusions

Our findings confirm a slight increase in the incidence of invasive breast cancer in younger women in Switzerland during the period 1996-2009. An increase in breast cancer incidence in younger patients is an important public health problem. It warrants further investigations to identify specific risk factors of this population and to better understand the biology of this particular breast cancer.



P08: OBJECTIVELY ASSESSED NEIGHBOURHOOD ATTRIBUTES ASSOCIATED WITH PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR IN SWISS CHILDREN AND ADOLESCENTS

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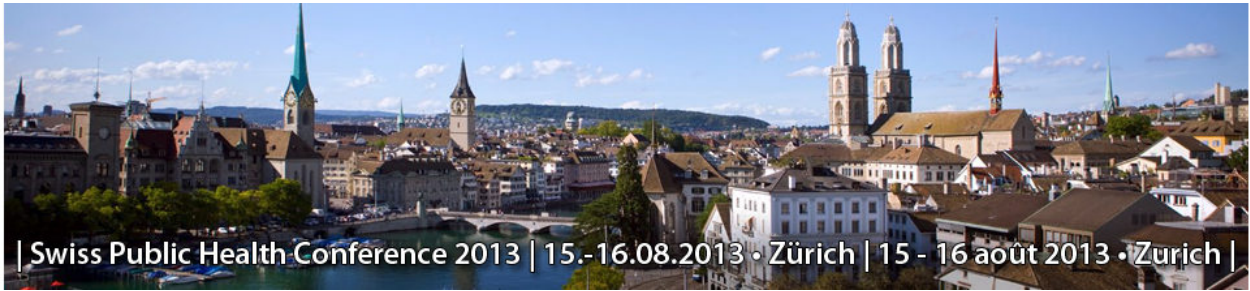
Background: Environmental and social neighbourhood attributes are considered important determinants of physical activity (PA) in children. So far, most studies relied on self-reported PA and perceived assessments of the built environment. Current findings mostly result from US and Australia studies limiting their applicability to the European setting.

Aim: We aimed (1) to investigate whether the objectively assessed built and social environment was associated with PA and sedentary behaviour of Swiss children objectively measured by accelerometry and (2) whether such associations were modified by sex, age and parental education

Methods: The study included 1742 Swiss children and adolescents (ages 4 to 16) with accelerometer data and a home address, which were linked to geographic information system, census data and the Swiss socioeconomic neighbourhood index. Associations between neighbourhood attributes and physical activity were analysed by multivariable regression. Interactions were tested for age, sex and parental education.

Results: The extent of green areas was the main factor being positively associated with PA ($p < 0.01$). This association was particularly seen in children younger than 10 years. Factors representing centrally located urbanized areas such as population density, building density and the land use mix tended to increase PA and to reduce sedentary behaviour in children older than 10 years, in boys, and in children from less educated parents. Main street density was associated with less physical activity particularly in younger children ($p = 0.09$). A higher socioeconomic neighbourhood index was associated with more PA in the total sample ($p = 0.07$)

Conclusions: Results support that interventions to increase childhood PA have to be context specific and need to take interactions with psychosocial factors into account.



P09:HEALTHY AGING: FIRST INSIGHTS FROM THE SENPAN-STUDY, THE WÄDENSWIL SENIOR PANEL

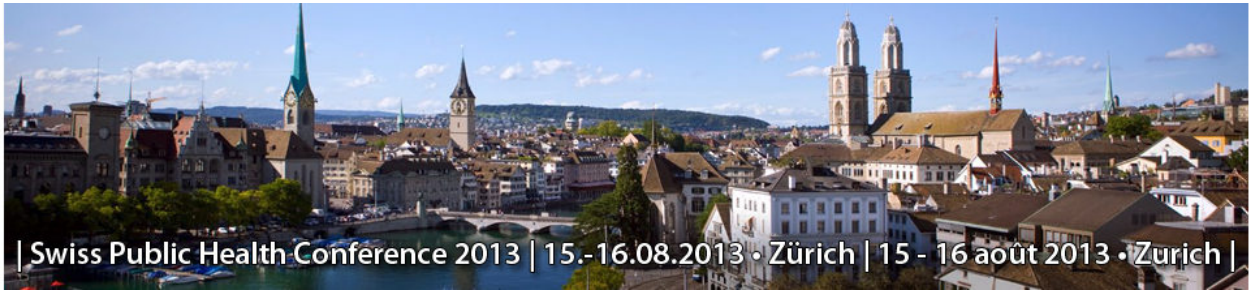
Christine Brombach, Sophie Clauss, Annette Bongartz
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Background: Demographic change is an important concern in Europe and Switzerland, since changes in needs, preferences and habits of the aging population are rapidly bringing new challenges to the public health sector. ZHAW is presently conducting a study to assess physiological, nutritional behavior and sensory changes in elderly people. Study participants, recruited from the region Zürich / Wädenswil, must be 64 years old, living independently and without any additional private health assistance.

Methods: At yearly intervals study participants will be tested by different nutrition survey methods: A Food Frequency Questionnaire to assess dietary patterns and two online-questionnaires to assess food consumption, social environment, leisure activities, health status and subjective well-being. Physiological changes are followed by anthropometric measurements. Timed-up & go- and Chair Rise test are used to determine physical fitness as well as hand grip measurement with a Smedley Dynamometer. Sensory assessment consists of recognition of selected aromas and tastes at different concentrations.

Results: In the first survey session, 27 (52%) out of 52 participants were female and 25 (48%) male. Ranging from 64 to 80 years of age, the average age was 69,8 ($\pm 3,97$) years. According to BMI (♀23,1 \pm 3,78; ♂26,3 \pm 2,51) and WHR (♀0,81 \pm 0,06; ♂0,95 \pm 0,05) the panelists were normal weight; and level of physical activity, estimated by PAL-Sport (Physical Activity Level) was 0,16 ($\pm 0,1$). Although 46% of panel participants suffered from chronic diseases, 91% classified their state of health "good" to "very good". All 52 participants managed an independent household, 81% (N=42) were living in a two-person household, the remainder, in single households. Access to internet and e-mail was available to 98% (N=51). The choice of food products was seasonal with priorities given for freshness (79%) and flavor (73%).

Conclusion: The results from the study panel so far are largely descriptive, but future surveys will aim to record changes as a function of aging. The SENPAN-Study aims to determine intra- and inter-individual changes in physiology, nutrition, and health status as well as well-being during aging. The following surveys aim to identify the relevant factors and conditions which influence the aging process and subsequently also affect health and well-being.



P10: AUTOIMMUNERKRANKUNGEN UND IMPFUNGEN

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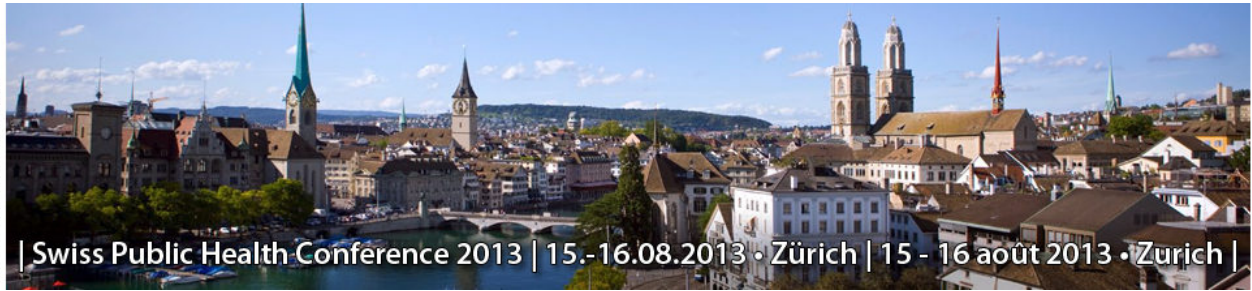
Hintergrund Patienten mit Autoimmunerkrankungen haben ein erhöhtes Infektionsrisiko durch die Grunderkrankung, oft verstärkt durch entsprechende immunsuppressive Medikationen. Impfungen sind deshalb wichtig, wobei eine eingeschränkte Immunogenität und die mögliche Reaktivierung der Grunderkrankung beachtet werden müssen. Wegen Unsicherheiten werden Impfungen oft, auch für Fernreisen, unzureichend angewendet.

Ziel war es, i) die bestehende Evidenz zur Sicherheit und Immunogenität von Impfungen bei Patienten mit Autoimmunerkrankungen kritische zu evaluieren ii) anhand der Ergebnisse BAG-Empfehlungen zu erstellen iii) aus den Daten des Zentrums für Reisemedizin (ZRM) der Universität Zürich (UZH) den Anteil der Reisenden mit Autoimmunerkrankungen zu ermitteln

Methodik Die Literaturrecherche wurde in elektronischen Datenbanken durchgeführt (Cochrane, Medline, PubMed, EMBASE). Für unveröffentlichte Literatur wurden relevante Daten von internationalen Organisationen und Konferenzen erfasst. Die ZRM Kundendaten wurden über den Zeitraum 07/2010 bis 08/2012 analysiert.

Ergebnisse Publierte Daten sind spärlich, ausser für die Grippe- und Pneumokokkenimpfung. Totimpfstoffe scheinen bei Immunsupprimierten keine erhöhten Risiken von Nebenwirkungen oder einer Aktivierung der Grunderkrankung aufzuweisen; die Immunogenität kann reduziert sein, ist aber mit einer Ausnahme (Rituximab) zufriedenstellend. Zu Lebendimpfungen gibt es keine ausreichenden Daten, sie sind generell nicht empfohlen. Die Daten aus dem ZRM ergaben, dass von 25'241 Reisenden 284 (1,1%) von einer Autoimmunerkrankung betroffen waren. Ca. 40% davon nahmen ein immunsupprimierendes/immunmodulierendes Medikament ein. Von 35'188 Visiten in diesem Zeitraum fanden 377 (1,1%) durch Personen mit Autoimmunerkrankungen statt. 104 der 377 Visiten (27,6%) waren mit einer Afrikareise verbunden; 96 von 377 (25,5%) Beratungen fanden aufgrund einer Asienreise statt; 52 von 377 (13,8%) erfolgten wegen einer Südamerikareise.

Fazit Die Anzahl der Kunden des ZRM mit Autoimmunerkrankungen ist höher als erwartet und die Reiseziele liegen oft in den (Sub-)Tropen. Evidenzbasierte Empfehlungen für die Beratung dieses zunehmenden Kundenstamms sind wichtig für die Praxis. Wegen mangelnder Daten aus praxisorientiert konzipierten grossen Studien werden weitere Forschungsergebnisse dringend benötigt.



P11: DIABETIC PATIENTS WHO REPORT RECEIVING PROCESSES OF DIABETIC CARE DO NOT EXPRESS A BETTER QUALITY OF LIFE

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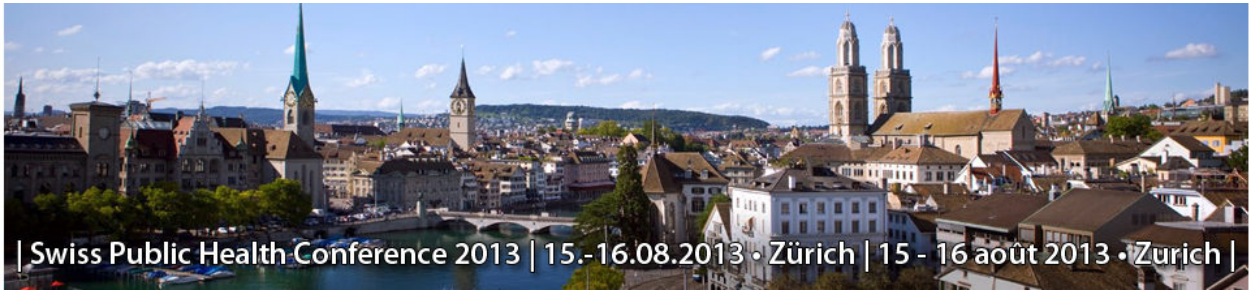
²*Institut universitaire de médecine sociale et préventive, Lausanne*

Background: Chronic disease management initiatives emphasize patient-centered care, and quality of life (QoL) is increasingly considered a representative outcome in that context. In this study we evaluated the association between receipt of processes of diabetic care and QoL.

Methods: This cross-sectional population-based study (2011) used self-reported data from non-institutionalized, adult diabetics, recruited from randomly selected community pharmacies in Vaud. Outcomes included the physical and mental composites of the SF-36 (PCS, MCS) and the disease-specific Audit of Diabetes-Dependent QoL (ADDQoL). Main exposure variables were receipt of six diabetes processes-of care in the past 12 months. We also evaluated whether the association between care received and QoL was congruent with the chronic care model, when assessed by the Patient Assessment of Chronic Illness Care (PACIC). We used linear regressions to examine the association between process measures and the three composites of health-related QoL. Analyses were adjusted for age, gender, socioeconomic status, living companion, BMI, alcohol, smoking, physical activity, co-morbidities and diabetes mellitus (DM) characteristics (type, insulin use, complications, duration).

Results: Mean age of the 519 diabetic patients was 64.4 years (SD 11.3), 60% were male and 73% had a living companion; 87% reported type 2 DM, half of respondents required insulin treatment, 48% had at least one DM complication, and 48% had DM over 10 years. Crude overall mean QoL scores were PCS: 43.4 (SD 10.5), MCS: 47.0 (SD 11.2) and ADDQoL: -1.56 (SD 1.6). In bivariate analyses, patients who received the influenza vaccine versus those who did not, had lower ADDQoL and PCS scores; there were no other indicator differences. In adjusted models including all processes, receipt of influenza vaccine was associated with lower ADDQoL ($\beta = -0.41$, $p = .01$); there were no other associations between process indicators and QoL composites. There was no process association even when these were reported as combined measures of processes of care. PACIC score was associated only with the MCS ($\beta = 1.57$, $p = .004$).

Conclusions: Process indicators for diabetes care did not show an association with QoL. This may represent an effect lag time between time of process received and quality of life; or that treatment may be related with inconvenience and patient worry. Further research is needed to explore these unexpected findings.



P12: CAUSES AND IMPLICATIONS OF OVERDIAGNOSIS

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¹IUMSP & Observatoire valaisan de la santé

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Background:

Overdiagnosis is defined as the diagnosis of a condition not associated with a substantial risk for health in an asymptomatic person. There are several causes of overdiagnosis. Clinical and public health implications of overdiagnosis are underappreciated.

Objective:

To review the causes of overdiagnosis, and its clinical and public health implications

Method:

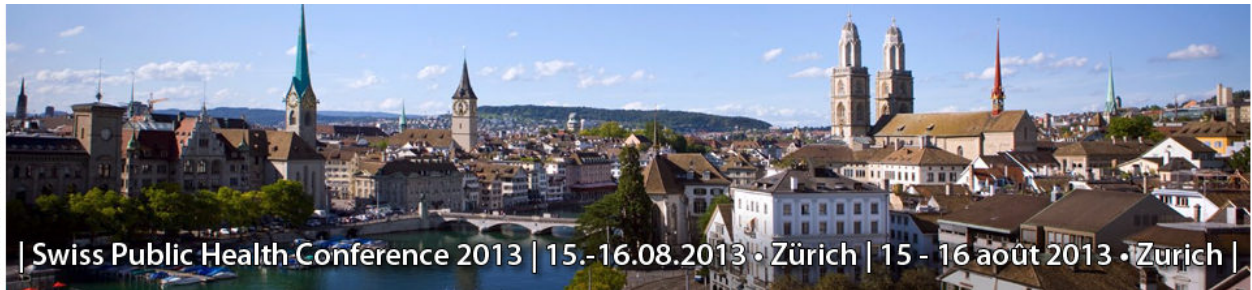
Narrative review

Results:

Overdiagnosis results from some screening activities, increasingly sensitive diagnostic test procedures, incidental findings on routine exams, and widening diagnostic criteria to define a condition requiring an intervention. The fear of missing a diagnosis and the patients' requests for reassurance are further causes of overdiagnosis. Examples of overdiagnosis include some cases of breast and prostate cancers found by screening, pulmonary emboli identified on highly sensitive CT-scans, and kidney cancers found incidentally following abdominal CT-scans. Lowering the critical levels of blood pressure, glycemia, and cholesterol to define hypertension, diabetes, and hypercholesterolemia, respectively, is also the causes of overdiagnosis. An overdiagnosed condition implies unnecessary procedures to confirm or exclude the presence of the disease and unnecessary treatments, both having potential adverse effects. Overdiagnosis also diverts health professionals from caring about other health issues and generates costs without any benefit. Measures to prevent overdiagnosis are notably 1) to increase awareness of health professionals and the population about its occurrence, 2) to account systematically for the risks and benefits of screening and diagnostic procedures using an evidence-based framework, and 3) to decide at which risk level to intervene based on the absolute risk of health events and the absolute risk reduction expected from an intervention.

Conclusion:

Overdiagnosis has major clinical and public health implications. Increasing awareness of its causes and implications is a step toward its prevention.



P13: PLANIFICATION HOSPITALIÈRE: QUEL SCÉNARIO DÉMOGRAPHIQUE POUR PRÉDIRE LES BESOINS EN SOINS HOSPITALIERS?

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Contexte

L'évolution démographique est un facteur essentiel pour la planification hospitalière. Le scénario démographique moyen de l'OFS ne répond que partiellement aux exigences de la planification pour le canton du Valais ; il ne permet pas de faire des projections par région hospitalière. De plus, la croissance en 2010 et 2011 selon le scénario OFS est inférieure à celle observée. Nous avons développé un scénario ajusté en tenant compte de l'évolution récente de la population valaisanne, et ce par région hospitalière.

Méthode

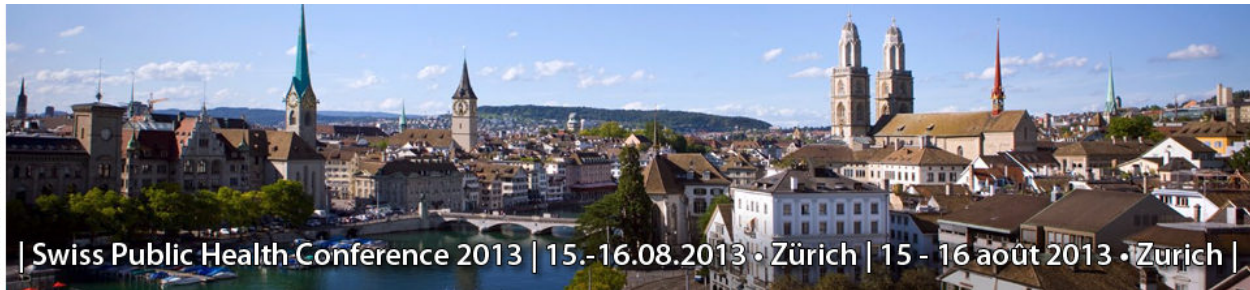
La population de départ et les taux d'accroissement dû au solde naturel et migratoire 2012 ont été déterminés à partir des données réelles 2011. Entre 2002 et 2011, le taux d'accroissement migratoire a fortement varié. Les taux 2011 ont donc été ajustés en fonction des taux moyens d'accroissement migratoire 2002-2011 calculés pour chaque région hospitalière. Pour les années 2013-2025, les écarts de taux d'accroissement naturel et migratoire du scénario OFS ont été repris tel quel.

Résultats

Entre 2000 et 2010, la population valaisanne est passée de 276'170 à 312'684 habitants (+13.2%). Entre 2012 et 2025, les deux scénarios prévoient une poursuite de la croissance de la population, mais de manière moins soutenue, particulièrement selon le scénario OFS. Ainsi, en 2020, la population devrait atteindre 348'783 habitants (+11.5%) selon le scénario ajusté et 330'616 (+5.7%) selon le scénario OFS. La part de la population âgée de 65 ans et plus passera de 17.1% en 2010 à 20.5% en 2020 selon le scénario ajusté et à 21.4% selon le scénario OFS.

Conclusion

Au vu des limites du scénario moyen de l'OFS, il est pertinent de développer des alternatives tenant compte au mieux des spécificités démographiques cantonales. Le scénario ajusté prédit une croissance plus forte de la population, ce qui a un impact important sur les besoins en soins hospitaliers et la planification hospitalière.



P14: EVALUATION OF A RENAL RISK SCORE IN THE SWISS POPULATION: CONSOLIDATED RESULTS FROM A SCREENING PROJECT IN PHARMACIES IN THE YEARS 2008-2013

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Introduction

Prevalence of chronic kidney disease in the Swiss population is not really known. The mostly asymptomatic progression and the low grade of awareness about kidney disease in the general population motivated a pilot project for information and detection. In the context of the World Kidney Day (WKD) a renal risk score was developed in 2008. During the past 6 years, this score was evaluated in screening activities in pharmacies of 9 cantons during the campaigns around WKD.

Methods

139 pharmacies in the cantons SG, VD, LU, ZG, GE, AG, BE, VS and ZH participated from 2008 to 2013 in this screening activity. 2400 people were screened and their scores analysed.

The score included 12 items (see table below). The responsible pharmacists were specifically trained for screening activities and consulting. Participants were interviewed in the pharmacies.

Points were attributed to each item and the sum corresponded to the risk score. Less than 2 points was defined as a low risk for kidney disease, between 2 and 4 a moderate risk and >4 an increased risk.

A visit to the general practitioner was recommended for persons with at least moderate risk.

Results

Participants' characteristics and renal risk scores n (N=2402)

Age >50 years 1705 71%

Sex: female 1658 69%

Family history: Chronic kidney disease 238 10% / Diabetes 503 21% / Cardiovascular disease: myocardial infarction 552 23% / Cardiovascular disease: vascular diseases 739 31%

Personal history: Chronic kidney disease 337 14% / Diabetes (treated) 113 5% / Cardiovascular disease (treated) 580 24%

Systolic BP >140 637 27%

Diastolic BP >90 353 15%

Microalbuminuria >2 mg/mmol 544 23%



Results renal risk scores n (N=2402)

Low risk (<2) 571 24%

Moderate risk (2-4) 891 37%

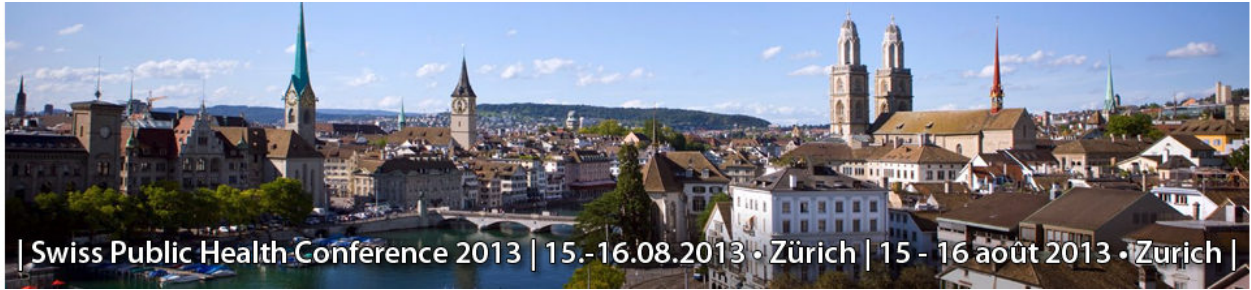
High risk (>4) 940 39%

Conclusion

76% of the participants showed a moderate or high renal risk score. Participants in this screening programme in pharmacies were mostly women >50 years old and persons with known risk factors for kidney disease. Concerns due to the high proportion of FH or PH of kidney disease, diabetes or cardiovascular disease might have motivated these participants to undergo the risk evaluation. For 6 years, this successful chronic kidney disease screening activity in pharmacies has allowed acquisition of useful epidemiological data in Switzerland.

Disclosure

Amgen Switzerland AG and Fresenius for financial support, Siemens and Galexis for logistic support.



P15: CONSÉQUENCES À LONG TERME DES VIOLENCES AU TRAVAIL

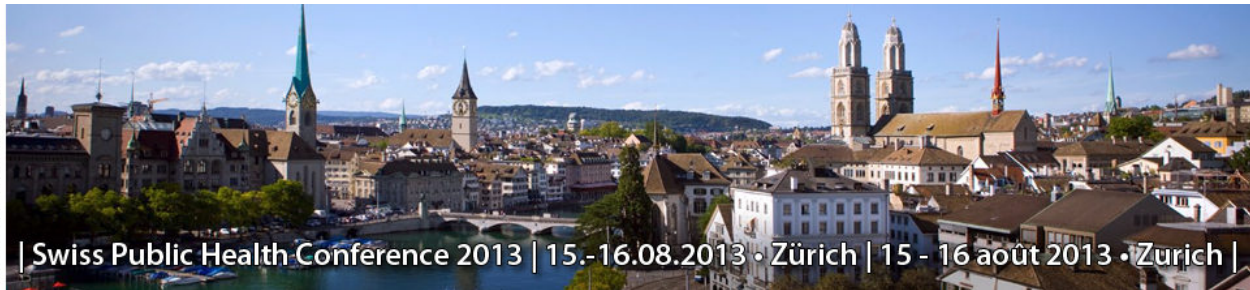
Jacqueline De Puy¹, Nathalie Romain-Glassey², Melody Gut², Pascal Wild³

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La violence au travail est un problème de santé publique dont la prévention paraît encore peu développée en Suisse. La population de l'étude a été identifiée parmi les patient-e-s ayant consulté à l'Unité de Médecine des Violences (UMV) du 1.1.2007 au 31.12.2010. Les agressions liées au travail représentent 10% de toutes les consultations pendant cette période. Les données émanent de 196 dossiers de violence liée au travail. Ils concernaient 185 personnes, en majorité des hommes et un peu moins d'1/3 de femmes, un nombre légèrement plus élevé d'étrangers (54%) que de Suisses (46%). 72.43% des sujets exerçait leur profession en tant que salarié-e et 10.81% en tant qu'indépendant-e. 91.89% travaillait dans le secteur tertiaire et 81.08% au contact du public. 72.45% des événements concernaient des violences externes, 26.53% des violences internes et 1.02% des violences à la fois externes et internes. Près de la moitié des événements violents sont survenus durant les périodes de travail du soir ou de nuit. Dans la plupart des situations, l'agression a été commise par un homme agissant seul. Sur les 185 patient-e-s de notre échantillon initial, 86 ont répondu à une enquête téléphonique plusieurs mois après l'agression (moyenne = 29.5 mois). Un indice de gravité (de 0 à 12) des conséquences de l'agression a été construit en fonction de des séquelles physiques et psychiques et de l'impact sur le travail. Parmi 9 facteurs identifiables au moment de la consultation à l'UMV (être victime de violence interne ; être seul-e au moment de l'agression ; avoir été menacé de mort ; ne pas faire état d'une bonne santé habituelle ; ne pas être victime au sens de la Loi sur l'aide aux victimes d'infractions ; ne pas être salarié-e ; présenter des symptômes psychiques importants suite à l'agression ; présenter des blessures initiales importantes ; faire état d'antécédents de violence), il apparaît que seule la gravité de l'état psychique initial est hautement prédictive de conséquences biopsychosociales graves à long terme dans des analyses de régression logistique. De même, l'absence de réponse ou une réponse inadéquate de l'employeur suite à l'agression est significativement associée à la gravité des conséquences à long terme.



P16: RECENT TRENDS IN CANCER INCIDENCE: A COMPARISON OF TWO URBAN EUROPEAN AREAS

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¹Cancer Registry Zurich and Zug, Switzerland

²National Cancer Registry, Bulgaria

Introduction

Cancer incidence variations within and across countries are influenced by many different factors, socio-economic status (SES) being one of them. The purpose of this study was to examine the recent trends in cancer incidence in two urban European areas with different levels of SES.

Methods

Age-standardised incidence rates (world standard – ASRW) for cases diagnosed in 2000-2009 for Sofia (Bulgaria) and the Canton of Zurich (Switzerland) were calculated using the data from the corresponding cancer registries. Average annual percent of change (AAPC) was estimated with Joinpoint regression analysis.

Results

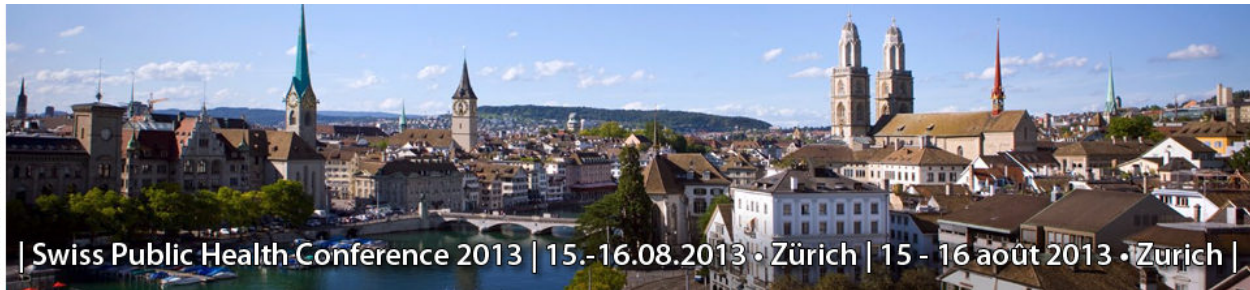
ASRWs for all sites combined were higher in the Canton of Zurich, both for men (311 vs. 262 per 100'000) and women (241 vs. 231 per 100'000). Colorectal (both sexes), lung (men), cervical and corpus uteri cancers had a higher incidence in Sofia. Prostate, breast and lung (women) were more often diagnosed in the Canton of Zurich. A significant increase of incidence was observed in both areas for female lung cancer (3-4% annually). Overall incidence decreased in the Canton of Zurich, while there was no significant change in Sofia. DCO (death certificate only) rates were higher in Sofia, but with a decreasing trend. The MV (microscopically verified) rates increased in Sofia, in the Canton of Zurich they were stable at about 95%.

Conclusion

Cancer incidence rates differ between Sofia and the Canton of Zurich. Different factors may influence these results:

- Differences in SES and health care system (access to prevention and care)
- Data quality indicators (DCO%, MV%): restricted data access in both areas, shown by quality indicators, probably led to some opposite trends in cancer incidence.

These aspects must be considered when interpreting the data and taking public health actions.



P17: PROMISING THERAPY FOR POLYCYSTIC OVARY SYNDROM (PCOS) WITH HIRSUTISM

Marion Eckert-Krause

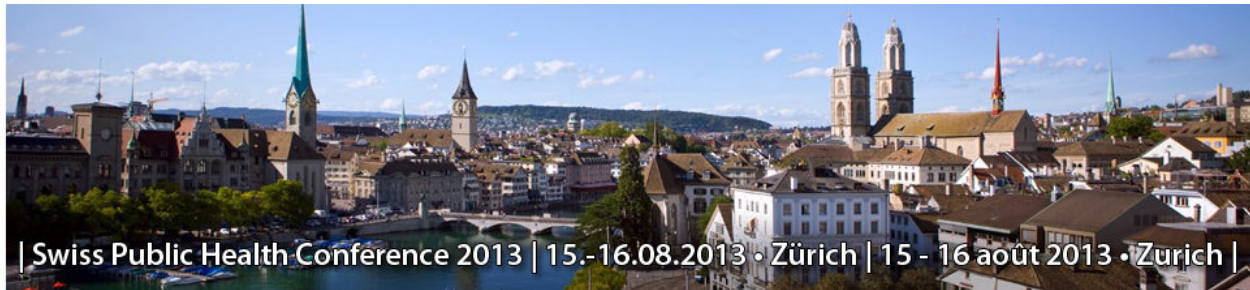
vfee Fachinstitut Elektrologie und Elektroepilation

Background. Improvement of patients' appearance is not in focus of physicians and health insurance companies. It is unquestioned that self-confidence and vitality is an important factor for the healing process. Especially when this is disturbed by malfunction of the androgens linked to hirsutism, acne, alopecia, obesity, systemically diseases. In spite of lots of method like laser epilation and mechanical methods there is an investigation lack for definitely hair removal methods.

Method. Case Study with electrolysis and DEBEC (diagnostic, eat, body-move, ease, coaching) endocrinal blood test and ovarian sonography. Electrolysis perished the hair follicle growth zone. DEBEC is health-coaching linked to somatically marker. In combination change of the patients' lifestyle could be measured and steered.

Result. A case study over 30 month with a 20year old female patient with diagnosed PCOS and hirsutism, obesity and depressive phases could be lead to a controlled and healthy nutrition, daily routine exercises with increase of self-confidence and vitality. With electrolysis hair removal was successful for thighs, breast, waist, chin and shoulders over a nine month period in additional to therapy with oral contraceptive, periodically blood tests and check of hair reoccurrence had been done. With DEBEC patient lost 11 kg over a 12 month period (BMI -4 to 25.9), decrease waist (-11 cm) and hipp (-13 cm), body fat (-10.2%).

Conclusion. Hirsutism based on PCOS could be treated successfully with electrolysis. DEBEC is an important factor related to weight loss and nutrition behavior as well as positive development in daily exercises. Medical supervision, health coaching and electrolysis seem to be a promising combination. Further studies are required.



P18: URINARY LIGNANS AND ISOFLAVONES AND INFLAMMATORY MARKERS IN THE U.S. NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES) 1999-2004

Monika Eichholzer¹, Aline Richard¹, Holly Nicastrò², Elizabeth Platz³, Jakob Linseisen⁴, Sabine Rohrmann¹
¹*Division of Cancer Epidemiology and Prevention, Institute of Social and Preventive Medicine University of Zurich, Switzerland,*

²*National Cancer Institute, Rockville, MD*

³*Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, USA*

⁴*Institute of Epidemiology I, Helmholtz Zentrum München*

Background/Objectives

Chronic inflammation has been implicated in the etiology of various chronic diseases. Our objective was to evaluate the association between urinary phytoestrogens and markers of inflammation.

Subjects/Methods

Our analysis included 2628 participants of NHANES 1999-2004 aged 18 years and older. 1999–2002 urinary phytoestrogens were measured by HPLC-APPI-MS/MS, 2003-2004 by HPLC electrospray ionization MS HPLC-APPI-MS/MS. Serum C-reactive protein (CRP) was assessed by latex-based nephelometry, white blood cell (WBC) count by Coulter counting. Log-transformed CRP concentration and WBC count by log-transformed creatinin-standardized concentrations of isoflavones and lignans were used for linear regression.

Results

Statistically significant inverse associations of urinary lignan, enterodiol and enterolactone concentrations with circulating CRP and WBC counts were observed. Per 1-percent increase in lignan concentrations in urine, CRP concentrations and WBC counts decreased by 3.0% (95% CI -5.6, -0.3) and 1.2% (95% CI -2.0; -0.4), respectively, in the multivariable-adjusted models. Per 1-percent increase of enterodiol and enterolactone, WBC counts decreased by 1.0% (95% CI -1.8, -0.2) and 0.8% (95% CI -1.4, 0.2), respectively. Enterodiol and enterolactone were significantly associated with CRP concentrations in the demographics- but not in the multivariable-adjusted models.

We observed no significant associations of isoflavones with CRP concentrations and WBC counts with the exception of O-desmethyldangolensin (O-DMA) with CRP adjusted for race, sex and age

Conclusions

No clear pattern emerged for isoflavones, but lignans were inversely associated with markers of chronic inflammation. These cross-sectional data do not allow causal inferences. Our findings require confirmation in prospective studies.



P19: AVOIDABLE CANCER MORTALITY IN SWITZERLAND

Anita Feller, Kerri Clough-Gorr

Foundation National Institute for Cancer Epidemiology and Registration, Zurich, Switzerland

Background

Avoidable mortality is a concept based on a selection of causes of death considered to be amenable to medical care or health policies serving as an indicator of the effectiveness of health care services. This study aims to evaluate achievements of medical care and health policies in Switzerland by analysing time trends in avoidable cancer mortality.

Methods

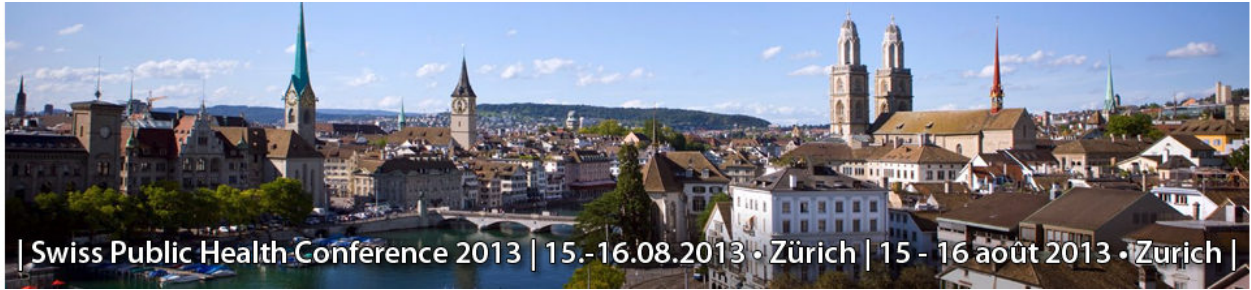
All analyses are based on mortality data and population estimates from the Swiss Federal Statistical Office. 3-year age standardized mortality rates (ASMRs) (European standard) were calculated for the population aged less than 75 years, covering the time period 1996-2010 and the following groups of cancer deaths: 1) avoidable through primary prevention (cancer of upper airways and digestive tract, Cancer of the trachea, bronchus and lung, liver cancer, bladder cancer), 2) avoidable through early detection and treatment (melanoma and non-melanoma, female breast cancer, cervical cancer, uterine cancer), 3) avoidable through improved treatment and medical care (testicular cancer, Hodgkin's disease, leukaemia), and 4) remaining cancer deaths.

Results

Comparing the time-period 1996-1998 and 2008-2010, cancer mortality has been decreasing continuously over time. ASMRs for causes avoidable through primary prevention decreased from 109.7 to 87.8 per 100,000 person-years in males, but increased from 27.2 to 33.3 in females. Death rates for causes avoidable through early detection and treatment were reduced from 6.0 to 5.2 (males) and from 47.8 to 37.5 (females). For causes avoidable through improved treatment and medical care, ASMRs declined from 8.4 to 6.9 (males) and 4.8 to 3.7 (females).

Conclusion

Avoidable cancer mortality amenable to primary prevention showed an increasing trend in females, indicating that there is a need to put more effort towards gender-specific primary prevention, i.e. anti-smoking campaigns targeting girls and women.



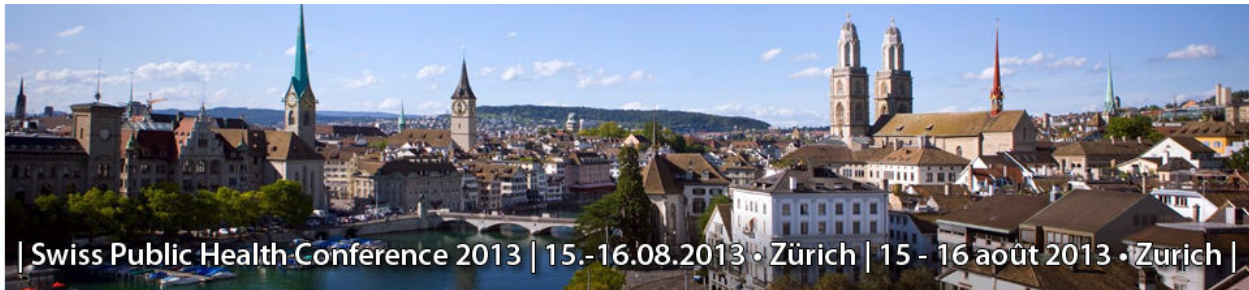
P20: PATENSCHAFTEN FÜR KINDER MIT EINEM PSYCHISCH ERKRANKTEN ELTERTEIL. EIN SCHWEIZERISCHES PILOTPROJEKT.

Lukas Fellmann, Renate Gutmann, Brigitte Müller
Hochschule für Soziale Arbeit der Fachhochschule Nordwestschweiz

Das schweizerische Pilotprojekt „Patenschaften für Kinder mit einem psychisch erkrankten Elternteil“ wurde in Anlehnung an ähnliche Projekte in Deutschland in Kooperation zwischen dem Verein HELP! For Families aus Basel und der Hochschule für Soziale Arbeit der Fachhochschule Nordwestschweiz entwickelt.

Das Projekt hat zum Ziel, die Entwicklungschancen von betroffenen Kindern zu fördern, indem ihnen langfristig eine verlässliche Bezugsperson in Form einer Patin bzw. eines Paten zur Seite gestellt wird. Die Beziehung wird in regelmässigen Besuchen (z.B. einem Nachmittag pro Woche und einem Wochenende pro Monat) aufgebaut und kann bei stationären Aufenthalten der erkrankten Elternteile auch in ein zeitweiliges Pflegeverhältnis übergehen. Patinnen und Paten übernehmen eine Patenschaft in Form von Freiwilligenarbeit. Die Patenschaften werden von einer Fachperson des Patenschaftsprojekts begleitet.

Auf dem Poster werden die Rahmenbedingungen einer Patenschaft beschrieben sowie die zu erwartenden positiven Wirkungen dargestellt.



P21: SOCIOECONOMIC STATUS AND QUALITY OF CARE IN A POPULATION-BASED SAMPLE OF SWISS DIABETIC PATIENTS

Aline Flatz, Bernard Burnand, Isabelle Peytremann Bridevaux
IUMSP Lausanne

Introduction: Low socioeconomic status (SES) is associated with higher prevalence of diabetes and worse outcomes; it has also been shown to be associated with worse quality of care. We aimed to explore the relationship between SES and quality of care in the Swiss context.

Methods: We used data from a population-based survey including 519 adult diabetic patients living in the canton of Vaud. Self-reported data on patients' and diabetes characteristics, indicators of process and outcomes of care and quality of life were collected. Dependent variables included 6 processes of care (PoC) received during the last 12 months (HbA1C, lipid, microalbuminuria, fundoscopy, feet examination and influenza vaccination) and selected clinical outcomes (blood pressure, LDL, HbA1C, diabetes-specific (ADDQoL) and generic quality of life (SF-12)). Regression analyses were performed to assess the relationship between education and income, respectively, and quality of care as measured by PoC and clinical outcomes. Adjustment was made for age, gender and co-morbidities.

Results: Mean age was 64.5 years, 40% were women; 19%, 56% and 25% of the patients reported primary (I), secondary (II) and tertiary (III) education. Fundoscopy was the only PoC significantly associated with education, with III education patients more likely to get the exam than those with primary education (adjOR 1.8, 95% CI 1.0-3.3). Use of composite indicators of PoC showed that compared to patients with primary education, patients with III education were more likely to receive $\geq 5/6$ PoC (adjOR 1.9, 95% CI 1.1-3.4), and that those with II or III education were more likely to receive 4/4 PoC (adjOR 1.9, 95% CI 1.0-3.3; adjOR 2.1, 95% CI 1.1-4.1, respectively). Quality of life was the only clinical outcome significantly associated with education, with II and III education patients reporting better quality of life compared to primary education patients, as measured by the ADDQoL (β 0.6, 95% CI 0.3-1.0, β 0.6, 95% CI 0.2-1.0, respectively) and the physical component score of the SF-12 (β 2.5, 95% CI 0.2-4.8, β 3.6, 95% CI 0.9-6.4, respectively). No associations were found between income and quality of care.

Conclusion: Social inequalities have been demonstrated in Switzerland for global health indicators. Our results suggest that similar associations are found when considering quality of care measures in individuals with diabetes, but only for a few indicators.



P22: ASSISTIERTER SUIZID - EINE OPTION FÜR MENSCHEN MIT CHRONISCHER ERKRANKUNG?

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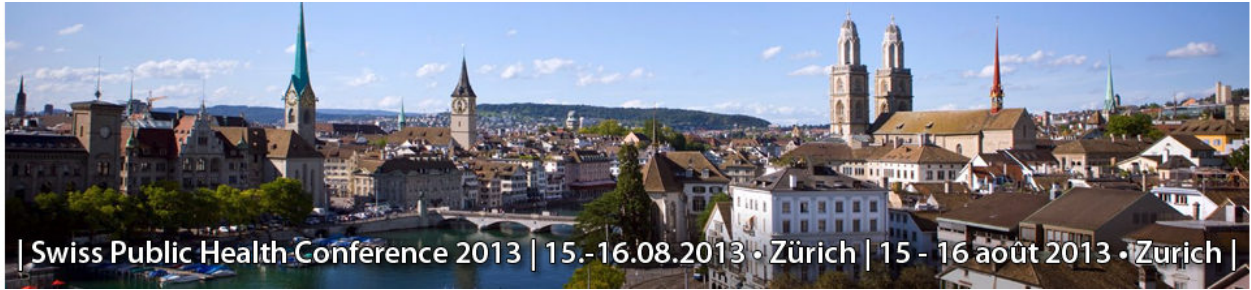
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Die Anzahl an chronisch erkrankten Menschen stieg in den letzten Jahren parallel zur steigenden durchschnittlichen Lebenserwartung deutlich an. Parallel hierzu steigt die Erwartungshaltung von Menschen mit chronischen Erkrankungen an die moderne Medizin. Der heutige Mensch legt besonderen Wert darauf, sein Leben selbstbestimmt und in Würde verbringen und auch beenden zu können. Patientenverfügungen gehören zunehmend häufig zum Krankendossier, Palliative-Care-Einrichtungen entwickeln sich stetig weiter.

Neben dieser Entwicklung ist in der Schweiz, dem weltweit einzigen Land, in dem nicht staatlich kontrollierte Vereine Menschen mit „unerträglichem Leiden“ Freitodbegleitungen (FTB) anbieten, eine deutliche Zunahme an Sterbefällen nach assistiertem Suizid (AS) zu beobachten. So stieg die Anzahl dieser Todesfälle von weniger als 100 im Jahr 2000 auf etwa 600 im Jahr 2012. Hierunter fallen jedoch nicht nur Schweizer Bürger, sondern auch im Ausland wohnhafte Personen, die in der Schweiz mit Unterstützung eines Suizidhilfe-Vereins aus dem Leben schieden. Die Anzahl der eingetragenen Suizidhilfe-Vereine ist ebenfalls von anfänglich 2 auf derzeit 6 angestiegen.

Im Rahmen eines vom Schweizerischen Nationalfonds finanzierten Programms (NFP 67 Lebensende) beschäftigt sich das interdisziplinäre Forschungsprojekt mit der Entwicklung des AS in der Schweiz seit Gründung des ersten Vereins 1982. Im Rahmen des Vortrags wird detailliert das Studienkonzept vorgestellt und erwartete Ergebnisse diskutiert.



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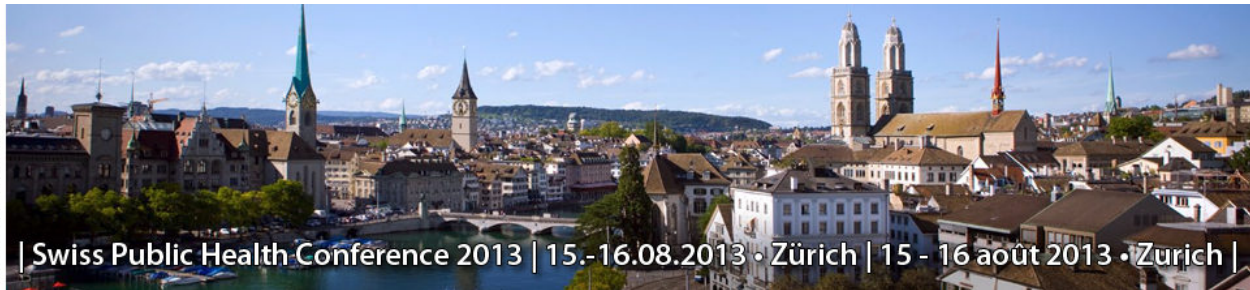
P23: PROBLÈMES DE SANTÉ, INTÉGRATION PROFESSIONELLES ET PROSPECTIVES ÉCONOMIQUES.

Alpha Grace
BIGMECI

Mais cette épreuve de vérité est devenue indispensable avec la doctrine de l'égalité des chances pour tous. En effet, les enfants du XXI^e siècle ne naissent pas plus violents que ceux du siècle passé ; la violence des jeunes est un problème d'adultes d'aujourd'hui, incapables, comparés aux générations passées, d'assurer l'apprentissage de la régulation de l'agressivité et de la violence sur la génération suivante. La famille et l'école sont les deux piliers de la lutte contre la délinquance juvénile.

Les parents sont les premiers responsables des comportements déviants de leurs enfants, à cause de leur incapacité à prévenir ou à réprimer ces comportements ; d'où l'évidence que les pouvoirs publics et les services sociaux doivent travailler à maintenir l'intégrité de la famille en lui donnant les moyens de protéger les enfants, notamment en améliorant ces conditions de vie.

Une étude démontre que 80% des adolescents immigrés entre 14 et 20 ans en Suisse pensent qu'ils sont débordés et, par conséquent, ressentent du stress. L'excès de stress peut mener à une dépression. Entre 12 et 20 ans, beaucoup de ces jeunes et adolescents d'origine africaine en Suisse risquent de développer une dépression, qui entraînera peut-être d'autres problèmes mentaux (schizophrénie, paranoïa...). Ceux qui ne savent pas se défendre face aux dépressions et qui ne savent pas gérer les problèmes quotidiens de leur vie se suicideront.



P24: LITERATURE REVIEW ON POTENTIAL CLINICAL AND ECONOMIC EFFECTS OF EHEALTH, BARRIERS TO IMPLEMENTATION AND ROLE OF INCENTIVES

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Background

Chronic disease management and patient-centred care face challenges due to scarce resources and loss of information at interfaces between different health care providers. Health information technology (eHealth) might be a tool to improve efficiency of healthcare processes and patient safety. Switzerland endorsed a national eHealth strategy aiming to provide and improve electronic collaboration between health care stakeholders. We conducted a comprehensive literature review focused on clinical and economic effects of eHealth as well as barriers to implementation and incentives.

Methods

Databases including PubMed, ISI Web of knowledge, Centre for Reviews and Dissemination (DARE, NHS EED and HTA) and Google were searched for English and German studies evaluating clinical and economic effects of eHealth, barriers to implementation and incentives from 2000 up to 2012. Additional materials were identified through references search.

Results

Searches identified 2'322 potential publications. After screening titles, 322 abstracts were assessed for eligibility and 149 articles reported clinical and economic effects of eHealth. Evidence of effects of eHealth was mostly gathered for electronic health records, telemonitoring, computerised decision support systems and notable effects were reported for use within managed care systems. Disease-specific effects, such as improved clinical parameters (e.g. HbA1c), a decrease in mortality, hospitalisation rates and length of stay were mainly reported for heart failure, diabetes, chronic lung conditions and stroke. Several studies assessing costs per quality-adjusted life year gained reported no benefit of eHealth compared to usual care. Furthermore, those who benefit from eHealth solutions may not be the ones who bear the investment costs. Main barriers to implementation and acceptance of eHealth systems included technical problems; concerns about data safety, confidentiality and quality; lack of standardisation and interoperability.

Conclusion

Our results indicate that eHealth may be a valid approach to improve quality of care and patient-centred care. Some limitations of eHealth systems remain unresolved and financing solutions are to be developed. Interoperability, standard criteria for eHealth functionality and data safety need to be considered before implementation in a broader healthcare setting.



P25: KARDIOVASKULÄRE REHABILITATION UND NACHSORGE: PATIENTENSTRÖME UND ANGEBOTE IN DER SCHWEIZ.

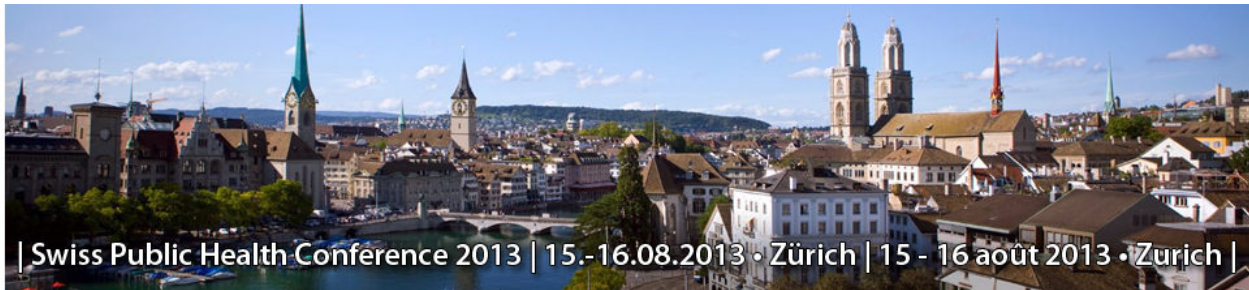
Andreas Hoffmann, Christa Bächtold, Claudia Pohl, Therese Junker
Schweizerische Herzstiftung

Jedes Jahr werden in der Schweiz rund 7'000 Herzoperationen (Koronarbypass und Herzklappen) und 23'000 Herzkathetereingriffe (Koronargefässe und Arrhythmiebehandlungen) durchgeführt; Herz-Kreislaufkrankungen führen zu insgesamt über 130'000 Hospitalisationen (Bundesamt für Statistik). Eine spezialisierte kardiovaskuläre Rehabilitation mit strukturierten Programmen wird von 12 stationären und 52 ambulanten Institutionen angeboten (Stand April 2013), die in einer Arbeitsgruppe der Schweizerischen Gesellschaft für Kardiologie organisiert sind. Durch diese Schweizerische Arbeitsgruppe für kardiale Rehabilitation werden Qualitätsanforderungen formuliert und fortlaufend evaluiert (www.sakr.ch).

Zur Unterstützung der langfristigen Nachsorge von Herzpatienten steht ein landesweites Netz von derzeit über 130 Herzgruppen zur Verfügung. Träger sind private Initiativen, Vereine, Physiotherapieabteilungen von Spitälern oder Fitnesszentren. Eine strukturelle und qualitative Unterstützung erfolgt durch die Schweizerische Herzstiftung (www.swissheartgroups.ch).

Bei den rund 40'000 durch akute Krankheitsfälle Betroffenen finden insgesamt 11'000 Rehabilitationsbehandlungen statt. Es werden die folgenden Zuweisungsraten in Rehabilitationsprogramme beobachtet: nach Herzoperationen > 95%, nach Kathetereingriffen ca. 35% der Patienten; von den konservativ behandelten Patienten sind keine Zahlen bekannt. Etwa die Hälfte der Patienten geben als Grund für die Nichtteilnahme einen Mangel an Information an. Von den Teilnehmern an Rehabilitationsprogrammen finden schliesslich weniger als 10% den Weg in eine Herzgruppe.

Aus diesen Zahlen geht hervor, dass trotz nachgewiesenen positiven Effekten auf die Morbidität und Mortalität im weiteren Krankheitsverlauf das Potential für Rehabilitation vor allem nach Herzkathetereingriffen bei Weitem nicht ausgeschöpft wird. Das Herzgruppennetz sollte ebenfalls vermehrt beansprucht werden, um die Patienten und deren Angehörige langfristig bei der Bewältigung ihrer chronischen Erkrankung und der Mobilisation ihrer Gesundheitsressourcen optimal zu unterstützen. Neue und innovative Wege der interaktiven Kommunikation mit Betroffenen könnten eine verbesserte Nutzung der Angebote bewirken.



P26: REDCAP WORKSHOP

Samuel Iff¹, Claire Graber², Peter Jüni²
¹, ²ISPM Bern

Introduction:

The knowledge required to design a CRF, transform it into an eCRF is unknown to most researchers. We want to guide the participants through the process of designing a CRF and a subsequent eCRF in REDCap, an open source data capturing program from Vanderbilt University. The participants will be able to frame the process within the whole research process and see how the creation of the CRF and the transformation into the eCRF are interlinked.

REDCap (Research Electronic Data Capture) is a secure web application for building and managing online surveys and databases. Using REDCap's stream-lined process for rapidly developing projects, clinical investigators may create and design projects using 1) the online method directly in their web browser using the Online Designer; and/or 2) the offline method by constructing a 'data dictionary' template file in Microsoft Excel, which can later be uploaded into REDCap. REDCap is GCP compliant and provides an audit trail for tracking data manipulation and user activity, as well as automated export procedures for seamless data downloads to Excel, PDF, and common statistical packages (SPSS, SAS, Stata, R). Also included are a built-in project calendar, a scheduling module, an ad hoc reporting tool and advanced features, such as branching logic, file uploading, and calculated fields.

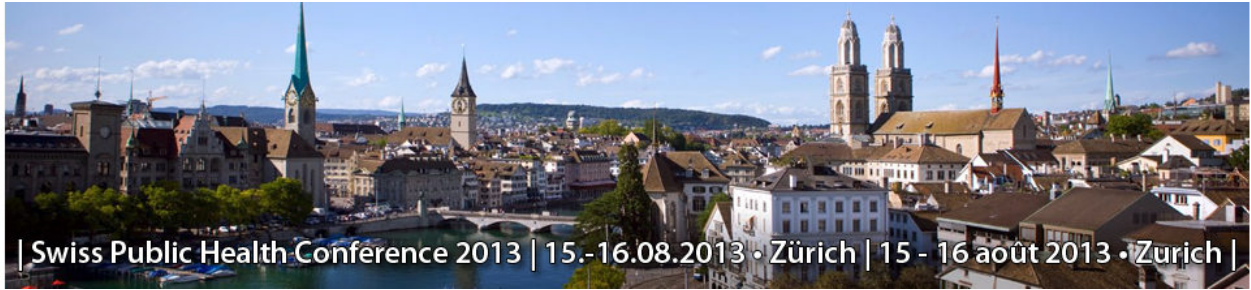
Aim:

We would like to introduce REDCap as an open-source alternative for clinical investigators for gathering data online. We want to show the user-friendliness and the ease how projects can be built and implemented in REDCap. This workshop targets investigators with little funding and average computer experience. The first part of the lecture is a short introduction into electronic data capture in medical research and REDCap itself. We want to frame the whole eCRF design process in the overall research process and provide some hints for good eCRF design.

The second part of the workshop aims to show the audience the possibilities and capabilities of REDCap first hand with a "hands-on" experience for the users. We will build interactively an eCRF within REDCap based on a sample paper CRF while answering questions. After this, we will assign time for questions related to the system.

Referents:

Claire Graber and Dr. med. Samuel Iff work with REDCap as Data managers and trial designers at the ISPM/CTU Bern. They are both experienced clinical data managers having conducted clinical trials for several years.



P27: HAUPTURSACHEN UND MULTIMORBIDITÄT IN DER TODESURSACHENSTATISTIK

Christoph Junker, Wagner Ulrich
Bundesamt für Statistik

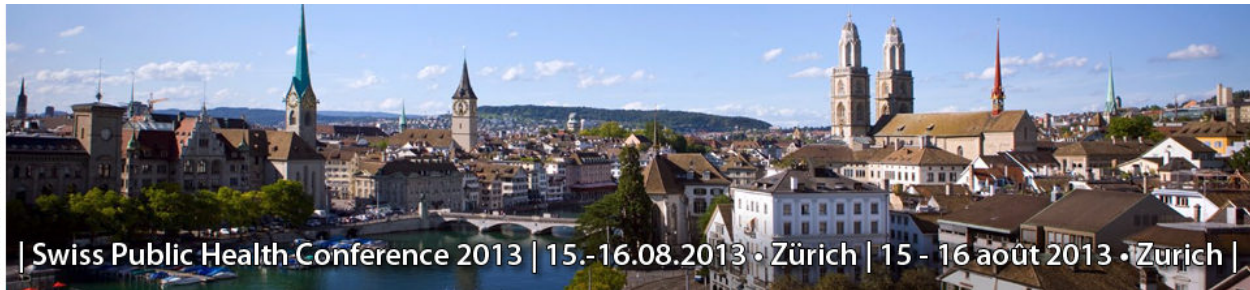
Im Jahr 2010 starben in der Schweiz 62'649 Menschen. Die Mehrzahl der Menschen stirbt heute mit über 80 Jahren an den für dieses Alter typischen Krankheiten. In über 80 Prozent der Fälle tragen zwei oder mehrere Krankheiten zum Tod bei. Bei den Todesfällen den 85- bis 94-Jährigen werden am meisten Diagnosen verzeichnet; bei 24 Prozent sind es zwei Diagnosen, bei 30 Prozent drei und bei 31 Prozent vier. Über alle Altersgruppen werden im Durchschnitt zwei Diagnosen pro Todesfall registriert, es gibt bei nur 11 Prozent der Todesfälle eine einzige Ursache, sei es Krankheit oder Unfall. Der Poster stellt die Multimorbidität bei den Todesursachen dar.



P28: PHYSICAL ACTIVITY PATTERNS OF PRIMARY SCHOOL CHILDREN IN EVERYDAY LIFE

Jürgen Kühnis
Päd. Hochschule Schwyz

The purpose of this cross-sectional study was to analyse the activity in daily life (ADL) among 5th grades in two rural regions by regarding selected indicators. The study was conducted in autumn 2012 and included a randomly selected sample of 157 pupils in Liechtenstein (FL: aged 10.4+0.5 years) and 261 pupils in the canton of Schwyz (SZ: aged 10.7+0.7 years). Physical activity (PA) was quantified using a combined methodology (short questionnaire, a diary to assess the commuting to school and a pedometer to determine step counts for four schooldays). The majority of children (FL: 87.8 %; SZ: 91 %) commuted actively to school and contributed on average 35.5 min. (FL) and 37 min. (SZ) to MVPA/day. The mean steps/day ranged from 14'385 (SZ) to 15'483 (FL) respectively. In both regions mean steps/day were significantly higher in boys than in girls ($p < 0.001$) as well as in sports clubs members than in non members ($p < 0.001$). Following the reference standard of 11'000 (girls) and 13'000 (boys) steps/day 55.4 % (SZ) and 63 % (FL) of all children achieved this guideline; but only 32.2 % (FL) and 25.6 % (SZ) met the more strictly BMI-referenced criterion of 12'000 (girls) and 15'000 (boys) steps/day. There was no correlation between the amount of media consumption and mean steps/schoolday.



P29: PLATE SIZE AND MEAL COMPOSITION

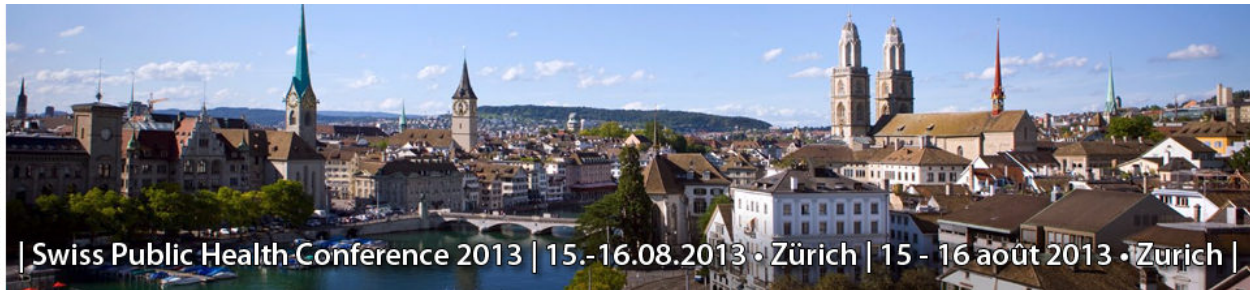
Elena Libotte, Tamara Bucher, Michael Siegrist
ETH Zürich

The food environment influences our daily food intake. Its change can have positive effects on consumers' nutrition and health, preventing overconsumption and increasing healthy choices. Previous studies have shown that people tend to eat larger portions from bigger plates. However, it is not clear, whether the size of a plate also affects consumers' meal composition, i.e. whether restricted space leads consumers to mainly select preferred food items.

In the present study, it was investigated whether plate size influences the macronutrient composition of a meal. We hypothesised that a bigger plate induces people to serve themselves a larger portion with an increased amount of side dishes, (i.e. starch containing foods and vegetables), while the choice is more focussed on food such as meats, if plate space is limited.

80 people (40 women and 40 men) were invited to serve themselves a lunch from a Fake Food Buffet containing 57 food items. Participants were randomly divided in two conditions and either provided with a small plate (27 cm) or with a big plate (32 cm) to serve themselves a lunch from the buffet. After the choice task the subjects filled out a questionnaire on their food habits and preferences. The composition of the selected meals was analysed and compared between the experimental groups by MANOVA.

Minor environmental alterations can have major effects on consumers choices and are therefore of great public health interest. However, the knowledge on how specific environmental alterations can be implemented to promote healthy eating is very limited. Here we present the results of the experimental study and discuss alterations of plate sizes in settings like school cafeterias or canteens as a public health intervention.



P30: CANCER PREVALENCE TRENDS 2000 – 2020 IN SWITZERLAND

Matthias Lorez, Kerri Clough-Gorr, NICER WORKING GROUP
Foundation National Institute for Cancer Epidemiology and Registration (NICER)

BACKGROUND

The number of short (<5 years) and long-term (>5 years) cancer survivors are expected to increase as a result of rising incidence, declining mortality and population aging. These survivor groups have heterogeneous demands on the public health system: curative or palliative treatment and care due to adverse physical and psychosocial effects from their diagnosis and treatment. Adequate allocation of the limited health care resources to address this growing public health burden will depend on accurate quantification of these future demands.

METHODS

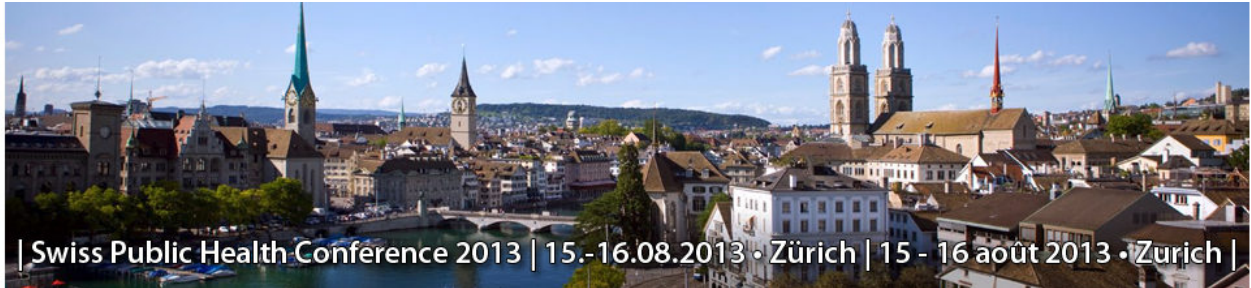
Data was extracted from the National Cancer Dataset managed by NICER for the purpose of national cancer monitoring in Switzerland. All primary malignant cancer diagnoses in the twelve Swiss cantons providing vital status follow-up until 2010 were selected. Limited-duration prevalence for diagnoses 0-2, 2-5, and 5-10 years before index-dates 2000 to 2010 were derived using the counting method including a correction for cases lost to follow-up. Expected prevalence for index-dates 2011 to 2020 were estimated by predicting future incidence as well as survival and combining them using the method of Pisani et al. (2002). Prevalence was analysed by age, sex, language-region (Alemannic/Romantic) and cancer site (colorectal, lung, skin melanoma, breast and prostate) and extrapolated for Switzerland.

RESULTS

For all cancers and ages combined, we expect an increase of about 20% in prevalence counts if 2020 is compared with 2010 for men and women alike. This represents a gain of 6,000 or 4,500 patients by sex for the 0-2 year prevalence, 7,000 or 5,500 for the 2-5 year and 8,000 or 6,000 for the 5-10 year prevalence, respectively. In 80+ year olds, a 20% increase is expected in men whereas the prevalence counts remain stable in women, irrespective of the diagnosis interval. Steep increases of 40-55% are expected for melanoma (both sexes) and lung cancer (women). The largest increase in prevalence count is expected for prostate cancer: 2,000, 3,000 and 4,500 for all ages combined in the three diagnosis intervals, respectively. Prevalence proportions were systematically higher in Romanic as compared to Alemannic language regions.

CONCLUSIONS

The expected rise in the numbers of cancer survivors is in itself a very positive development. It will present a challenge, on the other hand, to secure adequate services and high quality care for growing numbers of short-term as well as long-term cancer survivors.



P31: ASSOCIATIONS OF SERUM URIC ACID AND SLC2A9 VARIANT WITH DEPRESSIVE AND ANXIETY DISORDERS: A POPULATION-BASED STUDY.

Tanica Lyngdoh¹, Murielle Bochud¹, Jennifer Glaus², Enrique Castelao², Gerard Waeber³, Peter Vollenweider³, Martin Preisig²

¹*Institut de Médecine Sociale et Préventive*

²*Department of Psychiatry, CHUV, Lausanne, Switzerland*

³*Department of Medicine, Internal Medicine, CHUV and Faculty of Biology and Medicine, Lausanne, Switzerland*

Background:

Limited information exists regarding the association between serum uric acid (SUA) and psychiatric disorders. We explored the relationship between SUA and subtypes of major depressive disorder (MDD) and specific anxiety disorders. Additionally, we examined the association of SLC2A9 rs6855911 variant with anxiety disorders.

Methods:

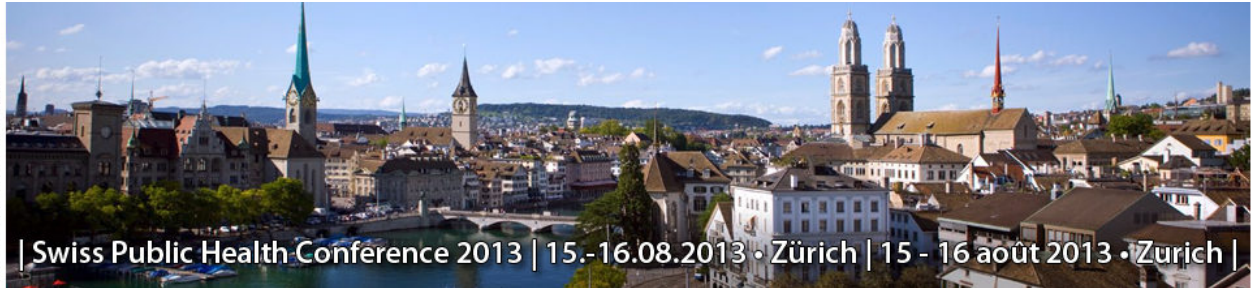
We conducted a cross-sectional analysis on 3,716 individuals aged 35-66 years previously selected for the population-based CoLaus survey and who agreed to undergo further psychiatric evaluation. SUA was measured using uricase-PAP method. The French translation of the semi-structured Diagnostic Interview for Genetic Studies was used to establish lifetime and current diagnoses of depression and anxiety disorders according to the DSM-IV criteria.

Results:

Men reported significantly higher levels of SUA compared to women (357 ± 74 $\mu\text{mol/L}$ vs. 263 ± 64 $\mu\text{mol/L}$). The prevalence of lifetime and current MDD was 44% and 18% respectively while the corresponding estimates for any anxiety disorders were 18% and 10% respectively. A quadratic hockey-stick shaped curve explained the relationship between SUA and social phobia better than a linear trend. However, with regards to the other specific anxiety disorders and other subtypes of MDD, there was no consistent pattern of association. Further analyses using SLC2A9 rs6855911 variant, known to be strongly associated with SUA, supported the quadratic relationship observed between SUA phenotype and social phobia.

Conclusions:

A quadratic relationship between SUA and social phobia was observed consistent with a protective effect of moderately elevated SUA on social phobia, which disappears at higher concentrations. Further studies are needed to confirm our observations.



P32: BLOOD PRESSURE AND COGNITIVE FUNCTION: A PROSPECTIVE ANALYSIS AMONG ADOLESCENTS IN SEYCHELLES

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⁶*Northern Ireland Centre for Food and Health, University of Ulster, Coleraine, Northern Ireland, UK*

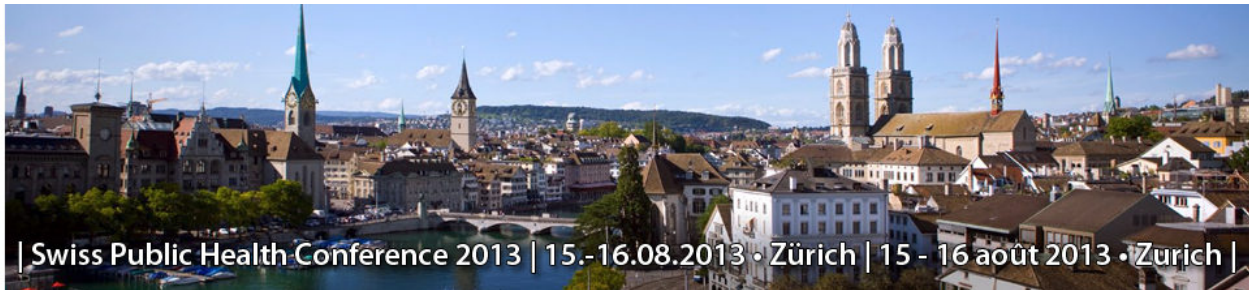
⁷*Institute of Social and Preventive Medicine, Lausanne University Hospital, Lausanne, Switzerland*

Objective: An inverse relationship between blood pressure and cognitive function has been found in adults, but limited data are available in adolescents and young adults. We prospectively examined the relation between blood pressure and cognitive function in adolescence.

Methods: We examined the association between BP measured at the ages of 12-15 years in school surveys and cognitive endpoints measured in the Seychelles Child Development Study at ages 17 (n=407) and 19 (n=429) years respectively. We evaluated multiple domains of cognition based on subtests of the Cambridge Neurological Test Automated Battery (CANTAB), the Woodcock Johnson Test of Scholastic Achievement (WJTA), the Finger Tapping test (FT) and the Kaufman Brief Intelligence Test (K-BIT). We used age-, sex- and height-specific z-scores of systolic blood pressure (SBP), diastolic blood pressure (DBP) and mean arterial pressure (MAP).

Results: Six out of the 21 cognitive endpoints tested were associated with BP. However, none of these associations were found to hold for both males and females or for different subtests within the same neurodevelopmental domain or for both SBP and DBP. Most of these associations disappeared when analyses were adjusted for selected potential confounding factors such as socio-economic status, birth weight, gestational age, body mass index, alcohol consumption, blood glucose, and total n-3 and n-6 polyunsaturated fats.

Conclusions: Our findings do not support a consistent association between BP and subsequent performance on tests assessing various cognitive domains in adolescents.



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P33: NOT SO DISADVANTAGED: PORTUGUESE MIGRANTS IN SWITZERLAND HAVE A BETTER ACCESS TO HEALTHCARE AND HEALTH STATUS THAN PORTUGUESE RESIDENTS

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³*Institut universitaire de médecine sociale et préventive*

Background:

Most migrant studies have compared health characteristics between migrants and nationals of the host country. We aimed at comparing health characteristics of migrants with nationals from their home country.

Methods:

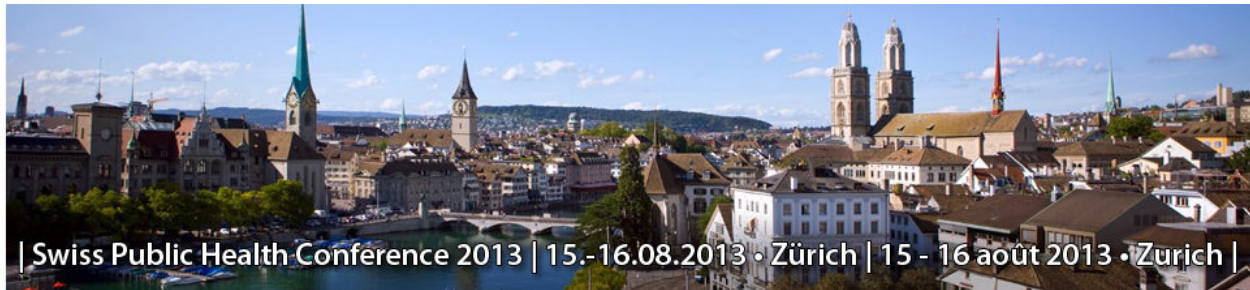
Portuguese national health survey (2005-6; 30,173 participants aged 18-75 years) and four national health surveys conducted in Switzerland (2002, 2004, 2007 and 2011, totalling 1,170 Portuguese migrants of the same age range). Self-reported data on length of stay, cardiovascular risk factors, healthcare use and health status were collected.

Results:

Resident Portuguese were significantly older and more educated than migrants. Resident Portuguese had a higher mean BMI and prevalence of obesity than migrants. Resident Portuguese also reported more frequently being hypertensive and having their blood pressure screened within the last year. On the contrary, migrant Portuguese were more frequently smokers, had a medical visit in the previous year more frequently and self-rated their health higher than resident Portuguese. After adjustment for age, gender, marital status and education, migrants had a higher likelihood smoking, of having a medical visit the previous year, and of self-rating their current health as good or very good than resident Portuguese. Compared to Portuguese residents, cholesterol screening in the previous year was more common only among migrants living in Switzerland for more than 17 years.

Conclusion:

Portuguese migrants in Switzerland do not differ substantially from resident Portuguese regarding most cardiovascular risk factors. Migrants appear to benefit from higher healthcare accessibility and consider themselves healthier than Portuguese residents.



P34: PREVALENCE AND MANAGEMENT OF CARDIOVASCULAR RISK FACTORS IN PORTUGUESE RESIDENTS AND PORTUGUESE WHO MIGRATED TO SWITZERLAND

Pedro Marques-Vidal¹, Luis Alves², Ana Azevedo², Henrique Barros², Peter Vollenweider³, Gérard Waeber³

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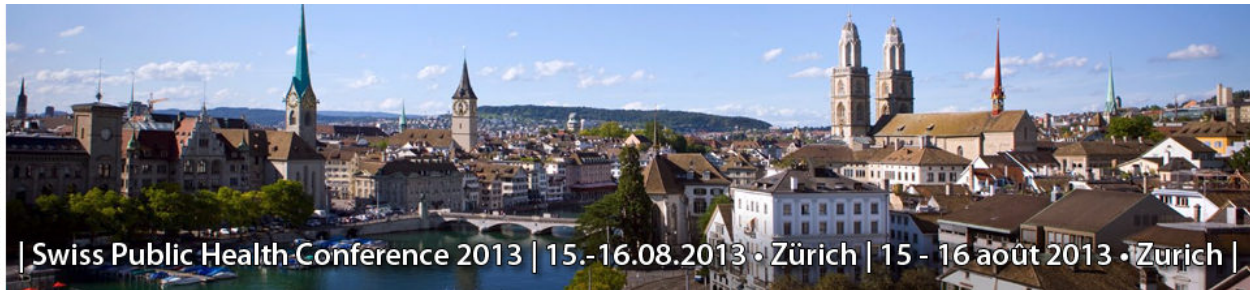
Background: there is little information regarding the health status of migrants compared to subjects who remained in their country of origin. The aim was to compare Portuguese living in Porto (Portugal) with Portuguese migrants living in Lausanne (Switzerland).

Design: cross-sectional studies conducted in Porto (EpiPorto, n=1150) and Lausanne (CoLaus, n=388) among Portuguese subjects aged between 35 and 65 years.

Methods: body mass index, blood pressure, cholesterol and glucose levels were assessed using standardized procedures. Educational level, antihypertensive, hypocholesterolemic and antidiabetic treatments were collected using questionnaires.

Results: Portuguese living in Lausanne were younger, more frequently male and had a lower education than Portuguese living in Porto. After multivariate adjustment, Portuguese living in Porto had a higher likelihood of being obese [Odds ratio and 95% confidence interval: 1.40 (1.01-1.94)] or abdominal obese [OR: 1.40 (1.02-1.93)] than Portuguese living in Lausanne. Portuguese living in Porto had a higher likelihood of being hypertensive than Portuguese living in Lausanne [OR: 1.38 (1.01-1.90)], while no differences were found regarding hypertension management and control. Portuguese living in Porto had a higher likelihood of being hypercholesterolemic [OR: 1.40 (1.06-1.85)] and were less likely to be treated [OR: 0.47 (0.27-0.83)] and controlled [OR: 0.47 (0.27-0.83)] than Portuguese living in Lausanne. Finally, no differences were found regarding smoking, prevalence and management of diabetes.

Conclusion: Portuguese living in Lausanne, Switzerland, present a better cardiovascular risk profile and tend to be better managed regarding their cardiovascular risk factors than Portuguese living in Porto, Portugal.



P35: IMPACT OF THE WORLD HEALTH ORGANISATION'S FOUR BEHAVIOURAL NCD RISK FACTORS IN SWITZERLAND

Eva Martin-Diener, Julia Meyer, Julia Braun, Silvan Tarnutzer, David Fäh, Sabine Rohrmann, Brian Martin
Universität Zürich / Institut für Sozial- und Präventivmedizin

Background: WHO identified tobacco use, harmful use of alcohol, physical inactivity and unhealthy diets as the four main behavioural risk factors for non communicable disease (NCD). These behaviours are often clustered and with increasing exposure health risks increase. Based on combinations of clinical parameters, risk score charts for diagnostic and therapeutic procedures in clinical decision-making have already been developed. However, in counselling situations where behaviour change is addressed, charts illustrating directly the effects of behavioural factors would be of particular value. We therefore aimed at quantifying combined effects of the four behavioural risk factors for NCD on mortality and at developing respective risk charts.

Methods: Participants (n=16'721, aged 16-90 years) were part of the Swiss National Research Program 1A and MONICA study conducted between 1977 and 1993. Smoking status, alcohol consumption on the previous day, habitual leisure time physical activity (LTPA) and fruit consumption on the previous day as an indicator of dietary behaviour were assessed at baseline. Up to 32 years of mortality follow-up were obtained with anonymous record linkage providing 3533 deaths. For combinations of behavioural risk factors mortality risks were calculated with Cox proportional hazard models, and the ten year survival probabilities for 65 and 75 year old men and women were estimated with Weibull regression models.

Results: In a model also adjusting for socio-economic variables, tobacco smoking [Hazard ratio, HR 1.63 (1.49-1.79)], low LTPA [HR 1.12 (1.01-1.23)], consuming no fruit [HR 1.18 (1.07-1.30)] in men, and tobacco smoking [HR 1.51 (1.33-1.71)] as well as low LTPA [HR 1.22 (1.10-1.36)] in women were significantly and independently associated with mortality risk. HR for the combination of all four risk factors compared to none were 2.41 (1.99-2.93) in men and 2.46 (1.88-3.22) in women. For 65 year olds, the probability of surviving the next ten years was 85% for those with no risk factor and 66% for those with four in men. In women, the respective numbers were 90% and 76%. In 75 year olds, probabilities were 67% and 35% in men, and 75% and 46% in women.

Conclusions: The independent and combined impact of WHO's four behavioural risk factors for NCD could clearly be shown in a Swiss population sample. Ways will be explored to use these data in patient communication.



P36: PRÄVENTION VON RESSOURCENVERLUSTEN – BEDEUTUNG UND VERÄNDERUNGEN VON RESSOURCEN IN DER FAMILIÄREN PFLEGE

Claudia Mischke
Berner Fachhochschule

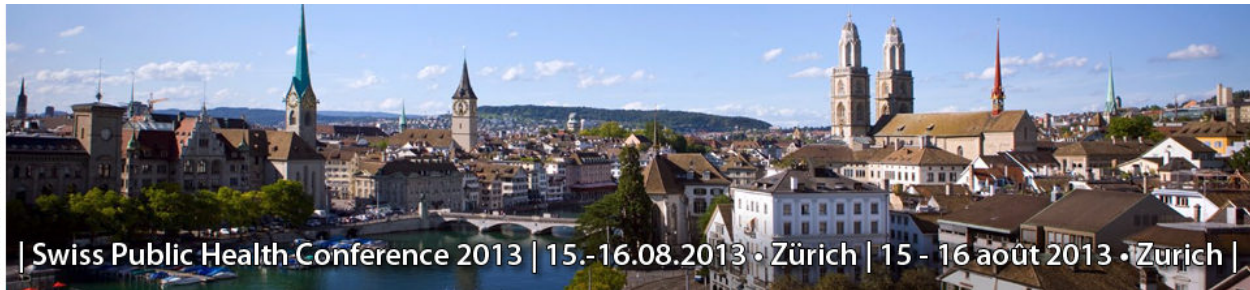
Hintergrund: Familiäre Pflegeleistungen werden häufig „als selbstverständliche und strapazierfähige Versorgungsressource betrachtet“. Die verengte Betrachtung pflegender Angehöriger als pragmatische kostengünstige „Vollkasko-Haftpflichtversicherung“ außerhalb der kostenintensiven professionellen Unterstützungssysteme birgt jedoch die Gefahr der unbewussten Förderung von pathogenen Entwicklungen: Eine zunehmende Morbidität und Mortalität in dieser Bevölkerungsgruppe ist bekannt. Umso bedeutsamer ist es, die Aufmerksamkeit auf die Gesunderhaltung von pflegenden Angehörigen zu lenken, denn die Pflegendenkarriere gilt aufgrund der soziodemografischen Entwicklungen inzwischen als vorhersehbarer Lebensabschnitt. Personen, die sich in dieser Lebensphase befinden, müssen die neuen Pflege-Anforderungen mit den bestehenden Rollenerfordernissen in Einklang bringen. Über die Ressourcen, auf die pflegende Angehörige zurückgreifen bzw. welche sie unterstützen könnten, um diese Lebenssituation zu managen, ist bisher wenig bekannt.

Ziel: Die Entwicklung und Testung eines Instruments zur strukturierten Selbsteinschätzung der Bedeutung einzelner Ressourcen, der aktuellen Ressourcensituation und des Unterstützungsbedarfes zur Stärkung einzelner Ressourcen.

Methodisches Vorgehen: Die Entwicklung des Instruments erfolgt aufbauend auf einem gesundheitssoziologischen Rahmen. Zur Identifizierung potentieller Ressourcen wird ein qualitativer Ansatz gewählt. Die Überprüfung der teststatistischen Eigenschaften erfolgt mit einer Stichprobe von 52 pflegenden Angehörigen.

Ergebnisse: Das Assessment zur Erfassung der Ressourcen pflegender Angehöriger (RPA) umfasst 43 Ressourcen, die auf jeweils vier Skalen erfasst werden. Die Berechnung der Reliabilität ergibt für die vier Skalen eine hohe bis sehr hohe interne Konsistenz ($\alpha = .70$ bis $.93$). Die Überprüfung der Retest-Reliabilität kann mit mittleren bis hohen Korrelationen ebenfalls als gut eingeschätzt werden. Die Überprüfung der Konstruktvalidität kann für drei Skalen als zufriedenstellend betrachtet werden, für eine Skala sind weitere Testungen erforderlich.

Diskussion: Es ist gelungen ein Instrument zu entwickeln, mit dem die individuelle Relevanz spezifischer Ressourcen, die persönliche Ressourcensituation und der Unterstützungsbedarf zur Stärkung einzelner Ressourcen erfasst werden können. Die Anwendung des Instruments kann die gesundheitsfördernde Begleitung von pflegenden Angehörigen fördern und Ressourcenverlusten vorbeugen.



P37: TITLE: HEALTH AND SOCIAL INEQUALITY IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS: SOCIAL DETERMINANTS OF BARRIERS TO CARE

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Introduction: Social inequality can occur among children with special health care needs (CSHCN) because children from more disadvantaged families often have fewer resources or information; hence, they may encounter more barriers accessing the care they need. On the other hand, social determinant such as social cohesion may help parents to obtain more resources, emotional support and needed information, in spite of their SES and demographic characteristics. This study examined the extent to which health and social inequalities exist in Swiss CSHCN. In particular, associations between various social determinants and barriers to care were explored.

Methods: Data were drawn from the National Survey of Children of Special Health Care Needs in Switzerland. In Phase I, a representative sample of 10830 children ages 9-14 from 253 communities in Switzerland participated in CSHCN screening in spring 2010. In Phase 2, families of children identified as CSHCN (N=1360) in Phase 1 were invited to provide more detailed information. Social cohesion was measured using questions developed by Sampson et al. Barriers to care were conceptualized as a multidimensional construct consisting of pragmatics, health knowledge and beliefs, expectations about care, skills, and marginalization.

Results: The prevalence of CSHCN was much higher in Swiss (14.9%) than non-Swiss (8.0%) children, possibly reflecting social inequality, in that non-Swiss nationals may be less informed or have fewer resources to use health-related services. Lower SES was associated with more barriers to care in 'skills' only. Higher social cohesion was associated with fewer barriers to care in every dimension and with parental health literacy. Also, fewer pragmatic barriers to care, higher SES, higher social cohesion, and better knowledge of their child's treatment were independently associated with better parental mental health.

Conclusion: Social inequality existed among children with special health care needs. In addition, parents with higher social cohesion showed better mental health and fewer barriers to care independent of their SES. Its public health implication will be discussed.



P38: UNTERSTÜTZUNG UND VERSORGUNG VON FAMILIEN MIT EINEM PSYCHISCH ERKRANKTEN ELTERNTEIL

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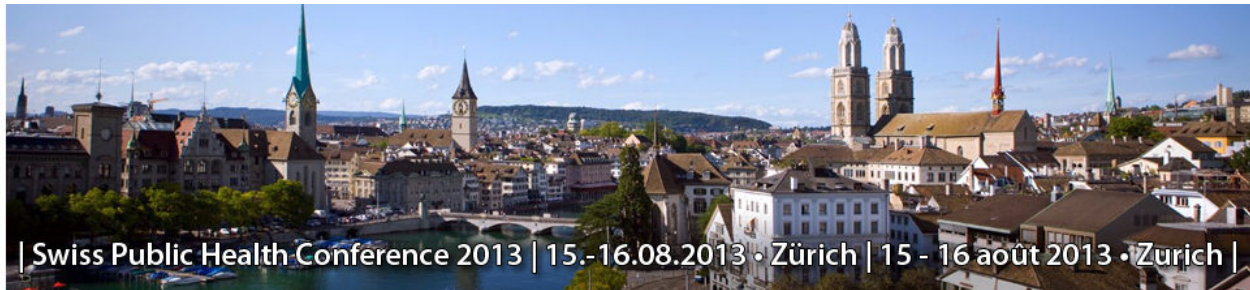
²Sozialpädiatrisches Zentrum SPZ, Kantonsspital Winterthur

Psychische Erkrankungen verlaufen oft chronisch und sind mit weiteren Problemlagen wie Armut, sozialer Isolation und Stigmatisierung verbunden. Kinder psychisch erkrankter Eltern sind so beträchtlichen Entwicklungsrisiken ausgesetzt. Der Unterstützungsbedarf betroffener Familien ist demnach komplex und erfordert eine koordinierte Vorgehensweise von Institutionen der psychiatrischen Versorgung, der sozialen Sicherung und der Kinder- und Jugendhilfe. WIKIP, das „Winterthurer Präventions- und Versorgungsprojekt für Kinder psychisch kranker Eltern“, strebt als eines der ersten Schweizer Projekte an, die Unterstützung betroffener Familien sektorenübergreifend zu verbessern. Im Workshop werden anhand quantitativer und qualitativer Daten aus der Bedarfsanalyse zu WIKIP Schwierigkeiten an den Schnittstellen zwischen verschiedenen Versorgungssystemen aus unterschiedlichen Perspektiven beleuchtet. Anhand konkreter Massnahmen im Projekt WIKIP werden Lösungsansätze aufgezeigt und diskutiert.

Eine quantitative Netzwerkanalyse von Institutionen in verschiedenen Versorgungssystemen stellt dar, wie häufig Organisationen und Berufsgruppen in Bezug auf die Zielgruppe zusammenarbeiten und an welchen Schnittstellen Lücken auszumachen sind. Die Ergebnisse einer Onlinebefragung von Fachpersonen (n=321) zeigen Gründe für Kooperations- und Koordinationsprobleme auf.

Der Umgang mit verschiedenen Hilfssystemen stellt für betroffene Familien eine grosse Herausforderung dar. Nur wenige Untersuchungen befassen sich jedoch in diesem Zusammenhang mit der Perspektive der Nutzer. Aus der Bedarfsanalyse zu WIKIP werden deshalb Ergebnisse aus zehn problemzentrierten Interviews, die mit betroffenen Müttern zum Thema „Hilfe durch ein komplexes Hilfesystem“ geführt wurden, vorgestellt.

Bis vor kurzem fehlten in der Schweiz konkrete Projekte bzw. Angebote für Familien mit einem psychisch erkrankten Elternteil bzw. die Fachleute, die mit ihnen arbeiten. Im Referat werden der Entstehungshintergrund und das Projektkonzept von WIKIP vorgestellt, der aktuelle Stand des Projektes bzw. der Projektmassnahmen aufgezeigt und Meilensteine und Schwierigkeiten im Umsetzungsprozess beleuchtet.



P39: SUBSTITUTION OF DOCTORS BY NURSES IN PRIMARY CARE: A SYSTEMATIC REVIEW AND META-ANALYSIS

Martinez Gonzalez Nahara Anani, Djalali Sima, Tandjung Ryan, Geismann Flore, Markun Stefan, Rosemann Thomas
Institute of General Practice, University of Zürich, Switzerland

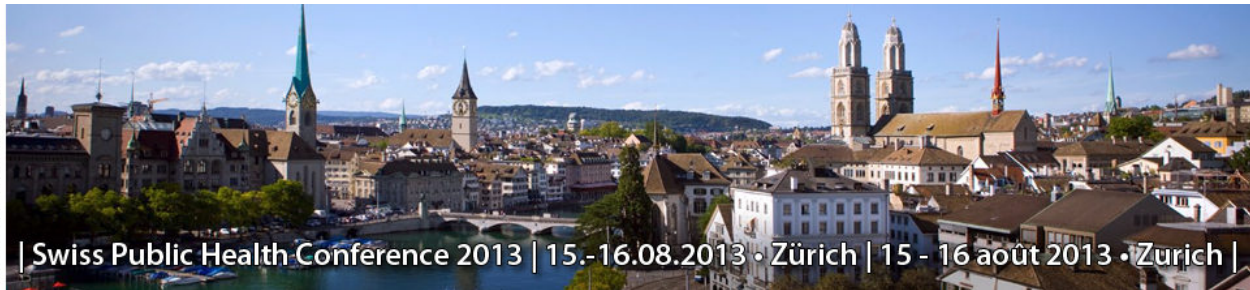
Objective: To synthesise the evidence on the effectiveness and safety of nurses working as substitutes for doctors in primary care.

Design: Systematic review of randomized controlled trials (RCTs), quasi-RCTs, or cluster RCTs.

Methods: We comprehensively searched five electronic databases up to August 2012; selected and critically appraised published trials that compared the effects of nurse-led (NLC) and doctor-led (DLC) care on patient satisfaction, Quality of Life (QoL), hospital admissions (HA), mortality and costs of health services. We assessed the effects by calculating study-specific and pooled relative risks (RR) or standardised mean differences (SMD), combined results in fixed-effects meta-analysis, and assessed individual study risk of bias.

Results: 24 trials (39,019 participants) conducted in 4 countries were included. Risk of bias was moderate to high in all studies. Meta-analysis showed higher satisfaction scores with NLC interventions (n=7, pooled SMD 0.18, 95% CI 0.13 to 0.23; p<0.00001) irrespective of whether the nurse provided care as first point of contact or not, based on single consultations, care at short term (<6 months), and for consultations requiring urgent care. Meta-analyses also showed that NLC interventions are effective at reducing the risk of HA (n=5, pooled RRs 0.76, 95% CI 0.64 to 0.91; p=0.003) and mortality (n=10, pooled RRs 0.89, 95% CI 0.84 to 0.96; p=0.003) at ≥12months, based on a series of consultations, and in large trials (N≥200). Other subgroup analyses demonstrated no significant differences (NSD) in the effect of care between groups. Individual trial estimates showed NSD between groups in HA (n=4), and mortality (n=1) of all-cause or due to coronary or non-fatal myocardial infarction. There was a suggestive effect, no inferior to DLC, of NLC interventions on QoL status and costs of care but results were confused by heterogeneous outcome reporting, the large variety of measurement scales, the different approaches used to value the resources and calculate cost in a small number of studies.

Conclusions: There is evidence that NLC can be as effective and safe as DLC in achieving high quality care and that NLC can also lead to higher patient satisfaction and reduced risk of HA and mortality. There is insufficient consistent evidence from trials that NLC is better than DLC in improving QoL or cost. These results should be considered with caution due to the methodological limitations in studies.



P40: SBALL® OFFICE - GESUNDHEITS-PRÄVENTION AM ARBEITSPLATZ

Susanne Oetterli
Sball GmbH

Arbeiten am Bildschirm verursacht vielfach gesundheitliche Probleme. Bei einigen Menschen zeigen sich physische Beschwerden, bei anderen stehen psychische Belastungen im Vordergrund. Häufig stellen sich diesbezüglich auch Mischformen, die meist schwierig zu behandeln sind.

Die Ursachen sind oft im Verhalten am Arbeitsplatz zu finden. Insbesondere lang anhaltendes und meist rigides Sitzen in ungünstiger Haltung. Zusätzlich kann eine angespannte Atmosphäre im Umfeld Druck auf das Wohlbefinden auslösen.

Die Folgen sind je nach Situation

- mässig motivierte Mitarbeitende
- krankheitsbedingte Absenzen
- explodierende Gesundheitskosten

Ziele von Sball® office

- Gesundheit und Wohlbefinden für Büro-Fachleute
- Krankheitsbedingte Arbeitsabsenzen reduzieren
- Kosten im Gesundheitswesen dämpfen

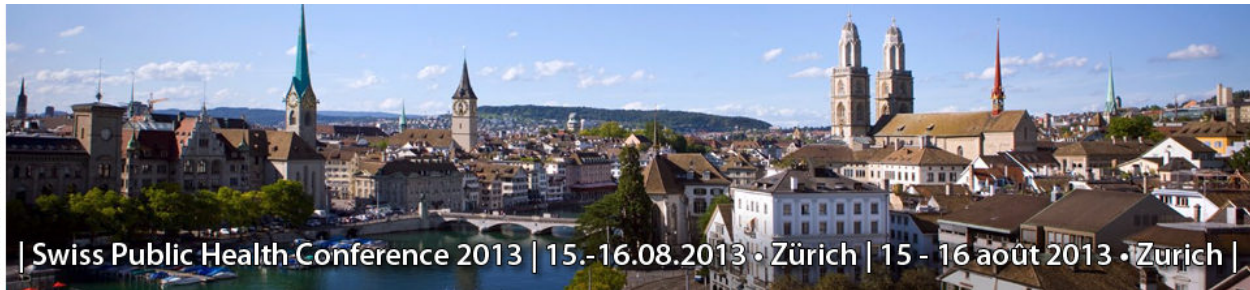
Die Sball®office Präventions-Schulung

- für Büro-Angestellte
- für Computer-Fachpersonen
- für Arbeitgeber

Sie erlangen folgende Gesundheitskompetenzen

- Ihre Körper-Wahrnehmung zu sensibilisieren
- Physische und psychische Belastungen zu managen
- Entlastet und bei Bedarf bewegt zu Sitzen
- Regelmässig mit 2' **Sball®** 8-er Bewegungen zu relaxen
- Das Gesundheitsbewusstsein im Alltag zu integrieren

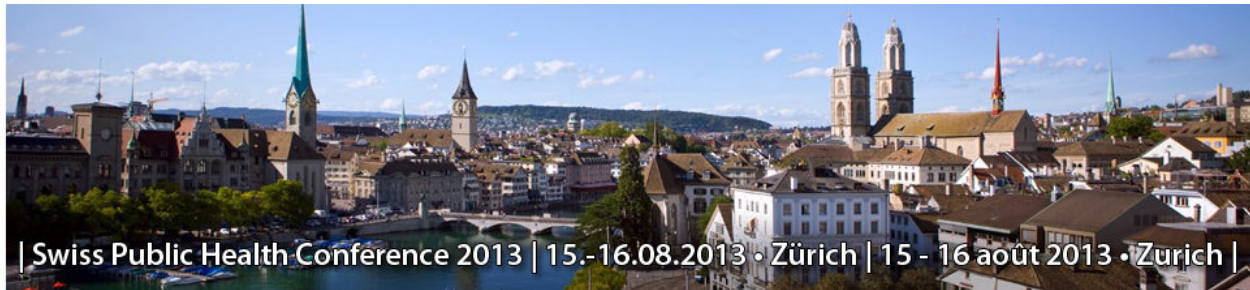
Zur Gesundheit bei lang anhaltendem Sitzen



Gestütztes und bewegtes Sitzen – mit dem **Sball**[®] office Ball - entlastet die Gelenke, Bänder, Muskeln und Organe.

Diese Sitz-Methode beeinflusst das physische und psychische Wohlbefinden im Arbeitsalltag positiv.

Die 2'Entspannungs-Pausen fördern mit den wirksamen 8-er Bewegungen das Wohlbefinden, die Konzentration und die Arbeitsleistung.



P41: SPATIOTEMPORAL VARIATION OF PARTICLE NUMBER AND SURFACE AREA CONCENTRATION IN FOUR SWISS AREAS AND ITS RELATIONSHIP WITH MASS MEASUREMENTS

Harish Phuleria¹, Ming-Yi Tsai¹, Martina Ragetti¹, Elisabetta Corradi¹, Alex Ineichen¹, Thierry Rochat², Nicole Probst-Hensch¹, Martin Fierz³, Nino Kuenzli¹

¹Swiss TPH / Universität Basel

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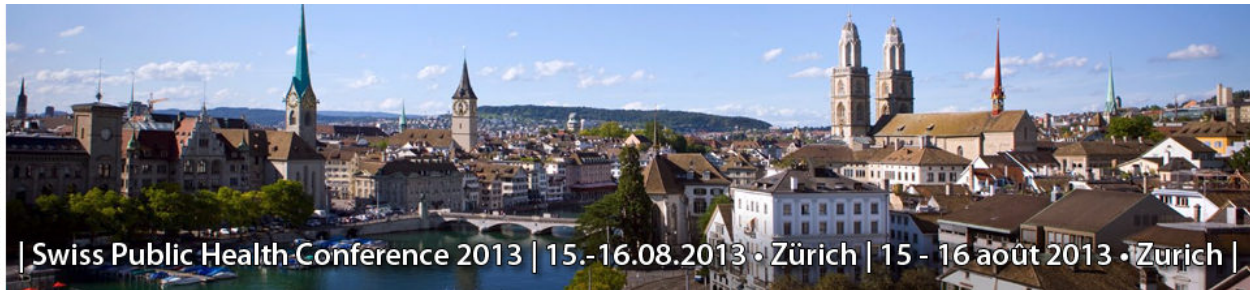
Background: This study is part of the Swiss Study on Air Pollution and Lung and Heart Diseases in Adults (SAPALDIA), a cohort study initiated in 1990 and spread across eight geographically diverse areas in Switzerland. Innovative exposure modeling has been conducted in SAPALDIA earlier for PM₁₀ and NO₂, however, exposure to specific traffic related pollutants such as ultrafine particles and PM constituents has not been assessed.

Aims: The overarching aim is to provide the estimates of individual long-term outdoor traffic-related air pollution exposures for the cohort participants. This paper focuses on the spatial and temporal variation of home outdoor particle number (PN) and lung-deposited surface area (LDSA) concentration in four study areas: Basel, Geneva, Lugano and Wald.

Methods: Weekly/biweekly outdoor (as well as indoor) PN and LDSA are measured at 20 residences each in four study areas in three seasons over a period of 2 years, 2011-2012. PN and LDSA are measured using a portable particle counter, miniDiSC (miniature diffusion size classifier). It is a portable diffusion charging based device and measures nanometer sized (10-300nm) particles with a time-resolution of one second.

Results: Mean(\pm SD) weekly outdoor PN levels aggregated across all seasons and sites are 11000 \pm 3700, 15400 \pm 8300, 15700 \pm 7400 and 5600 \pm 3500 particles/cm³ in Basel, Geneva, Lugano and Wald, respectively. Corresponding LDSA values are 31.7 \pm 9.5, 36.1 \pm 22.2, 44.5 \pm 16.5 and 16.7 \pm 8.4 μ m²/cm³ respectively for the four study areas. As expected, PN and LDSA are highest in winter and lowest in summer for all study areas/sites. PN levels show a clear morning and evening rush hour in all seasons in all sites, but more prominently at street sites. PN shows reasonably moderate correlation with NO₂ but poor to no correlation with other PM mass metrics in all seasons. Stratified analysis of PN and LDSA measurements and comparison with other pollutants is currently underway.

Conclusions: Our results show significant seasonal and spatial variation in home outdoor ultrafine particles within and between study areas and document the differential impact of traffic on them in Switzerland.



P42: EVOLUTION OF ANAESTHESIA CARE AND RELATED EVENTS BETWEEN 1996 AND 2010 IN A DEVELOPED COUNTRY

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²CHUV, Département d'anesthésiologie

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Background:

Anaesthesia Databank Switzerland (ADS) is a voluntary data registry introduced in 1996. The goal was to promote quality in anaesthesiology.

Methods:

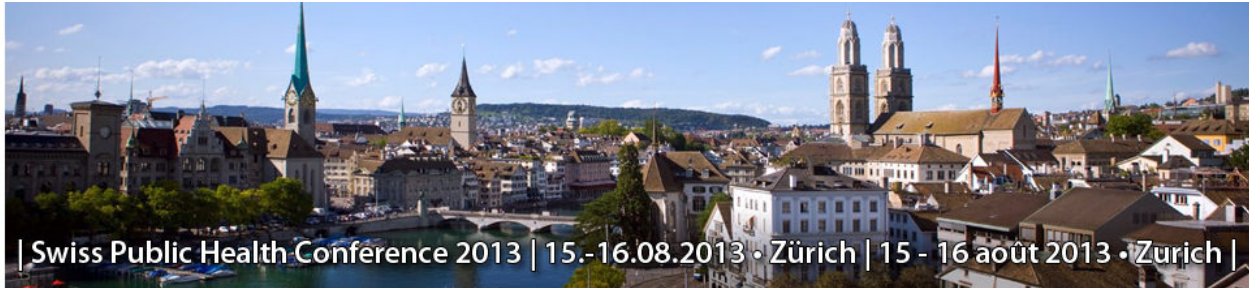
Analysis of routinely recorded adverse events. Internal and external benchmark comparisons between anaesthesia departments.

Results:

In 2010, the database included 2'158'735 anaesthetic procedures. Forty-four anaesthesia departments were participating to the data collection in 2010. Over time, the number of patients in older age groups increased, the largest group being patients aged 50 to 64 years. Over time, the percentage of patients with ASA physical status score 1 decreased while the number of ASA 2 or 3 patients increased. The most frequent co-morbidities were hypertension (21%), smoking (16%), allergy (15%), and obesity (12%). Between 1996 and 2010, 146'459 adverse events were recorded, of which 34% were cardiovascular, 7% respiratory, 39% specific to anaesthesia and 17% non-specific. The overall proportion of adverse events decreased over time, whatever their severity.

Conclusion:

The ADS routine data collection contributes to monitoring the trends of anaesthesia care in Switzerland.



P43: INTERGENERATIONAL DIFFERENCES IN CARDIOVASCULAR RISK FACTOR LEVELS IN SWITZERLAND

Cécile Pommier, Pedro Marques-Vidal
CHUV- Université de Lausanne

Background:

There is little information regarding cardiovascular risk factor (CV RF) trends in Switzerland. We aimed at assessing generation differences in CV RFs by comparing CV RFs levels within selected age groups separated by a 20 year time lag.

Design:

Two population-based surveys.

Methods:

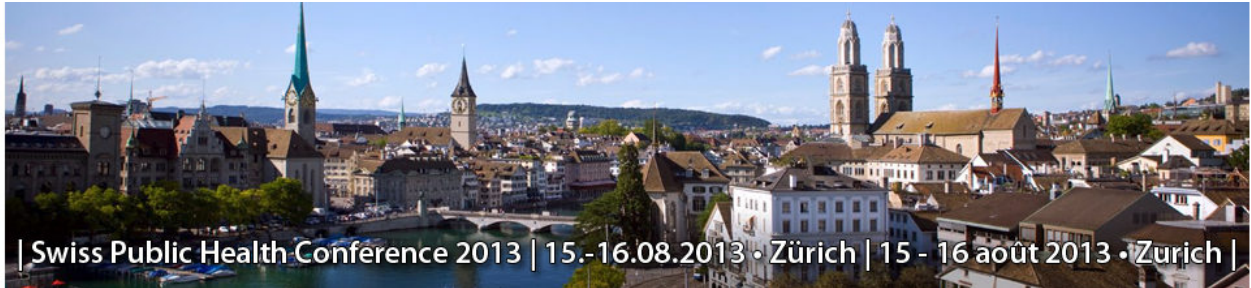
Data from the Monica (1984-1986) and Colaus (2004-2006) surveys were used. Analyses were stratified by sex and age groups (35-44, 45-54, 55-64 and 65-75 years).

Results:

No changes were found for BMI levels and status between surveys: in men, 26±3, 26±3, 27±4 and 27±4 kg/m² for age groups 35-44, 45-54, 55-64 and 65-74, respectively, in MONICA, vs. 26±4, 26±4, 27±4 and 28±4 kg/m² in COLAUS, p=NS, in women: 24±4, 26±4, 26±4 and 26±5 kg/m² in MONICA, vs. 24±5, 25±5, 26±5 and 26±5 kg/m² in COLAUS, p=NS. Similar results were found after adjusting for education. Smoking prevalence increased in men: 28, 30, 22 and 15% for age groups 35-44, 45-54, 55-64 and 65-74, respectively, in MONICA, vs. 35, 29, 28 and 21% in COLAUS. In women, changes differed according to age: 39, 26, 16 and 18%, in MONICA vs. 28, 30, 22 and 15% in COLAUS. Blood pressure decreased in the younger age groups and remained constant in the older ones: in men, systolic blood pressure was 129±15, 133±16, 138±18 and 143±21 mm Hg in MONICA, vs. 125±12, 129±15, 137±16 and 144±19 mm Hg in COLAUS, p<0.01. Similar findings were obtained after adjusting for education. Prevalence of hypertension increased, due to an increase in the prevalence of treated subjects, in men : 4, 8, 16 and 19% for age groups 35-44, 45-54, 55-64 and 65-74, respectively, in MONICA, vs. 5, 14, 31 and 46% in COLAUS, p<0.05; in women: 2, 10, 16, and 24% in MONICA, vs. 4, 12, 24, and 34% in COLAUS, p<0.05. This increase was stronger in men: 14, 17, 23 and 31% for age groups 35-44, 45-54, 55-64 and 65-74, respectively, in MONICA vs. 10, 21, 41 and 55% in COLAUS, p<0.01 and smaller in women: 6, 15, 24 and 44% in MONICA vs. 6, 16, 30 and 42% in COLAUS, p=NS. Similar findings were obtained after adjusting for education.

Conclusion:

With the exception of BMI, the newer Swiss generations appear to have a worse CV profile than the older generations. This is especially true regarding smoking and hypertension.



P44: INCIDENCE AND CLINICO-PATHOLOGICAL CHARACTERISTICS OF METACHRONOUS CONTRALATERAL BREAST CANCER IN THE CANTON OF ZÜRICH

Julia Prater, Fabio Valeri, Dimitri Korol, Silvia Dehler
Cancer Registry Zurich and Zug

Background

Since 1980, the Cancer Registry of Zurich and Zug has been collecting cancer data of all inhabitants of Canton Zurich. This analysis concentrates on the incidences and the characteristics of metachronous contralateral breast cancer (CBC) cases among females.

Methods

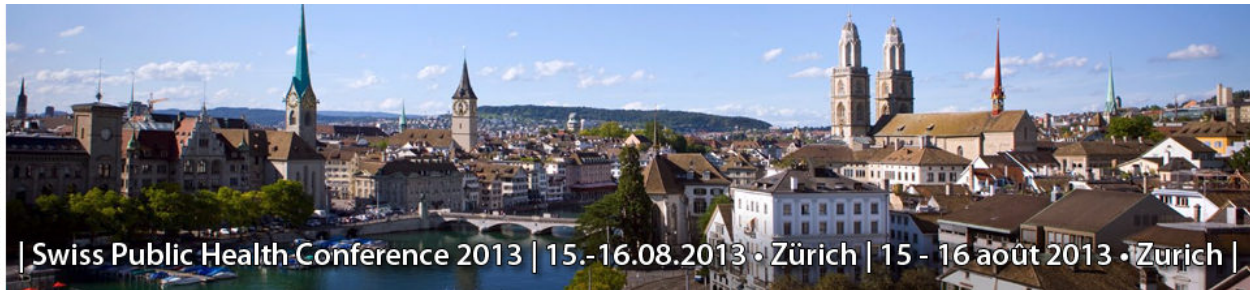
For the period 1980-2005, patients with metachronous CBC were analysed, allowing for a minimum observation period of five years. Patient and tumour characteristics were examined. Poisson regression was used to estimate incidence rates of metachronous CBC according to age at diagnosis, year of diagnosis and morphology.

Results

Of 17,654 patients with unilateral, invasive breast cancer 4.1% developed a second malignant tumour of the opposite breast. Median age at diagnosis of the first and second breast cancer was 56 (IQR 47-66) and 64 (IQR 54-74) years, respectively. The median time interval between first and second breast cancers was 5.6 years (IQR 2.8 – 10.2 years). Women younger than 50 years have a CBC crude incidence rate of 1,004 (95%CI 884-1,140) per 100,000 person-years and for women older than 50 the CBC incidence rate was 656 (95%CI 600-717). Crude incidence rates according to year of diagnosis decreased from 986 (95%CI 846-1,149) per 100,000 person-years for period 1980-1984 to 407 (95%CI 331-502) per person-years for 2000-2004. Incidence rate ratio of CBC for patients with lobular carcinoma was 1.37 (95%CI 1.09-1.73, adjusted by age and diagnosis year) compared to patient with other morphologies.

Conclusion

The results of our study are comparable to findings from literature. A reduction in the incidence of metachronous CBC, as is generally thought to be due to adjuvant therapies, is also seen in our data.



P45: THE EFFECT OF A SMOKING BAN INTRODUCTION ON FRACTIONAL EXHALED NITRIC OXIDE IN SWISS HOSPITALITY WORKERS

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⁵Institute of Social and Preventive Medicine, University of Zurich and Center for Organizational and Occupational Sciences, ETH Zurich, Switzerland

⁶Institute for Work and Health, Lausanne, Switzerland

Background and Aims:

In May 2010, Switzerland introduced a nationwide but heterogeneous smoking ban in the hospitality sector. To evaluate the effect of second hand smoke (SHS) on hospitality workers' health, the personal exposure of 92 non-smoking hospitality workers was measured in a longitudinal study before implementation of the new law as well as 6 and 12 months after. At the same time points participants underwent an extensive medical examination including measurements of exhaled nitric oxide as a surrogate measure for airway inflammation.

Methods:

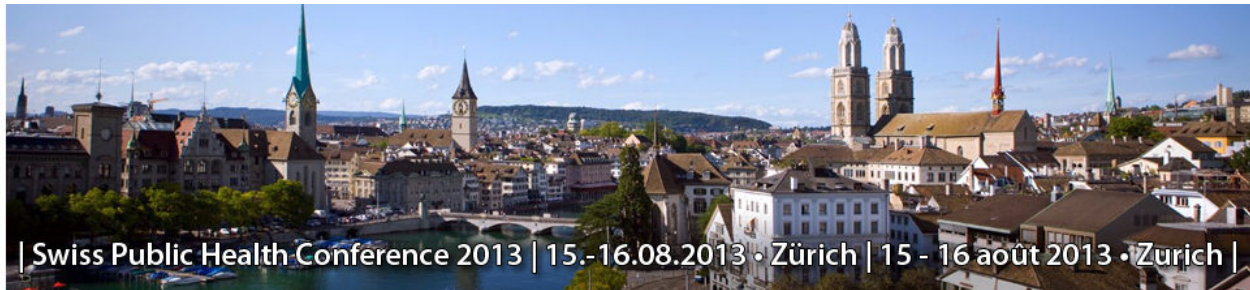
Exposure to SHS was measured using a passive sampler that allows determining the number of passively smoked cigarettes per day (CE/d). To approximate personal exposure a time-weighted average of the badge placed at the work place was calculated. Fractional exhaled nitric oxide (FeNO) data was collected offline into a Mylar bag. The intervention group underwent a change in smoke exposure, while control group members either remained exposed to ETS at work or never had been.

Results:

Average exposure in the intervention group at baseline was 2.6 (95% CI: 1.7 to 3.4) cigarette equivalents per day (CE/d) and 0.2 (95% CI: 0.1 to 0.2) CE/d at follow-up resulting in an exposure reduction of 2.4 CE/d. In the exposed control group exposure at baseline was 2.1 (95% CI: 1.0-3.2) CE/d and 1.6 (95% CI: 0.7-2.5) CE/d at follow-up. At baseline, FeNO values were reduced by 4.7% (95%-CI: 1.3 to 8.0) ($p=0.008$) per additional CE/d exposure. In examining pre/post effects without taking exposure into account, we observed a decrease in FeNO in the intervention group from 10.8 ppb (95%-CI: 9.3 to 12.6) to 8.0 ppb (95%-CI: 7.0 to 9.2) that was significantly different from the control group which showed an increasing tendency from 11.0 ppb (95%-CI: 8.6 to 14.0) to 12.6 ppb (95%-CI: 9.6 to 16.5) after the smoking ban introduction ($p=0.006$).

Conclusions:

We found indications that FeNO levels are associated with various factors including SHS exposure. The introduction of a smoke-free workplace affected average FeNO levels of non-smoking hospitality workers suggesting that inflammation of the airways is reduced.



P46: ASSOCIATION OF CALCEMIA AND SERUM VITAMIN D WITH 24H-URINARY CALCIUM EXCRETION IN A SWISS POPULATION- BASED STUDY

Anita Rathod¹, Olivier Bonny², Idris Guessous³, Paolo M. Suter⁴, David Conen⁵, Paul Erne⁶, Antoinette Pèchère-Bertschi⁷, Fred Paccaud⁸, Michel Burnier², Murielle Bochud⁸

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⁸*IUMSP/CHUV*

Background:

Elevated urinary calcium excretion is associated with reduced bone mineral density. Population-based data on urinary calcium excretion are scarce. We explored the association of serum calcium and circulating levels of vitamin D (including 25(OH)D2 and 25(OH)D3) with urinary calcium excretion in men and women in a population-based study.

Methods:

We used data from the "Swiss Survey on Salt" conducted between 2010 and 2012 and including people aged 15 years and over. Twenty-four hour urine collection, blood analysis, clinical examination and anthropometric measures were collected in 11 centres from the 3 linguistic regions of Switzerland. Vitamin D was measured centrally using liquid chromatography – tandem mass spectrometry. Hypercalciuria was defined as urinary calcium excretion >0.1 mmol/kg/24h. Multivariable linear regression was used to explore factors associated with 24-hour urinary calcium excretion (mmol/24h) squared root transformed, taken as the dependant variable. Vitamin D was divided into month-specific tertiles with the first tertile having the lowest value and the third tertile having the highest value.

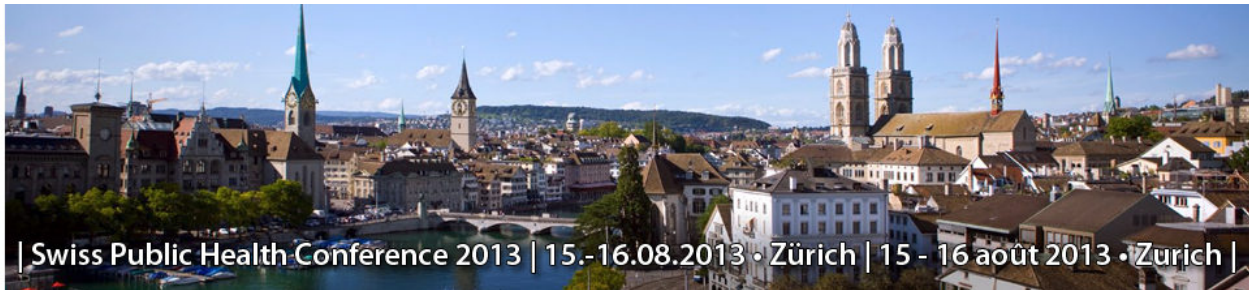
Results:

The 669 men and 624 women had mean (SD) age of 49.2 (18.1) and 47 (17.9) years and a prevalence of hypercalciuria of 8.9% and 8.0%, respectively. In adjusted models, the association of urinary calcium excretion with protein-corrected serum calcium was (β coefficient \pm standard error, according to urinary calcium squared root transformed) 1.125 ± 0.184 mmol/L per square-root (mmol/24h) ($P < 0.001$) in women and 0.374 ± 0.224 ($P = 0.096$) in men. Men in the third month-specific vitamin D tertile had higher urinary calcium excretion than men in the first tertile (0.170 ± 0.05 nmol/L per mmol/24h, $P = 0.001$) and the corresponding association was 0.048 ± 0.043 , $P = 0.272$ in women.

Conclusion:

About one in eleven person has hypercalciuria in the Swiss population. The positive association of serum calcium with urinary calcium excretion was steeper in women than in men, independently of menopausal status. Circulating vitamin D was associated positively with urinary calcium excretion only in men. The reasons underlying the observed sex differences in the hormonal control of urinary calcium excretion need to be explored in further studies.

Other co-authors: Isabelle Binet, Luca Gabutti, Augusto Gallino, Franco Muggli, Pascal Meier, Daniel Hayoz



P47: ÜBERSETZUNG UND ERSTE EMPIRISCHE TESTUNG DER „ABDOMINAL SURGERY IMPACT SCALE“

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Hintergrund

Personen, welche sich ausgedehnten viszeralkirurgischen Operationen unterziehen müssen, sind aufgrund ihres Alters und ihrer Grunderkrankung meist polymorbid. Diese Multimorbidität führt oft zu prolongierten postoperativen Verläufen mit langen Hospitalisationen und intensiven medizinischen Therapien und somit auch zu höheren Gesundheitskosten. Nur wenig ist über die Lebensqualität von diesen Patienten in der frühen postoperativen Phase bekannt, obwohl angenommen wird, dass das Wissen helfen könnte, das postoperative Versorgungsmanagement anzupassen mit dem Ziel, etwaige Komplikationen zu minimieren und die Hospitalisationszeit zu verkürzen (Datta et al., 2009). Allerdings fehlen bisher deutschsprachige Instrumente zur Erfassung der kurzfristigen Lebensqualität nach grossen Abdominaleingriffen.

Ziel

Ziel der Pilotstudie war, das englischsprachige Instrument „Abdominal Surgery Impact Scale“ ins Deutsche zu übersetzen und die Version einer empirischen Ersttestung im Anwendungsbereich der Pflege zu unterziehen.

Methode

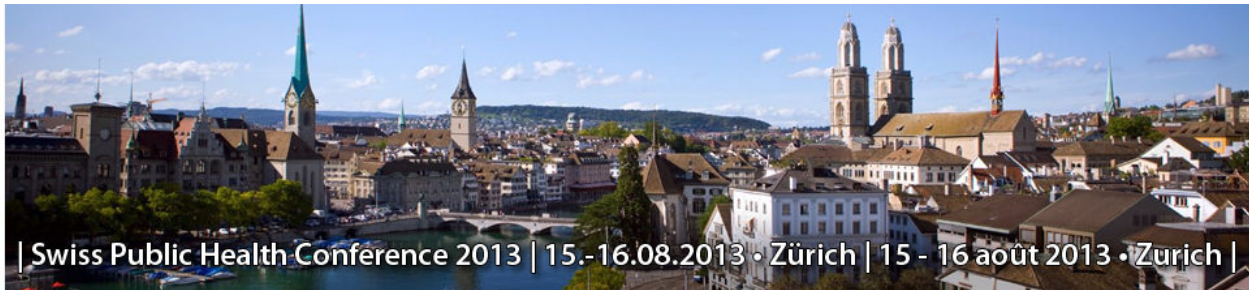
Der standardisierte Übersetzungsprozess erfolgte in Anlehnung an Beaton et al. (2000). Die empirische Testung wurde gemäss Johanson und Brooks (2010) an einem Sample von 30 Patienten nach Laparotomie an einer Universitätsklinik für Viszerale Chirurgie und Medizin durchgeführt. Der übersetzte Fragebogen wurde am dritten und fünften postoperativen Tag eingesetzt. Die soziodemografischen Daten wurden deskriptiv ausgewertet, zur Überprüfung der Reliabilität wurden interne Konsistenz sowie Retest-Reliabilität untersucht. Die Konstruktvalidierung erfolgte mittels Gastrointestinalem Lebensqualitätsindex.

Ergebnisse

Das übersetzte Instrument (ASIS-D) bildet die Originalversion ab. Das Durchschnittsalter der 14 Frauen und 16 Männer lag bei 62.4 Jahren (Median 66.0, SD 16.1). Cronbach's α betrug 0.85, die Retest-Reliabilität 0.57. Die Konstruktvalidierung zeigte ein signifikantes Ergebnis (Spearman's-Rangkorrelationskoeffizient 0.36 [$p < 0.05$]).

Schlussfolgerungen

Die Resultate weisen darauf hin, dass ASIS-D ein reliables und valides Instrument ist, auch wenn zur Absicherung der Güte weitere Untersuchungen nötig sind. In der Pflegepraxis könnte es zur Verlaufserfassung der Lebensqualität im postoperativen Zeitraum nach Laparotomien dienen, um so Verschlechterungen im Heilungsprozess zeitnah anzuzeigen. So könnten präventive Interventionen zur Verhinderung von Komplikationen frühzeitig initiiert werden.



P48: INVERSER ZUSAMMENHANG ZWISCHEN VITAMIN-D-KONZENTRATION IM BLUT UND MORTALITÄT IN DER SCHWEIZ

Sabine Rohrmann, Julia Braun, Matthias Bopp, David Fäh
ISPM Zürich

Hintergrund:

In verschiedenen Bevölkerungsgruppen wurde in den letzten Jahren ein inverser Zusammenhang zwischen dem Vitamin-D-Blutspiegel und der Mortalität beobachtet. Wir untersuchten den Zusammenhang zwischen Vitamin-D-Konzentration [25(OH)D], einem Marker der Vitamin-D-Versorgung, und Gesamt- sowie krankheitsspezifischer Mortalität.

Methoden:

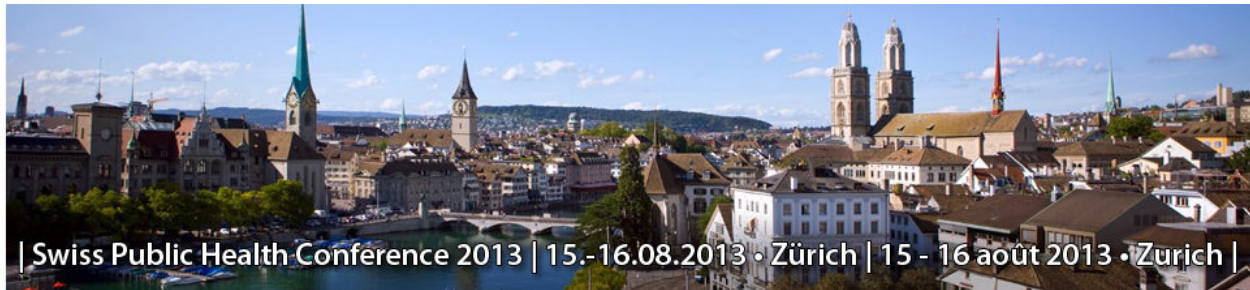
Teilnehmer der Untersuchung waren 3191 Personen aus der Allgemeinbevölkerung der Kantone VD, FR und TI, die zwischen November 1988 und Juni 1989 rekrutiert und bis Ende 2008 auf ihren Vitalstatus nachbeobachtet wurden. Für die statistische Auswertung wurden Cox-Modelle adjustiert für Alter, Geschlecht, Jahreszeit, Ernährung, Nationalität, Blutdruck und Rauchstatus verwendet.

Ergebnisse:

Der mittlere 25(OH)D-Spiegel betrug 19.8 ng/ml bei Männern und 20.5 ng/ml bei Frauen. Personen mit niedrigem 25(OH)D-Spiegel (≤ 13.4 ng/ml) hatten häufiger im Winter an der Studie teilgenommen, hatten seltener ≥ 30 Minuten pro Tag Sport im Freien getrieben und waren seltener im Monat vor der Blutabnahme im Urlaub gewesen. Im Gegensatz dazu waren Personen mit einem Blutspiegel ≥ 25 ng/ml 25(OH)D seltener Raucher oder Ausländer und häufiger im höchsten Bildungsniveau. Während der Nachbeobachtungszeit verstarben 459 Studienteilnehmer (188 an Krebs, 122 an kardiovaskulären Ursachen). Bei einem Anstieg der 25(OH)D-Konzentration um 10 ng/ml sank die Gesamtmortalität um 20% (Hazardrate [HR] = 0.83; 95% Konfidenzintervall 0.74-0.92). Die 25(OH)D-Konzentration war invers mit der kardiovaskulären Mortalität bei Frauen (0.68, 0.46-1.00), aber nicht bei Männern assoziiert (0.97; 0.77-1.23), während für Krebs als Todesursache ein inverser Zusammenhang bei Männern (0.72, 0.57-0.91), aber nicht bei Frauen beobachtet wurde (1.14, 0.93-1.39).

Schlussfolgerungen:

Der 25(OH)D-Blutspiegel ist auch in dieser Studie invers mit der Gesamtmortalität sowohl bei Männern als auch Frauen assoziiert, was jedoch auf unterschiedliche Effekte in der Herz-Kreislauf- bzw. Krebsmortalität zurückzuführen war.



P49: ADMISSION THROUGH THE EMERGENCY DEPARTMENT TO A PALLIATIVE CARE UNIT: LENGTH OF RESULTING STAY

Martin Schneider
Hôpitaux universitaires de Genève

Background

A stay in a palliative care unit should be well organised to respond to the needs of the patient. Admissions through the emergency department are unplanned, can unsettle the patient and may influence the length of stay.

Methods

The provenance and length of stay of all patients admitted to the palliative care unit of the University hospitals of Geneva between 1 December 2011 and 31 May 2012 were prospectively recorded. The data were completed with demographic and medical information.

A Cox regression model was developed for the length of stay of patients and the admission through the emergency department, adjusted for demographic and medical variables.

Results

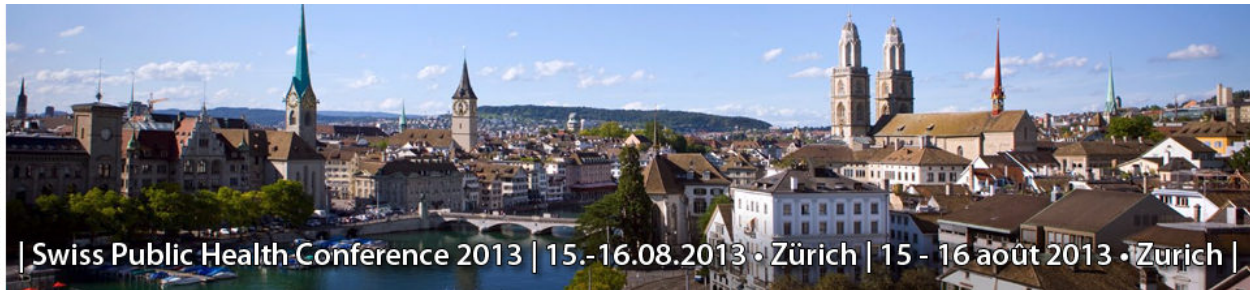
During the observation period, 27 (15%) patients were admitted through the emergency department and 154 (85%) through other departments and clinics (113 [62%]) or from home (41 [23%]). There were 101 (56%) women and 80 (44%) men; mean age was 74 (standard deviation [SD] 14) years. The table shows the Cox regression model for factors associated with shorter stay.

Factor	Hazard ratio	95% confidence interval
Admitted via emergency dept	2.00	1.27 – 3.16
Male sex	1.19	0.88 – 1.60
Cancer diagnosis	0.95	0.67 – 1.36
Swiss nationality	0.70	0.49 – 1.00
Age over 65 years	1.76	1.23 – 2.50

Patients admitted through the emergency department stayed on average for 10 (SD 10) days in the palliative care unit, those from other provenance for 26 (SD 28) days. Mortality was similar; 20 (74%) of the patients admitted through the emergency department and 115 (75%) of the patients admitted otherwise died during the hospitalisation. However, none of the patients admitted through the emergency department returned home, whereas 18 (12%) of the other patients did.

Conclusion

Admission through the emergency department was associated with shorter stay, but not with increased mortality. It precluded return to home. This may be related to the higher age and frailty of those patients, for whom improved anticipation and better suited care than admission through the emergency department could be appropriate.



P50: INFLUENCE OF ALTERNATIVE LIFESTYLES ON SELF-REPORTED BODY WEIGHT AND HEALTH CHARACTERISTICS IN WOMEN

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Background:

Alternative lifestyles are often associated with distinct practices with respect to nutrition, physical activity, smoking, alcohol use and usage of complementary medicine. Evidence concerning effects of these lifestyle-related practices on health status is still fragmentary.

Objective:

To describe maternal health characteristics related to alternative lifestyles, with emphasis on body weight status, during pregnancy and maternity periods.

Methods:

We compared self-reported health-related features of mothers with alternative lifestyles and conventional lifestyles during pregnancy and maternity period in the KOALA Birth Cohort Study. This cohort comprises two recruitment groups of mothers-infant pairs, one with a conventional (no selection based on lifestyle, n=2333), the other with an alternative lifestyle (selected via organic food shops, anthroposophic clinicians and midwives, anthroposophic under-five clinics, Rudolf Steiner schools and relevant magazines, n=485). Mothers in the alternative group more frequently chose organic foods, adhered to specific living rules, practised vegetarianism and identified themselves with anthroposophy.

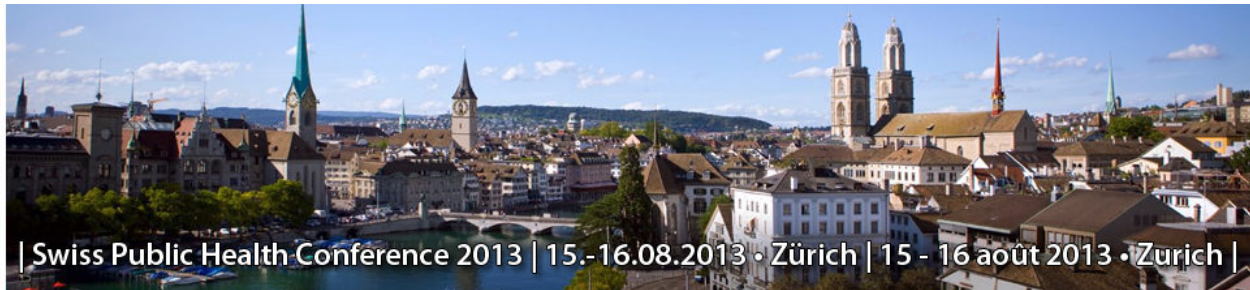
Results:

Mothers in the alternative group showed lower BMI and lower prevalence of overweight and obesity than the conventional group, before pregnancy as well as 4-5 years after delivery. This difference was partly retained after adjusting for potential confounders. Furthermore, women in the alternative group had a lower prevalence of pregnancy related hypertension, more often started breastfeeding and gave exclusive and prolonged breastfeeding for a longer period. Finally, they smoked less often, but more often drunk alcohol during pregnancy.

Conclusion:

The results suggest that an alternative lifestyle is associated with favourable body weight and with several differences in other health features.

*in press in the European Journal of Public Health (2013, DOI: 10.1093/eurpub/ckt045)



P51: SELF-REPORTED HEALTH CHARACTERISTICS AND MEDICATION CONSUMPTION BY CAM-USERS AND NONUSERS: A SWISS CROSS-SECTIONAL SURVEY

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Objective:

Complementary and alternative medicine (CAM) is very popular in Switzerland. The objective of this work was to find out whether the use of CAM therapies is associated with distinct health characteristics and altered consumption of conventional medications.

Methods:

Self-reported data from the 2007 Swiss Health Survey were analyzed. Two groups of participants were defined and compared with each other: CAM-users (those that had made use of CAM during the last 12 months, n=3,333) and nonusers (those that stated not to have made any use of CAM during the last 12 months, n=9,821). Multivariate logistic regression models were used to determine the predictors of CAM-use and to address relevance and magnitude of the differences in medications consumption between CAM-users and nonusers.

Results:

Comparatively lower BMI values, as well as suffering from migraine, arthritis, allergies and depression were associated with increased probability to use CAM. Multivariate logistic regression models, with which the effects of relevant demographic factors, BMI and perceived health status were compensated for, showed that CAM-users consumed fewer medications for cardiovascular-diseases – high blood pressure and high cholesterol (and by trend heart problems and diabetes) than nonusers. On the other hand, their consumption of analgesics, medications for depression and for constipation (and by trend sedatives and soporifics) was higher than the one of nonusers.

Conclusions:

Suffering of migraine, arthritis, depression and constipation might lead patients to make use of CAM-therapies and, in addition, to consume more of some conventional medications. Given their long intake period and their considerable side-effects, the lower consumption of medications for chronic cardiovascular problems by CAM-users might be beneficial and deserves further investigations.



P52: THE VALUE OF MEDICAL DATA FROM SWISS CONSCRIPTION FOR EPIDEMIOLOGICAL RESEARCH: HEIGHT, WEIGHT AND BMI OF 18-20 YEARS OLD CONSCRIPTS 1875-2009

Kaspar Staub¹, Radoslav Panczak², Frank Rühli¹

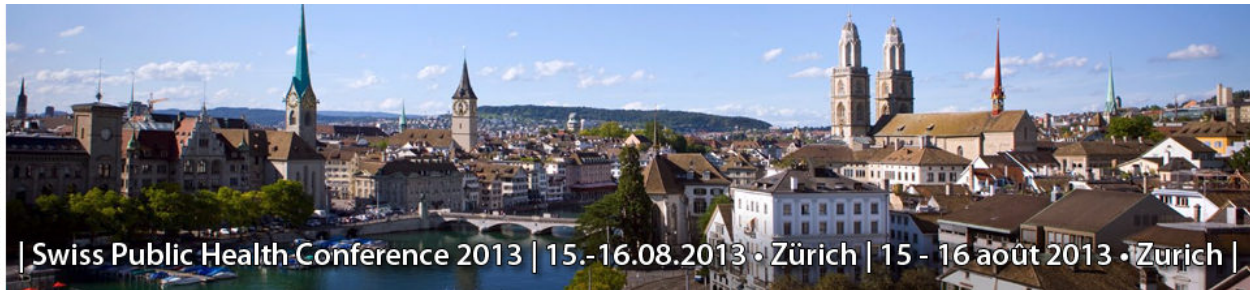
¹Universität Zürich

²Universität Bern

Overweight and obesity have reached the level of a pandemic in developed countries. BMI is not ideal measure for body fat, but it is nevertheless strongly correlated with total body fat and furthermore the only measure available in large data sets for long-termed time trends. We present unbiased, individually measured and thus very representative annual BMI data sample on 18-20-years-old Swiss conscripts (N=460'887, universal conscription) from 1992 to 2009, representing ca. 90% of age cohorts. We trace for socioeconomic and regional differences and aim to add historic context based on the same data source to identify the onset of current overweight pandemic.

We find that in 2009 24.2% of 19-20-year-old and 20.8% of 18-19-year-old Swiss conscripts were generally overweight (BMI>25kg/m²). The prevalence of obesity (BMI>30kg/m²) has doubled since 1992 reaching 5.7% in 2009. BMI distribution became more right-skewed since 1992, upper percentiles increased markedly, especially after 2002. Current upswing in BMI values took place in two steps, in the second half of the 1980s and again since 2002 until nowadays. We find no stagnation of BMI values in the recent past. Since 1992 regional differences in BMI disappeared more prominently than socioeconomic differences. Since 1875 Swiss conscripts changed from rather being underweight (12% BMI<18.5kg/m², 1.5% BMI >25kg/m²) to being overweight. In 1875-79 young men at the lower end of socioeconomic strata showed significantly lower BMI values compared to the upper socioeconomic classes. Nowadays social stratification in BMI has inversed, when overweight affects the lower socioeconomic classes to a higher extend.

Overall, the representativeness and the annual monitoring character of the conscript data emphasize their value for epidemiological research in order to identify regional and socio-economic groups of young men at an elevated morbidity and mortality risk later in life.



P53: ERROR ANALYSIS AND HANDLING OF MISSING INFORMATION IN A FOOD FREQUENCY QUESTIONNAIRE FOR THE SAPALDIA STUDY

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Introduction:

Valid- and scientifically-based assessments of dietary intake at the population level are imperative for further investigations on the impact of diet on health and disease. Food frequency questionnaires (FFQs) are the most common tools used in large epidemiologic studies, but literature is sparse on handling of missing values and correction of missing information. Since complete and coherently answered FFQs are necessary to determine dietary intake, guidelines for error analysis and handling of missing information are very important.

Aims:

To establish guidelines for error analysis and handling of missing information in a FFQ developed at the ZHAW in Wädenswil (Zurich, Switzerland) for the SAPALDIA (Swiss study on Air Pollution and Lung Disease in Adults) study part three, which includes nutrition behaviour assessments.

Methods:

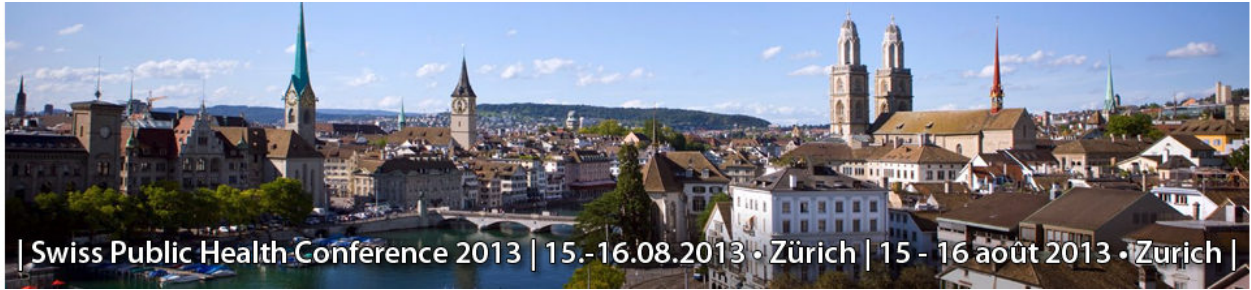
Standardised procedures for data management were performed. Missing and implausible information in the FFQs were collected from a random sample (n=50). Implausible combinations of frequency, portion size, number of portions, double or multiple entries of food items and missing information on several food items were the main studied errors. Error analysis was carried out at subject level, considering gender, age, body mass index (BMI), social status, alcohol and smoking status, and at food item level. Descriptive analyses were performed; error corrections and guidelines for missing values were proposed and applied.

Results:

Data (n=2992) show a large variation of number of overall errors per subject and per food item. More errors were found in data from female participants and participants aged over 60 years than in data from males and younger subjects. Compared to the BMI, social status influenced the occurrence of number of overall errors, whereas participants with low social status showed more errors compared with middle- or high-social status. Missing values of portion size and number of portions was the most frequent error. Fewer errors occurred for more frequently consumed foods such as pasta, rice and potatoes than for rarely consumed foods (e.g. tofu, soy milk, tomato juice).

Conclusions:

The present analysis focused on potential errors and missing values occurring in the FFQ paper form of the SAPALDIA cohort. At food group level, the FFQ appears to be a useful tool for assessing usual food intake. However, further investigations are needed to assess its use in specific population groups.



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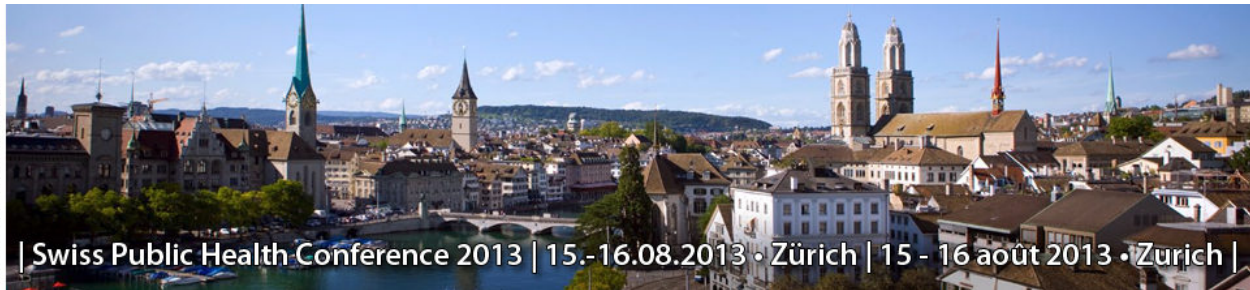
**P54: SELF-MANAGEMENT EDUCATION, ÉDUCATION DU PATIENT ET CHRONIC DISEASE MANAGEMENT :
UNE RÉFLEXION SUR LES TERMES EMPLOYÉS EN SUISSE / SELF-MANAGEMENT EDUCATION, PAT**

Olivier Walger
Haute école de Santé Arc

Soucieux d'améliorer la continuité des prises en charge des personnes vivant avec une ou des maladie(s) chronique(s), le département de la santé publique helvétique souhaite inciter les professionnels à s'engager dans des organisations de type Chronic Disease Management qui comprennent systématiquement des prestations de « self-management support », notion peu utilisée en Europe francophone au profit de celle d'« éducation du patient ». Cet article vise à investiguer la compatibilité, remise en question par certains auteurs, des notions de « Disease management » avec celles d'« éducation du patient » et celles de « Self-management support » en Suisse Romande. Après avoir mis en évidence un certain nombre de divergences linguistiques, source potentielle de confusions au sein des équipes soignantes, nous relevons l'évolution paradigmatique d'un soutien centré sur le traitement vers un soutien centré sur la personne. Bien que la plupart des professionnels affirment leur préférence pour ce dernier, des résistances d'ordre organisationnelles, institutionnelles et professionnelles freinent cette évolution dans la pratique. Nous constatons en définitive que les notions d'« éducation du patient », de « self-management support » et de « Chronic Disease Management », sont réellement compatibles entre elles pour autant qu'elles soient centrées sur la personne. Des recherches complémentaires sont nécessaires pour identifier et spécifier les compétences et les organisations de soins favorables au développement d'un soutien au « self-management » centré sur la personne.

Abstract

Aiming at improving care continuity for non-communicable disease patients, the Swiss health care system increasingly encourages health care professionals to engage directly with chronic disease management organizations concerned with systematic self-management support. Rather than the concept 'self-management support', French-speaking Europe to date draws on the concept of patient education. As some scholars have questioned the compatibility of the notion Chronic disease management and patient education, this article aims at critically reflecting on this aspect with respect to French-speaking Switzerland and explores the concepts of patient education, self-management support and chronic disease management. Initially, we note the potential for linguistic ambiguity regarding self-management support that in turn might induce a conceptual confusion in health care professionals. Nevertheless, we observe a shift from a treatment-centered support approach to a patient-centered one. Despite health professionals espoused preference for the latter, organizational, institutional and professional aspects can prevent its realization in practice. Thus, we conclude that "Patient education", "self-management support" and "chronic disease management" seem to be deemed compatible as long as they are patient-centered. Further studies need to identify and specify the professional skill set required by health care professionals as well as the institutional setting affording patient-centered self-management support.



P55: MEDICAL CARE IN A REFERRAL HOSPITAL: SURVEY OF PATIENTS PERSPECTIVES

Belaynew Wasie Taye¹, Mensur Mensur Ousman², Zemene Zemene tigabu²

¹*Bahirdar Universit*

²*University of Gondar*

Background:

Ethiopia has fairly good coverage but very low utilization of health care services. Emergency medical care services require fast, correct and curious services to clients as they present with acute problems. In Ethiopia and Gondar in particular, the quality of emergency medical care is not studied. The main aim of this study was to assess the disease profile and patients' satisfaction in Gondar University Referral Hospital.

Methods:

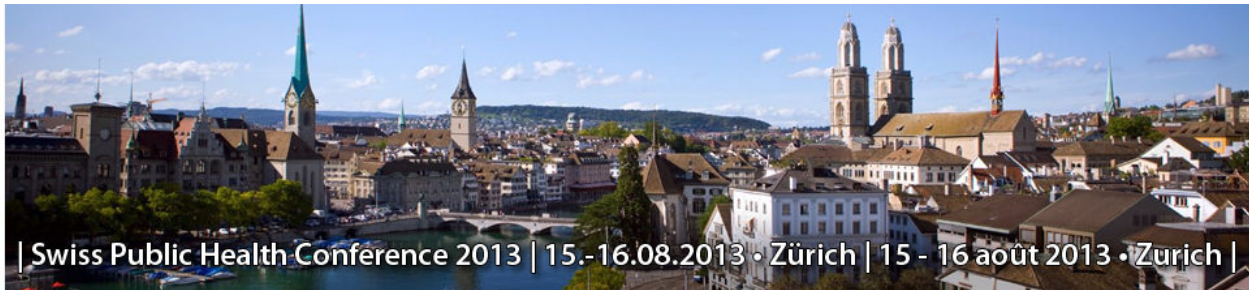
A facility based cross-sectional study was conducted among patients visiting Gondar University hospital for emergency care. Ethical clearance was obtained from the Institutional Review Board of University of Gondar. Patients were selected by systematic random sampling, using patient flow list in the day and night emergency services. Data were collected using a standard Press Ganey questionnaire by BSc health science graduates. Data were entered in to Epi Info 3.5.3 software and exported to SPSS version 20.0 for windows for analysis.

Results:

A total of 963 patients (response rate = 96.8%) were studied. The mean (+ s.d.) age of patients was 28.4 (+17.9) years. Many patients visited during the earlier days of the week. The commonest causes of emergency visit were injuries (14.5%), gastro intestinal disorders, cardiovascular emergencies (5.7%) and cancers (4%). The overall level of satisfaction was 51.7%. Seven hundred and six (73.3%) patients felt that they have been discriminated or badly treated at some point in the hospital. Outpatient department (OPD) site, days of visit, medical condition on arrival, confidence on the hospital and presence of discrimination/bad treatment of patients were significantly associated determinants of patient satisfaction.

Conclusions:

Non-communicable diseases emergencies like injuries and cardiovascular diseases are common. There is low level of patient satisfaction related to lack of courtesy of staff, physical discomfort, unavailability of drugs, discrimination of patients, and under treatment of patients not in serious medical condition. Hospitals shall prepare themselves to address the increasing challenge of non-communicable disease emergencies. It is important to revise the service delivery in the emergency department to improve staff courtesy and politeness, commitment, reduce discrimination and bad treatment and proper triage of emergencies at all points of care to increase patient satisfaction.



P56: WIE VERÄNDERN SICH RESSOURCEN UND BELASTUNGEN IM LAUFE DES ERWERBSLEBENS & WELCHEN EINFLUSS HAT DAS ALTER AUF IHREN ZUSAMMENHANG MIT GESUNDHEIT & WOHLBEFINDEN?

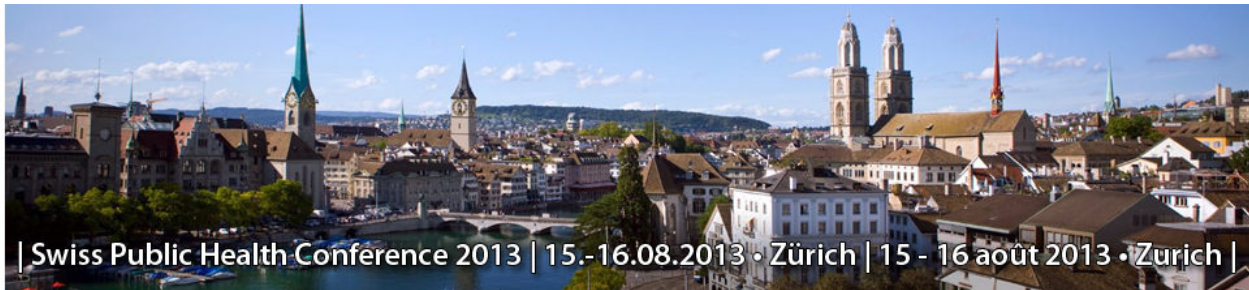
Ariane Wepfer, Andrea Huber, Rebecca Brauchli, Gregor Jenny, Georg Bauer
ISPM, Universität Zürich

Hintergrund und Ziel: Die Zusammenhänge zwischen psychosozialen Belastungen und Ressourcen im Arbeitskontext und psychischer wie auch körperlicher Gesundheit sind bekannt und gut belegt. Ebenso belegt sind der wechselseitige Einfluss zwischen Arbeit und Privatleben und dessen negative und positive Konsequenzen für Individuen und Organisationen. Wenig weiss man hingegen über altersdifferentielle Muster bei Belastungen und Ressourcen bezogen auf die Gesundheit im Arbeitsleben sowie über altersspezifische Bedürfnisse bezüglich der Vereinbarkeit von Arbeit und Privatleben. Bedingt durch den demographischen Wandel hat sich die Altersstruktur der Arbeitnehmerschaft verändert. Dies stellt Firmen und Organisationen vor neue Herausforderungen: Arbeit soll auch für ältere Arbeitskräfte eine positive Erfahrung bleiben. Ziel dieses Beitrags ist es daher, altersspezifische Ressourcen und Belastungen zu identifizieren als Ausgangslage für gezielte gesundheitsrelevante Interventionen im arbeitspsychologischen Kontext.

Fragestellungen: Der Beitrag geht in einem ersten Schritt der Frage nach, ob sich die Verteilung von psychosozialen Belastungen und Ressourcen und deren Zusammenhang mit psychischer und physischer Gesundheit über verschiedene Altersgruppen von Arbeitnehmenden unterscheidet. Die Datenbasis besteht aus längsschnittlichen Erhebungen zu Arbeitsbedingungen und Gesundheit in acht Schweizer Betrieben.

Neben einem direkten ist auch ein indirekter Einfluss von psychosozialen Belastungen und Ressourcen über die Vereinbarkeit von Arbeit und Privatleben auf die Gesundheit und das Wohlbefinden bekannt. In einem zweiten Schritt untersucht dieser Beitrag daher altersdifferentielle Muster im Erleben von Vereinbarkeit von Arbeit und Privatleben sowie in den Zusammenhängen zu psychischer und physischer Gesundheit. Die Daten hierfür stammen aus einer querschnittlichen Studie zu Gesundheit und der Vereinbarkeit von Arbeit und Privatleben in vier Schweizer Industrieunternehmen.

Methodik und Resultate: Die Fragestellungen werden mittels Strukturgleichungsmodellen und Regressionsanalysen untersucht. Erste Analyseresultate werden an der Konferenz präsentiert und diskutiert.



P57: THE CHRONIC MEDICAL CONDITIONS AMONG A MINORITY GROUP: ANALYSIS OF THE DETAINEES DATA FROM THE VAUD CANTON

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Background:

With the population ageing, the proportion of people suffering from chronic illnesses is reaching epidemic alert in the general population and represents an important health and economic burden for the society. In recent years the prison system has been facing an increase of the number of inmates, the length of sentences. Thus, a considerable increase in the number of old prisoners is expected. However, little is known about the type and number of chronic medical conditions among the prison population, often excluded from national health surveys. Even less is known on the health care resources used by prisoners suffering from chronic diseases.

Objectives:

To investigate the prevalence of chronic medical conditions, including mental disorders among the prisoners' population and to examine the related health care services utilization.

Design/methods:

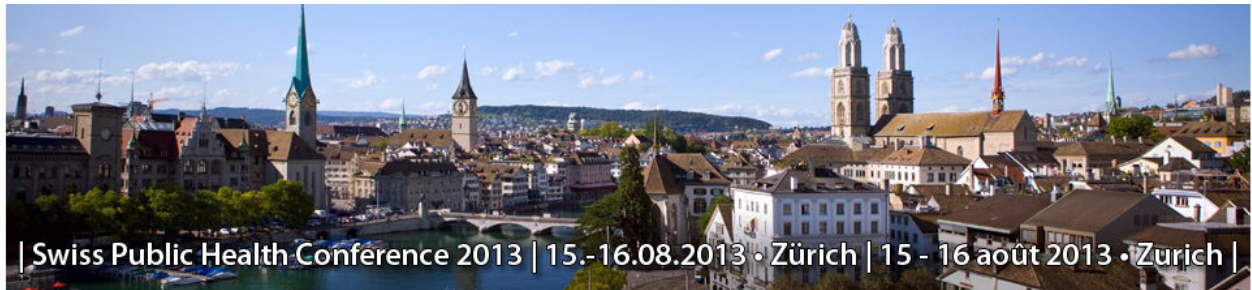
We used 2011 administrative data including information on health status and health care use of the entire incarcerated population in the canton of Vaud. Health conditions were coded using the International Classification of Disease. Analyses were descriptive.

Results:

A total of 1'600 individuals were analyzed, the mean age was 33 and 91% were men. Over one third of prisoners have a chronic disease. As one would expect, this proportion increased to reach 56% among the elderly group (age=>50) accounting for 7% of the study sample. 33% of inmates suffered from a mental disorder. Positive and significant correlations were found between the number of chronic diseases, the age and the number of days spent in prisons in 2011. By contrast, this result did not hold for the number of mental disorders. While the probability of seeing a specialist at least once was significantly correlated with the length of stay, that to see a general practitioner was not.

Conclusion:

People in prisons showed a wide range of chronic medical conditions. This analysis contributes to the ongoing discussions on prisoners' health and their health care management in Switzerland and may help suggesting (public health) policy recommendations concerning the health services needs of this minority group.



P58: EVALUATION PRE-POST D'UNE INTERVENTION DE PRÉVENTION DU VIH AUPRÈS DES HOMMES QUI ONT DES RAPPORTS SEXUELS AVEC DES HOMMES, SUISSE 2012

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Contexte:

L'intervention "Break The Chains" 2012 de l'OFSP à l'intention des gays visait à informer sur la primo-infection et à inciter à un test de dépistage VIH.

Design:

L'évaluation a recouru à un design Pre-Post avec 2 dispositifs: A) enquête par questionnaire Internet avec une vague avant la campagne et une après (transversal répété); B) 1) relevé centré sur le canton de Zurich du nombre de test effectués par des gays durant le premier semestre 2012 utilisant des données récoltées par Sentinella, par les centres de test utilisant l'application BerDa et auprès des praticiens de HIV-Prakt; et 2) recueil d'information par le questionnaire internet post-intervention des intentions d'effectuer un test VIH.

Résultats:

366 HSH ont répondu au questionnaire de la phase pré-, et 964 à la phase post-intervention. 69.8% ont entendu parler de la campagne. Parmi les répondants ayant identifié le message, 48.6% se sont sentis concernés. Avant la campagne, 34.2% des répondants identifiaient les 4 symptômes de la primo-infection, 46.4% se sentaient bien informés et 79.2% connaissaient le délai minimum pour qu'un test informe sur une absence d'infection; après la campagne, ces proportions étaient 39.6%, 62.0% et 85.2%. 17.1% des répondants ont déclaré avoir fait/avoir l'intention de faire, un test VIH suite à la campagne. Le nombre de tests effectués par les répondants Internet montre effectivement un pic dans le 2e trimestre 2012; les données BerDa montrent une stabilité du nombre total de tests. Les données épidémiologiques montrent une augmentation de la proportion et du nombre d'infections récentes détectées durant ce 2e trimestre, mais une diminution des infections anciennes.

Conclusions:

L'intervention BTC a amélioré légèrement les connaissances relatives à la phase de primo-infection du VIH et à la nécessité d'effectuer un test VIH. Elle semble avoir incité le public cible à effectuer un test VIH qui n'aurait pas été réalisé autrement et a peut-être ainsi contribué à la détection d'infections récentes.