

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

Conclusion Abuse in early life is significantly associated with domestic violence which might suggest that prevention of domestic violence is related to interventions to prevent child abuse.

P3N09

Anthropometric data, energy consumption and psychotropic therapy in psychiatric patients

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Background In the last year, one in five Portuguese (23 %) suffered from a mental illness and almost half (43 %) has suffered, once in a lifetime, of these disorders. (Furtado et al., 2010) Data indicated that patients with persistent mental illness have higher obesity prevalence, comparing with general populations (Daumit et al. 2003).

Objectives It aims to study the patient profile related to Anthropometric data (body mass index–BMI, body fat percentage–BF%), Energy consumption and Psychotropic Therapy of patients with psychiatric disorders treated with psychotropic drugs. It aims also to verify the correlation between Energy consumption and Anthropometry data with Psychotropic therapy.

Methods We conducted a cross-sectional and observational study, included as preliminary sample 21 patients with psychopathology, treated pharmacological with psychotherapy, aged over 18 years, following in the *Júlio de Matos* Hospital, Lisbon—Portugal, on 2012 February. We accounted number of Psychotropic drugs consumption, by interview, between the follow drugs: Antidepressants, Anxiolytics, Mood stabilizers and Antipsychotics. The Anthropometrics data were: BMI, categorized according WHO guidelines; and BF%, evaluated by bioelectrical impedance and categorized according Gallagher et al. (2000). To calculate the energy needs, it was used the Harris-Benedict equation and physical activity habits, assessed by IPAQ8 (Craig et al., 2003). The Energy consumption was collected through the previous day recall and categorized, by energy needs comparison, in: Hypocaloric, Normocaloric and Hypercaloric. Statistical analysis was performed by Spearman's correlation coefficient (R), using SPSS.

Results The sample was mostly females (52 %) and the mean age was 42 ± 14 (20–64) years old. Regarding the BMI, 38.1 % was Normalweight, 28.6 % Pre-Obesity, 14.3 % Obese typeI, 14.3 % typeII and 4.8 % typeIII. Regard to the BF%, 4.8 % was Underfat, 28.6 % Healthy in fat and 66.7 % was Overfat. The Energy consumption was 23.8 % Hypocaloric, 33.3 % Normocaloric and 42.9 % Hypercaloric. The Psychotropic Therapy used was 80.9 % Antidepressants, 47.6 % Anxiolytics, 14.3 % Mood stabilizers and 52.4 % Antipsychotics. There was a moderate positive correlation between the Energy consumption with BMI ($R = 0.588$; $p = 0.005$) and with BF% ($R = 0.470$; $p = 0.032$). There was a strong positive correlation between Energy consumption with number of Psychotropic drugs consumption ($R = 0.717$; $p < 0.001$). Regarding the Psychotropic treatment and BMI or FM%, no correlation was found.

Conclusion These results suggest that patient's Anthropometry data is not directly related to the Psychotropic treatment, but with the Energy consumption. Energy consumption is higher in patients who consume a large number of Psychotropic drugs. Energy consumption is the main factor for the anthropometric parameters change in this sample.

P3N10

Determinants of insomnia in a sample of Portuguese teachers

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Background Insomnia is the most common form of sleep disorders that originates considerable direct, indirect and intangible costs. Insomnia is an exceedingly common sleep disorder. Several epidemiologic studies have linked the occurrence of insomnia with the individual's profession. Insomnia has been associated with socio-demographic characteristics, working conditions, lifestyles, mental disorders and physical illnesses. In Portugal, teachers live a specific socio-economic situation caused by the distance between home and the workplace, unstable job situation and student's misbehavior problems.

Objectives The aim of this study was to determine the prevalence of insomnia in a sample of Portuguese elementary teachers.

Methods In a cross-sectional study we evaluated all teachers of sixteen public elementary schools of the district of Viseu, Portugal. Data was collected using a self-administered questionnaire. We obtained a final sample of 864 elementary teachers (638 female, 73.8 %), age = 43.7 ± 7.6 years. Insomnia was defined, according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), as the presence of one or more of the following symptoms: (1) difficulty initiating sleep, (2) difficulty maintaining sleep, (3) early morning awakening and difficulty getting back to sleep, (4) non-restorative sleep, that lasts for a period of 1 month. Prevalence was expressed in proportions with 95 % confidence intervals (CI), and compared by the Chi-square test.

Results The prevalence of insomnia was 36.0 % (95 % CI = 30.9–41.4). The prevalence of difficulty initiating sleep, difficulty maintaining sleep, early morning awakening with difficulty getting back to sleep, non-restorative sleep was 14.1 % (95 % CI = 11.4–18.0), 19.3 % (95 % CI = 13.5–21.6), 17.2 % (95 % CI = 15.8–23.5) and 20.3 % (95 % CI = 17.0–24.6), respectively. Insomnia was associated with gender (female, OR = 2.5, 95 % CI = 1.4–4.5), marital status (married, OR = 1.6, 95 % CI = 1.1–2.7), use of any medication in the previous 12 months (OR = 3.5, 95 % CI = 2.1–5.7); depressive symptoms (OR = 3.2, 95 % CI = 1.7–5.9); sports practice (OR = 0.6, 95 % CI = 0.4–1.1); have a second residence (OR = 1.7, 95 % CI = 1.0–3.2); smoking habits (OR = 1.8, 95 % CI = 1.0–3.3); sports practice (OR = 0.65, 95 % CI = 0.40–1.0) and alcohol consumption (OR = 0.7, 95 % CI = 0.42–1.0).

Conclusion Portuguese elementary teachers present a high prevalence of insomnia, higher than reported for other professionals. Insomnia was associated with socio-demographic characteristics and occupational variables. The implementation of health promotion programs directed to elementary teachers should be developed and included in occupational health programs.

P3N11

Mental health of schoolchildren in Vojvodina

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Background Mental health in young people is a topic of increasing importance. Facing the magnitude of the burden of disease related to young people's mental disorders, WHO declared that young people's