

The IEA-EEF European Congress of Epidemiology 2012: Epidemiology for a Fair and Healthy Society

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Epidemiology for a fair and healthy society: Euroepi 2012

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Epidemiology is an exciting science that provides the way to formulate intelligent questions and often responses to understand the dynamics of health and disease in the communities. Bridging different methods and fields of enquire the ultimate interest of epidemiology is the ability to make the well known distance from the bench side to the bed side even shorter if it also takes the way to the population side and back.

As times are changing also epidemiology seems to follow: from communicable diseases to non-communicable diseases, from biological determinants to social capital, from cross-sectional thinking to life course approaches, from the reductionist strategy of single agents or single genes to systems biology and systems public health. Thus an extraordinary diverse world of opportunities is born and many different approaches can be tested giving epidemiology new chances.

Any simple descriptive exercise in epidemiology can show us that iniquities in health are a main challenge faced by human societies. In the 1990 the median age at death was five years for those living in sub-Saharan Africa and seventy-five for those living in what was then called the established market societies. This is an essential hallmark of what can be a claim for a universal human right to health or, as Jonathan Wolff put it, the beginning of an “exercise in cautious idealism” (1), and probably the most interesting confront that epidemiologists have ahead of them: working for a fair and healthy society, especially in societies and at times of crisis. And all societies and times face crisis!

The European Epidemiology Conference that takes place in Porto, Portugal, from 5 to 8 September 2012 brings together research findings, scientists, clinicians and public health practitioners from 45 countries addressing, from multiple perspectives, the most important methodological and substantive findings that build up the health debate through the eyes of epidemiology.

On behalf of the Organizing Committee we sincerely hope that this meeting, and all these presented and published abstracts, might be a privileged moment to share knowledge and an opportunity to make

the epidemiological contribute even sounder, particularly regarding the making of evidence to inform action.

1. Wolff J. The human right to health. W.W. Norton & Company, Inc. 2012

Abstract submission and evaluation

Abstracts by country

Country	Submitted abstracts		Accepted abstracts		Accepted oral communication	Accepted as poster
	n	%	n	%		
Albania	3	0.4	2	66.7	1	1
Argentina	2	0.3	0	0.0	0	0
Australia	3	0.4	2	66.7	1	1
Austria	2	0.3	2	100.0	0	2
Belgium	3	0.4	2	66.7	1	1
Bosnia and Herzegovina	2	0.2	2	100.0	1	1
Brazil	152	23.0	99	65.1	13	86
Bulgaria	1	0.2	0	0.0	0	0
Canada	4	0.6	4	100.0	1	3
Croatia	5	0.8	5	100.0	0	5
Cyprus	3	0.4	3	100.0	1	2
Denmark	16	2.4	14	87.5	10	4
Egypt	1	0.2	1	100.0	1	0
Estonia	2	0.3	2	100.0	0	2
Finland	4	0.6	4	100.0	3	1
France	13	2.0	11	84.6	3	8
Germany	28	4.1	25	89.3	18	7
Greece	5	0.8	5	100.0	1	4
Iran	10	1.1	7	70.0	0	7
Ireland	3	0.4	2	66.7	1	1

Country	Submitted abstracts		Accepted abstracts		Accepted as oral communication	Accepted as poster	Abstracts by topic		
	n	%	n	%			n	n	%
Israel	3	0.4	3	100.0	0	3	Aging	32	4.8
Italy	44	6.7	40	90.9	13	27	Birth Cohorts	17	2.6
Japan	2	0.3	2	100.0	1	1	Cancer	39	5.9
Latvia	1	0.2	0	0.0	0	0	Cardiovascular diseases	37	5.6
Lithuania	8	1.2	6	75.0	1	5	Child's Health	56	8.5
Luxembourg	1	0.2	1	100.0	0	1	Clinical epidemiology	17	2.6
Macedonia FYR	2	0.2	1	50.0	0	1	Communicable diseases	20	3.0
Mali	1	0.2	1	100.0	0	1	Communication in health	3	0.5
Morocco	3	0.4	1	33.3	0	1	Environmental epidemiology	24	3.6
Netherlands	4	0.6	3	75.0	3	0	Ethics	1	0.2
New Zealand	1	0.2	1	100.0	0	1	Gender and health	6	0.9
Norway	14	2.1	13	92.9	4	9	Health education	15	2.3
Poland	13	2.0	13	100.0	5	8	Health Services	28	4.2
Portugal	228	34.6	196	86.0	39	157	Health surveys	13	2.0
Republic of Korea	2	0.3	2	100.0	0	2	HIV/AIDS	14	2.1
Romania	2	0.3	2	100.0	0	2	Immigration	6	0.9
Russian Federation	1	0.2	1	100.0	1	0	International health	9	1.4
Serbia and Montenegro	6	0.9	5	83.3	0	5	Mental health	21	3.2
Spain	28	4.2	25	89.3	8	17	Methods in Epidemiology and statistical analysis	21	3.2
Sweden	13	2.0	11	84.6	7	4	Molecular and genetic epidemiology	6	0.9
Switzerland	2	0.3	2	100.0	1	1	Mortality	19	2.9
Thailand	2	0.3	2	100.0	0	2	Nutrition and Lifestyles	73	11.0
Turkey	2	0.3	2	100.0	0	2	Occupational Health	19	2.9
United Kingdom	14	2.1	11	78.6	5	6	Other chronic diseases	19	2.9
United States of America	2	0.3	2	100.0	2	0	Outbreaks and Alerts	5	0.8
Total	661	100.0	538	81.4	146	392	Pharmacoepidemiology	9	1.4
							Quality of life	8	1.2
							Reproductive health	24	3.6
							Social inequalities / Vulnerable groups	34	5.1
							Spatial Epidemiology	14	2.1
							Surveillance	14	2.1
							Teaching and training	5	0.8
							Translational epidemiology	1	0.2
							Tuberculosis	15	2.3
							Vaccines	8	1.2
							Violence	9	1.4
							Total	661	100.0

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Programme overview

Time	Wednesday, 5	Time	Thursday, 6	Friday, 7	Saturday, 8
8.30–16.30	Pre-congress courses and meeting	8.30–10.00	Oral Communications	Oral Communications	Oral Communications
		10.00–10.45	Coffee and Poster Session	Coffee and Poster Session	Coffee and Poster Session
		10.45–11.30	Keynote Lecture	Keynote Lecture	Keynote Lecture
		11.30–13.00	Oral Communications	Oral Communications	Closing Ceremony Plenary Session
		13.00–14.00	Lunch	Lunch	
		14.00–16.00	Thematic Sessions	Thematic Sessions	
		16.00–16.30	Coffee	Coffee	
17.00–19.00	Opening Ceremony Plenary Session	16.30–17.15	Keynote Lecture	Keynote Lecture	
		17.15–18.15	Oral Communications	Oral Communications	
		18.30–19.30	General Assembly of The Portuguese Association of Epidemiology	Young Epidemiologists Meeting	
	Welcome reception 19.00 h		Concert 21.00 h	Congress Dinner 20.00 h	

Detailed scientific programme

Wednesday, 5th September

Time	Hall 2 PRÉ-CONGRESS COURSE Ethics, solidarity and public health 8.30–16.30 h	Hall 3 PRÉ-CONGRESS COURSE Pharmacoepidemiology and Risk Management 12.00–16.30 h	Hall 4 PRÉ-CONGRESS COURSE New epidemiological perspectives for health workforce planning 12.00–16.30 h
17.00–19.00	OPENING CEREMONY—Plenary session Auditorium THE MILLENNIUM DEVELOPMENT GOALS AND BEYOND: CHALLENGES FOR EPIDEMIOLOGISTS Cesar Victora, President of the International Epidemiological Association, Universidade Federal de Pelotas, Brazil WHAT EPIDEMIOLOGY'S PAST CAN TELL US ABOUT ITS FUTURE? Alfredo Morabia, Professor of Epidemiology, Columbia Mailman School of Public Health, New York, and City University of New York, USA Jorge Sampaio, High Representative for the United Nations Alliance of Civilizations and U.N. secretary general's special envoy to halt TB, Portugal		

Thursday, 6th September

Time	Auditorium	Hall 2	Hall 3	Hall 4
8.30–10.00	Oral <i>Communications</i> OC 1.1: Perinatal and child health I	Oral <i>Communications</i> OC 1.2: Environmental epidemiology	Oral <i>Communications</i> OC 1.3: Time trends in health outcomes and risk factors	Oral <i>Communications</i> OC 1.4: Pharmacoepidemiology I
10.00–10.45	Coffee and Poster Session			
10.45–11.30	EPIDEMIOLOGY AND BIG SCIENCE: COHORTS IN EPIDEMIOLOGICAL RESEARCH Albert Hofman, Professor and chair of epidemiology, Erasmus Medical Center, Rotterdam, The Netherlands			
11.30–13.00	Oral <i>Communications</i> OC 2.1: Cancer I	Oral <i>Communications</i> OC 2.2: HIV/AIDS	Oral <i>Communications</i> OC 2.3: Aging	Oral <i>Communications</i> OC 2.4: Pharmacoepidemiology II
13.00–14.00	Lunch			
14.00–16.00	<i>Thematic Sessions</i> TS 1.1: ACHIEVING MORE EFFECTIVE TRANSLATION OF EPIDEMIOLOGIC FINDINGS INTO POLICY WHEN THE FACTS ARE NOT THE WHOLE STORY	<i>Thematic Sessions</i> TS 1.2: NEW FRONTIERS OF EPIDEMIOLOGY	<i>Thematic Sessions</i> TS 1.3: ARE BIRTH COHORTS REALLY INCREASING EPIDEMIOLOGICAL KNOWLEDGE?	<i>Thematic Sessions</i> TS 1.4: ENVIRONMENTAL AND MOLECULAR EPIDEMIOLOGY
16.00–16.30	Coffee			
16.30–17.15	PHARMACOEPIDEMIOLOGY: ENSURING PUBLIC HEALTH BENEFITS OF MEDICINES Hubert G. Leufkens, Utrecht Institute for Pharmaceutical Sciences (UIPS) and Dutch Medicines Evaluation Board (MEB), The Netherlands			
17.15–18.15	Oral <i>Communications</i> OC 3.1: Child and adolescent health	Oral <i>Communications</i> OC 3.2: Tobacco	Oral <i>Communications</i> OC 3.3: Cancer II	Oral <i>Communications</i> OC 3.4: Maternal health
18.30–19.30	General Assembly of The Portuguese Association of Epidemiology			

Friday, 7th September

Time	Auditorium	Hall 2	Hall 3	Hall 4
8.30–10.00	<i>Oral Communications</i> OC 4.1: Inequalities and health	<i>Oral Communications</i> OC 4.2: Occupational health	<i>Oral Communications</i> OC 4.3: Nutrition and health promotion	<i>Oral Communications</i> OC 4.4: Cardiovascular diseases
10.00–10.45	Coffee and Poster Session			
10.45–11.30	LEARNING FROM OUR NEIGHBORS: CROSS-NATIONAL COMPARISONS OF PERINATAL HEALTH <u>Jennifer Zeitlin</u> , Epidemiological Research Unit on Perinatal Health and Women's and Children's Health and INSERM (Institut national de la santé et de la recherche médicale), France			
11.30–13.00	<i>Oral Communications</i> OC 5.1: Young Epidemiologists Session	<i>Oral Communications</i> OC 5.2: Respiratory diseases	<i>Oral Communications</i> OC 5.3: Lifestyles	<i>Oral Communications</i> OC 5.4: Perinatal and child health II
13.00–14.00	Lunch			
14.00–16.00	<i>Thematic Sessions</i> TS 2.1: NEW EU DATA PROTECTION REGULATION PROPOSAL AND THE IMPACT ON EPIDEMIOLOGICAL WORK	<i>Thematic Sessions</i> TS 2.2: BEYOND THE BASICS STATISTICS IN EPIDEMIOLOGY	<i>Thematic Sessions</i> TS 2.3: WHERE NEXT FOR PERINATAL EPIDEMIOLOGY IN EUROPE	
16.00–16.30	Coffee			
16.30–17.15	WHAT ARE THE MOST CITED BOOKS OF EPIDEMIOLOGY & BIostatISTICS IN THE PAST 50 YEARS? <u>Miquel Porta</u> , IMIM—Hospital del Mar Research Institute, Universitat Autònoma de Barcelona and Professor, IMIM—Hospital del Mar Research Institute and School of Medicine, Universitat Autònoma de Barcelona, Spain			
17.15–18.15	<i>Oral Communications</i> OC 6.1: Methods in Epidemiology and statistical analysis	<i>Oral Communications</i> OC 6.2: Sleep and health	<i>Oral Communications</i> OC 6.3: Migration and health	<i>Oral Communications</i> OC 6.4: Health services
18.30–19.30	Young Epidemiologists Meeting			

Saturday, 8th September

Time	Auditorium	Hall 2	Hall 3	Hall 4
8.30–10.00	<i>Oral Communications</i> OC 7.1: Infectious diseases	<i>Oral Communications</i> OC 7.2: Mortality	<i>Oral Communications</i> OC 7.3: Obesity	<i>Oral Communications</i> OC 7.4: Cancer III
10.00–10.45	Coffee and Poster Session			
10.45–11.30	EXPERIENCES FROM THE PARADISE OF REGISTER-BASED STUDIES ON CANCER EPIDEMIOLOGY <u>Eero Pukkala</u> , Professor in Public Health and Epidemiology, Director of Statistics, Finnish Cancer Registry, Institute for Statistical and Epidemiological Cancer Research, Finland			
11.30–12.15	EVIDENCE AND INDEPENDENCE IN TACKLING DECISIONS ON PUBLIC HEALTH POLICIES <u>Ildefonso Hernandez Aguado</u> , Professor of Preventive Medicine and Public Health, Head of the Department of Public Health, History of Science and Gynecology, Universidad Alicante, Spain			
12.15–13.30	CLOSING CEREMONY —Plenary session			

P3S10**National Health Surveys: anthropometric data of Portuguese and Brazilian women: INS 2005–2006 and PNDS 2006**

Caroline Santos Costa, Luana Patrícia Marmitt, Fernanda Oliveira Meller, Vera Ferro-Lebres

Diagnostic and Therapeutic Technologies Department, School of Health Sciences, Polytechnic Institute of Braganza; Pelotas Federal University

Background Nutritional problems related to under or overweight in women have been shown itself as a relevant issue to health and quality of life, affecting mainly older women.

Objective To compare the anthropometric data of Portuguese and Brazilian women studied on the 4th National Health Inquiry (4^o Inquérito Nacional de Saúde, INS-2005-2006, Portugal) and on the National Research of Demography and Health (Pesquisa Nacional de Demografia e Saúde, PNDS-2006, Brazil).

Methods This work is a result of a data comparison between the Portuguese and the Brazilian national inquiries, respectively, INS-2005/2006 and PNDS-2006. Both researches represent the population of the countries and were based on transversal studies. The nutritional status of the women from 18 to 44 years old was evaluated using the body mass index, as recommended by the World Health Organization (1995). The prevalence of underweight, normal weight, overweight and obese women in the total sample was studied in three age groups (18–24, 25–34, 35–44). The statistical significance was considered for $p < 0.05$.

Results The population was of 2,048,623 women in Portugal and 12,167 in Brazil. There were no significant statistical differences between the occurrences of underweight women on the studied countries. However, there were significant differences between normal weight, overweight and obese women on the total sample and on the different age groups. The greater prevalence of normal weight women was found in Portuguese group ($p < 0.001$). Overweight and obese women were found more prevalent in the Brazilian group ($p < 0.001$). On both countries the occurrence of overweight and obesity increase while the occurrence of underweight decrease on higher age ranges.

Conclusions High overweight and obesity prevalence were found on women of both countries, with higher proportions on the Brazilian group. Health promotion measures and stimulus to healthy nourishment have shown itself as essential to avoid the emergence of morbidities related with nutritional status of women belonging to all age groups, especially on the higher ranges.

P3S11**Prevalence of depression symptoms in a sample of young unemployed Portuguese**

Manuel Abecasis, Cleide Barrigoto, Ana Margarida Garcia, Duarte Macado, Cláudia Marques-Matos, Nuno Matos, Florentina Menezes, Maria Helena Almeida

Faculdade de Ciências Médicas, Universidade Nova de Lisboa

Background Unemployment is a known risk factor for the mental health of population and it is documented that the depression rate is higher in this group. Among them, young people are especially vulnerable to economic fluctuations and to the development of mental disorders.

Aim To describe a sample of young unemployed people regarding depressive symptoms.

Methods We conducted a cross-sectional and descriptive study. A non-randomized sample of 791 subjects was collected, aged between

17 and 34, inside public employment centers of the regions of Lisbon and Alentejo. Depressive symptoms were quantified according to the CES-D scale 20, using 20 and 25 cut-off points.

Results In our sample, the prevalence of depressive symptoms was 43.24 %. Females, long-term unemployed people, people unemployed more times, those with less income and who perceived themselves as poorer, and those with no expectations of future employment were the ones who were more depressed.

Conclusion The study showed a higher prevalence of depression than expected. As a result, and given the obvious methodological limitations, we suggest the conduction of future population-based longitudinal studies.

P3S12**Prevalence and determinants of childhood undernutrition in Ceará State, located in the semi-arid region of Brazil, in a 20 year period**

Luciano Correia, Marcia Machado, Ana Cristina Lindsay, Jocileide Campos, Anamaria Cavalcante e Silva, Francisca Andrade, Antonio Cunha

Federal University of Ceará; Federal University of Rio de Janeiro; Municipality Secretariat of Health; State University of Ceará; Harvard University

Background Undernutrition rates in childhood have been declining in the world. However, in some regions it continues to be an important public health problem.

Objectives To describe the evolution of the prevalence and of the associated factors to childhood undernutrition in a place located in the Semi-arid region of Brazil, in a 20 year period.

Methods Data from two population-based surveys, conducted in the state of Fortaleza northeastern Brazil, with a sample of 8,000 households, in 1987 and 2007 were analyzed. Undernutrition in children under 3 years of age was assessed by anthropometric indices using age, weight and height. Biologic and socio determinants of undernutrition were studied using multivariate analysis, with factors hierarchically defined by a conceptual model. Prevalence rates (PR) and confidence intervals (CI) were calculated to assess associations.

Results In 1987 we studied 4,513 children and 1,533 in 2007. The prevalence of acute undernutrition was reduced in 60 % in the studied period, dropping from 12.6 % in 1987 to 4.7 % in 2007. The prevalence of chronic undernutrition was reduced in 50.0 %, dropping from 27.0 to 13.0 % in the same period.

The association of acute undernutrition and very low birth weight showed important change. (PR: 2.5; 95 % CI: 1.3–4.9 in 1987 and PR: 4.1; 95 % CI: 2.4–7.1 in 2007). In 2007, male gender had a 70 % more chance to have acute undernutrition. Chronic undernutrition in 2007 was associated to unavailability of toilet in the household and low birth weight.

Conclusions Both acute and chronic undernutrition declined in the study period. In 2007, the determinants of acute undernutrition were restricted to biologic factors, different from chronic undernutrition. The economic development and health interventions possibly contributed to this new scenario.

P3S13**Does parental perception of neighborhood safety predicts PA in children from different SES**

Andreia, N. Pizarro, José Ribeiro, Joana Teixeira, Maria Paula Santos
Porto University, Faculty of sports