P1 - Posters/Visit to posters

Salud Infantil, salud reproductiva, género y salud

Child health, reproductive health, gender and health

Jueves 2 de Octubre / Thursday 2, October
17:00:00 a/to 18:00:00

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SOCIO-ECONOMIC INEQUALITIES IN NEWBORNS' BIRTH WEIGHT IN LITHUANIA

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Introduction: Low birth weight (LBW, < 2500 g) is an important indicator of reproductive health and general health status of populations. Recently number of studies has demonstrated association between LBW and maternal poor socio-economic conditions. Birth weight may be a highly sensitive marker of family socio-economic circumstances during gestation and thus of future socio-economic career as well as the biological outcomes of intrauterine development.
Methods: The results are based on a prospective case-control study, involving 550 newborns with low birth weight (<2500 g, irrespective of gestational age) (cases) and 550 newborns with normal weight (controls). The study was accomplished from 1st February, 2001 until 31st January, 2002. Study was carried out in six main maternity hospitals in Lithuania. The structured questionnaire was made-up consisting of four sections with 39 questions. The information on general data about mother and infant, maternal socio-economic factors, hazardous habits and occupational factors was collected. The mothers were interviewed on the first or second day after delivery by the instructed interviewers. The database was processed by the application of statistical package SPSS for Windows v.10.0.
Results: Tha odds ratio for teenage (< 20 years) mothers to deliver LBW baby was 2.4, while the odds ratio for elderly (35 years and older) mothers was 2.0, if compared to mothers of 20-29 years old. Mothers with primary or basic education had 2.8-fold higher risk of LBW, while mothers with secondary education were at 1.6-fold higher risk to deliver LBW baby, comparing to mothers with vocational education or university degree. The unstable marital status (single, divorced or widowed) was associated with 1.9-fold higher risk of LBW. Low income (< 300 LTL per month per person) increased the risk to deliver LBW baby by 2.5 times, while mothers lived in rural area had 1.65-fold higher risk of LBW, if compared to high incomed and lived in urban area, respectively. Occupation before and during pregnancy significantly increased the risk of LBW (OR - 2.3 and 2.2 respectively).
Conclusions: Maternal socio-economic factors such as teenage and older age, low education, unstable marital status, low income, living in rural area, unemployment before and during pregnancy increased the risk of low birth weight.

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LOCAL COMPLICATIONS FOLLOWING COSMETIC BREAST IMPLANT SURGERY IN FINLAND

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Introduction: Use of silicone breast implants in cosmetic breast surgery has increased rapidly. Many questions have been raised regarding the safety of silicone implants. Recently, the occurrence of local complications has been set as the primary concern in research related to cosmetic breast implant surgery. Aim of this study was to find out the frequency rates of local complications in a population of cosmetic breast implant patients in Finland.
Methods: Patient records of 685 women with 785 implantations were identified to collect information on implant characteristics, complications and treatment procedures. Information on personal characteristics, medical and reproductive history, complications and postoperative quality of life were obtained through structured questionnaires mailed to 470 women.
Results: 36% of the women (n=247) had at least one complication diagnosed in patient records. Capsular contracture was the most common complication, diagnosed in 17% of the women and 15% of implantations. Other complications were found to be quite rare. 288 different treatment procedures following complications were recorded, of which 194 (67%) were surgical procedures. 26% of the women (n=179) had undergone at least one postoperative treatment procedure. Capsular contracture was the main indication for additional surgery.
Conclusions: Information on postoperative complications of cosmetic breast implant surgery has been insufficient and sparse. Our data confirm previous results of capsular contracture as a most significant and common complication in cosmetic breast implant surgery and of quite low frequency of other complications.

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BIRTH RATE IN PATIENTS WITH EPILEPSY - A NATIONWIDE POPULATION-BASED COHORT STUDY IN FINLAND

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Introduction: Few population-based studies on birth rate in epilepsy patients are published. In most of previous studies, fertility has been lower among epilepsy patients than rest of the population. But, conflicting results have also been reported. Most previous studies on birth rate in patients with epilepsy have been based on small, selected clinical-based materials. This population-based study was conducted to obtain valid and accurate estimates on birth rate in patients with epilepsy based on large and presentative patient cohort.
Methods: We conducted a population-based cohort study on birth rate in a nationwide cohort of patients with newly diagnosed epilepsy and in population-based reference cohort in Finland. All epilepsy patients (N=14,236), who were approved as eligible for reimbursement for antiepileptic medication from the Social Insurance Institution of Finland (KELA) for the first time between 1985 and 1994, were identified from the KELA database. A reference cohort (N=29,828) was identified from the Finnish Population Register Center with frequency-matching on age. Information on follow-up status and live births were also obtained from the Finnish Population Register Center.
Results: Birth rate was lower among patients than in the reference cohort in both men (hazard ratio (HR)=0.58, 95% confidence interval (CI): 0.54, 0.62) and women (HR=0.88, 95% CI: 0.83, 0.93). There was a clear decreasing trend by age at observation in men with epilepsy, and moderate decreasing trend by age at start of follow-up in women with epilepsy.
Conclusions: Our results suggest that birth rate is decreased in patients with epilepsy, especially among men and persons aged 20 years or more.

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RISK FACTORS FOR INFANT AND CHILDHOOD MORTALITY: SURVIVAL ANALYSIS OF 10122 CHILDREN IN RURAL BURKINA FASO

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Objective: About 10 million children under the age of 5 years are estimated to die per year, and the great majority of these deaths occurr in developing countries. Most childhood deaths have been attributed to diarrhoea, acute respiratory illness, malaria, measles and malnutrition, conditions that are either preventable or treatable with low-cost interventions. The worldwide highest mortality rates are still in sub-Saharan Africa (SSA), where approximately 15 % of newborn children are expected to die before reaching their fifth birthday. The aim of the study is to quantify simultaneously the effect of risk factors for childhood mortality in a typical rural setting in Sub-Saharan Africa (SSA)
Methods: We performed a survival analysis of childhood births within a population under demographic surveillance from 1992-1999 based on data from a demographic surveillance system in 39 villages around Nouna, western Burkina Faso, with a total population of about 30,000 inhabitants. All children born alive in the period 1.1.1993-31.12.1999 in the study area (n=10122) followed up until December 31, 1999 were included. All-cause childhood mortality was used as outcome variable.
Results: Within the observation time, 1340 deaths were recorded among which 664 occurred within the first year of life. This corresponds to an infant mortality risk of 65.6 per 1000 births. In a Cox regression model a simultaneous estimation of hazard rate ratios showed death of the mother and being a twin as the strongest risk factors for mortality. However, these factor account only for a small proportion of all deaths. For both, the risk is most pronounced in infant age with risk ratios of 15.6 (95% CI 7.6-31.8) and 4.3 (95% CI 3.2-5.8), respectively. Further factors found to be associated with mortality include age of the mother, birth spacing, season of birth, and distance to next health center. There is also a significant difference in mortality between ethnic groups and between religions. Local clustering of childhood deaths was also observed. Finally, there was an overall decrease in childhood mortality over the years 1993-1999.
Conclusions: The study confirms the overall trend of further decreasing childhood mortality in rural West Africa during the 1990s and supports the multi-causation of childhood deaths in these populations. The observed correlation between factors highlight the need for multivariate analysis to disentangle the separate effects These findings demonstrate the need for more comprehensive improvement of pre- and postnatal care in rural SSA.

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1143 PAEDIATRIC SPORTS RELATED INJURIES PRESENTING TO AN EMERGENCY MEDICAL DEPARTMENT OVER A 6 MONTH PERIOD IN IRELAND

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Objective: The number of children participating in sport, for enjoyment, the pursuit of physical fitness, and for other reasons, both recreationally and competitively is increasing. This increase in sports participation appears to be accompanied by an increase in the number of sport related injuries (SRI`S). We found that in Ireland, the demographics of SRI`S in children has not adequately been described, as indicated by the paucity of publications in the medical literature, and the purpose of this study was to provide up-to-date data to correct this deficiency.
Design: Cross-sectional study.
Methods: Data was collected on all children under 17 years of age, with a SRI presenting to the accident and emergency department of a major teaching hospital over a 6 month period. The data, which included sport, age, sex, cause, type, site, time of injury and management, was recorded on a standardised proforma for each patient. Statistical analysis was performed using EpiInfo version 6.
Results: We analysed 23,000 records, and identified 1143 SRI`S over a 6 month period, from 53 different sports. Our results indicate many statistical differences, some of which previously unreported, including a high proportion of humerus (p=0.03) and back (p=0.01) SRI`S in females, a higher proportion of falls in females (p=0.0001) and collisions with persons in males (p=0.0001), low usage of protective gear(6% of SRI`S), infrequent advice regarding RICE/general injury advice (30% of SRI`S)) and injury preventive measure (<1% of SRI`S), decreased analgesia prescription in children under 5 (30% of SRI`S at this age), compared to older groups and rarity of topical analgesic prescription (<1% of analgesics prescribed).
Conclusions: The data provided from this study may raise awareness of the different aspects of SRI`S affecting children and may provide the impetus for suggesting direction and guidance for reducing SRI`S.

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MOTHERS KNOW BEST (NUTRITION IN THE FIRST YEAR OF LIFE)

Ronit Endevelt
Mothers know best (nutrition in the first year of life) nutrition, Ben gurion, beer sheva.

Background: Nutrition has a critical effect on the infant's brain development during the pregnancy and the first 18 months to life. Inappropriate diet can cause infant mortality. Researches show that medical professionals lack the required knowledge about nutrition and that there are no suitable instructional programs for them.
Objectives: To examine the knowledge and attitudes of gynecologists, pediatricians and nurses who work in mother and child health clinics of "Macabi" Health Services in Israel concerning infants and pregnant women's nutrition and to compare it to the public's general knowledge.
Methods: The study population consisted of gynecologist and pediatricians who work in "Macabi" Health Services from all over the country and all the nurses at the family health clinics. In addition a sample of mothers attending six different family health clinics were recruited. Four structured questionnaires were created for each group in the study population (gynecologist, pediatricians, nurses and mothers). The questionnaires included questions that evaluated the knowledge and attitudes toward infants' nutrition.
Results: The mothers showed high level of knowledge. The physicians showed a higher level of knowledge in the questions related to their specialty. When asked about the effect of nutrition instruction on the infants' health, the pediatricians answered correctly at a higher rate. Professionals think that they can train mothers on nutrition issues.
Conclusions: Appointing a nutritionist to the mother and child clinics needs to be considered, as the professional caregivers of pregnant women and infants were to be lacking in sufficient knowledge in certain aspects of nutrition for these populations.

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BRONCHIAL RESPONSIVENESS TO HYPERTONIC SALINE IN RELATION TO ASTHMATIC DISEASES IN CHILDREN

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Introduction: Besides questionnaires, measurements of bronchial responsiveness are an important tool in asthma epidemiology and have several advantages over questionnaires. However, challenge protocols are usually not simple and it is often not clear how the collected information is analysed best. To investigate determinants of asthma and allergies a cross-sectional study was performed 1995/1996 in 9-11 years old children in two German cities with formerly different living conditions (Dresden in Eastern and Munich in Western Germany).
Methods: For hypertonic saline challenge a random subsample was drawn from all children for which a parental questionnaire had been completed (Dresden: n=3,017; Munich: n=2,612). The final challenge protocol was applied to 701 children in Dresden and 717 children in Munich (participation rates 52% and 57%, respectively). The standard protocol of the Phase II modules of the International Study of Asthma and Allergies in Childhood (ISAAC) was used. In order to evaluate the relation of bronchial responsiveness with clinical characteristics, assessed by questionnaire, we first defined bronchial hyperresponsiveness (BHR) as a dichotomous variable (using a 15% decline of the forced expiratory volume in one second (FEV_1) from baseline value as cut-point). From the challenge protocol with multiple steps we also derived continuous parameters such as PD15 and PT15 (provocation dose and time causing a 15%-decline in FEV_1) and the slope of the individual FEV_1-course under challenge (calculated by different mathematical models) and assessed the value of these parameters for discriminating between children with and without asthma.
Results: In the questionnaire 7.4% of the children in Dresden and 8.6% in Munich reported wheezing, 4.3% and 6.0%, respectively, had current asthma (wheezing and diagnosis of asthma or bronchitis). Ten percent and 15% of the children were hyperreactive to bronchial challenge (dichotomous variable). The sensitivity of BHR vs. wheezing or current asthma was low with results between 31% and 50%; specificity was between 94% and 97%. Survival analyses including duration of challenge, PD15 or PT15 distinguished well between the two populations (all p-values of Log-Rank-Test < 0.0001) and indicated an increased bronchial responsiveness if wheezing or current asthma was documented (adjusted hazard ratios about 3.4 to 4.5). The slopes of the individual FEV_1-courses differed clearly between children with and without wheezing or current asthma in both centres (p-values of Mann-Whitney-U-Test are ≤ 0.013).
Conclusions: Bronchial challenge with hypertonic saline according to the ISAAC II protocol discriminates between children with and without asthma and offers several ways to assess responsiveness. It is a useful tool for determination bronchial hyperresponsiveness in children of 9-11 yrs and for detecting differences between populations.

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POPULATION BASED REFERENCE BIRTH WEIGHT FOR GESTATIONAL AGE IN CATALONIA, SPAIN

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Background and Aim: Low birth weight for gestational age is a good predictor of pregnancy outcome and of infant, child and adult health. Low birth weight for gestational age (SGA) is commonly defined as one weighing less than the 10th percentile in birth weight for its gestational age. The cut-off which serves to derive 10th percentile from curves based on gestational age and weight could vary between countries and regions which the possible consequence of misclassification of new born at risk. One solution would be the inclusion of all live births infants from the evaluated population. The aim of this study was to develop birth weight-for-gestation standard curves for singleton, twins and triplets for males and females in a large population of Catalonia, Spain.
Methods: We used data from the Live Births Register of Mother and Child Programme (Public Health General Directorate, Department of Health and Social Security), which is a population-based register between 1997 and 2001 (total amount of live births 302,274). Data on 278,002 singleton (132,758 females and 145,244 males), 7,062 twins (3,499 females and 3,564 males) and 522 triplets born in Catalonia between 1997 and 2001 were used in the models. Our proposed reference was based on singletons, twins and triplets separately with recorded gestational ages of 26 to 43 completed weeks. The percentiles of the weight distribution at the correct gestational age were generated using smoothing models. Tables and graphs were created separately for males and females for the 3th, 5th, 10th, 10th, 50th, 90th, 95th, 97th percentiles.
Results: From the tables we present sensitive results of birth weight for SGA (10th percentile) at 37 weeks in singletons males females respectively were 2,410 g. and 2,320 g. In twins males and females were respectively 2,113 g and 2,050 and in triplets 2240 g males and females together.
Conclusion: The smoothed curves provided plausible means, standard deviation and percentile cut-offs for defining SGA births. The reference curves and tables should allow classification of groups of infants.

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FACTORES ASOCIADOS A LA EVOLUCIÓN DE LA MORTALIDAD PERINATAL. CATALUNYA, 1985-2000

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Antecedentes: La tasa de mortalidad perinatal y neonatal son indicadores de salud poblacional y de la atención sanitaria que reciben las mujeres durante el embarazo y el parto y los niños en sus primeros días de vida. En los últimos años (1995-2000) la tasa de fecundidad ha experimentado un incremento que la ha llevado a alcanzar los valores de 1986. Este cambio de tendencia no ha repercutido en las tasas de mortalidad perinatal y neonatal. El objetivo del estudio es analizar la importancia de diferentes factores en la mortalidad de la etapa perinatal.
Métodos: Los datos utilizados proceden de: los Boletines Estadísticos de Parto, Nacimiento y Aborto facilitados por el Institut d'Estadística de Catalunya y del Boletín Estadístico de Defunción del Registre de Mortalitat de Catalunya del Departament de Sanitat i Seguretat Social. Para el periodo 1985-2000 se estudia la influencia de factores biológicos (bajo peso, prematuridad al nacer, multiplicidad del parto, tipo de parto) y sociodemográficos (edad, estado civil y número de hijos de la madre) ajustando un modelo de regresión.
Resultados: La tasa de nacidos muertos y fallecidos entre las primeras 24 horas se ha reducido a la mitad en este período. En el año 1985, de cada 1.000 nacidos 7,46 morían en las 24 primeras horas de vida o nacían muertos, en cambio en el año 2000 esta cifra es de sólo 3,69. Este hecho puede explicarse por la influencia de diferentes factores: entre ellos las semanas de gestación, el 59,6% de los niños fallecidos son prematuros, mientras que sólo lo son el 4,8% de los que sobreviven; el 44,8% de las defunciones presentan bajo peso por el contrario sólo el 5,3% de los que viven pesan menos de 2.500gr al nacer; los partos múltiples representan el 8,8% de la mortalidad y sólo el 2,4% de los nacidos que sobrepasan las 24 horas; el 76,0% de los niños que sobreviven presentan partos normales y el 15,9% partos distócicos, en cambio en los nacidos muertos o muertos en las primeras horas de vida los partos normales representan el 38,7% frente al 24,4% de partos distócicos. La distribución de estos parámetros se ha modificado a lo largo de este período de tiempo.
Conclusiones: Los resultados ponen de manifiesto que la evolución de la mortalidad perinatal es coherente con la evolución experimentada por los factores considerados tradicionalmente asociados a este fenómeno.

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CARGA DE ENFERMEDAD EN LA POBLACIÓN ESPAÑOLA MENOR DE 15 AÑOS

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Antecedentes: Los Años de Vida Ajustados por Discapacidad (AVAD o DALY) son una medida sintética de la salud de las poblaciones que valora conjuntamente las consecuencias mortales y no mortales de las enfermedades y lesiones. Muestra mayor sensibilidad para detectar los cambios en salud producidos por las intervenciones sanitarias que los indicadores clásicos (mortalidad y esperanza de vida), sobre todo, en países de baja mortalidad como España. Es también potencialmente útil para definir prioridades en salud. El objetivo principal del estudio es analizar la importancia relativa de los diferentes problemas de salud en la población española menor de 15 años mediante los AVAD. Los objetivos específicos son: comparar nuestros resultados con las estimaciones internacionales (del Mundo, Euro-A, Euro-B y Euro-C) e identificar las principales causas de Carga de Enfermedad.
Métodos: Se trata de un estudio transversal para el año 1999. Se calcularon los AVAD y sus dos componentes, Años de Vida Perdidos (AVP) y Años Vividos con Discapacidad (AVD), para todas las causas de enfermedad, por grupos de edad y sexo. Se utilizó el sistema de clasificación de enfermedades del estudio de Carga Global de Enfermedad. Las fuentes de datos fueron la estadística de mortalidad por causas del INE y las estimaciones de incidencia, duración y discapacidad utilizadas por la OMS. El análisis de datos se realizó con el programa GesMor diseñado en el ISCIII.
Resultados: La tasa de AVAD fue de 46,57/1.000 habitantes, similar a Euro-A e inferior a la mundial, Euro-B y Euro-C. La mayor proporción de Carga de Enfermedad se produce en menores de un año. Por grupos básicos de enfermedades, la 1ª causa de AVAD la ocupan las Enfermedades No Transmisibles, la 2ª causa, las Enfermedades Transmisibles y Perinatales para los dos primeros grupos de edad, y los Accidentes y Lesiones para los de 5 a 14 años. No existen diferencias en los AVAD por sexo, excepto en Accidentes y Lesiones (mayor en hombres). En menores de 1 año, las anomalías congénitas y condiciones perinatales representan el 80% de los AVAD. En población de 1 a 4 años, el 70% de los AVAD se distribuye entre: anomalías congénitas, accidentes no intencionales, enfermedades infecciosas y parasitarias, enfermedades respiratorias y neuropsiquiátricas. En población de 5 a 14 años, el 70% de los AVAD se atribuye a enfermedades neuropsiquiátricas, respiratorias y accidentes no intencionales.
Conclusiones: Mediante los AVAD se ha establecido la importancia de las enfermedades que afectan a la población infantil y juvenil. La Carga de Enfermedad de la población infanto-juvenil española está por debajo de la europea y mundial. Al aumentar la edad la discapacidad adquiere mayor importancia que la mortalidad en la composición de los AVAD.

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LONG-TERM DEVELOPMENT OF GROWTH RETARDED NEONATES: HIGHER RISK OF IMPAIRMENT BUT NO BENEFIT FROM EARLY DETECTION

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Introduction: Intrauterine growth retardation (IUGR) is widely considered a risk factor for poor pregnancy outcome. In a previous study we found that elective caesarian section for IUGR did not improve immediate neonatal outcomes such as APGAR score, cord blood pH and need for neonatal intensive care. The long-term benefit of obstetric interventions in IUGR, however, has not yet been evaluated.
Methods: We compared the developmental status of former IUGR children with that of non-IUGR children born in 1990/1991 at the age of ten years. The original birth cohort comprised of 2378 live born singletons, delivered in a one year period at the Municipal Hospital in Wiesbaden, Germany. Our follow-up cohort comprised all former growth retarded neonates (n=183) and a random of sample non-retarded neonates (n=502). We traced the mothers or other primary caretakers (see our poster for details) and conducted telephone interviews. The questionnaire covered the areas of sensory development (vision, hearing), motor development, psychosocial development, speech and schooling based on standard instruments.
Results: Compared to former non-IUGR children, IUGR children have a significantly higher risk of strabismus (RR 2.31; CI 1.22-4.37), impaired motor development (RR 2.64; CI 1.73-4.03) and need for special schools (RR 5.56; CI 2.33-13.24). However, antenatal detection and subsequent intervention such as elective surgical delivery does not reduce these negative effects. The comparison of detected vs. undetected IUGR reveals that developmental deficiencies were similar in both groups. In the case of strabismus, detected IUGR children have an even higher risk of strabismus than undetected IUGR children (RR 2.60 CI 1.03-6.55).
Conclusions: The findings confirm the importance of IUGR as risk factor for impaired vision, motor development and intellectual development. Unfortunately, the current management of fetal monitoring and - often preterm - elective surgical delivery in case of suspected fetal compromise confers no demonstrable benefit.

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EFECTO DEL APOYO SOCIAL SOBRE EL ESTADO DE ÁNIMO EN DIFERENTES MOMENTOS DESPUÉS DEL PARTO

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Introducción: Las explicaciones biologicistas de los trastornos depresivos han sido mucho más frecuentes que los análisis desde la perspectiva de la atención sanitaria y psicosocial. La literatura acerca de la influencia de diferentes factores sobre la depresión en el postparto describe gran diversidad de resultados, entre los que se destaca el apoyo social con un papel amortiguador. En el presente trabajo se analiza el impacto que tiene tanto el apoyo social como otros factores psicosociales sobre el estado de ánimo después del parto.
Métodos: Estudio de seguimiento prospectivo con 459 madres de la Costa del Sol y Axarquía malagueña en tres momentos diferentes (al alta, al mes y tercer mes postparto). Se emplean cuestionarios estructurados administrados mediante entrevista personal. Para el análisis de datos se utiliza un modelo de regresión logística multivariante y el procedimiento de selección de variables fue hacia atrás. Algunas son analizadas en las tres fases: sociodemográficas (edad, paridad, nivel educativo, estado civil), apoyo social (percepción global, apoyo formal e informal), salud percibida de la madre y el recién nacido, lactancia materna y tiempo de descanso. Otros factores se analizan específicamente al alta (tipo de alta hospitalaria postparto) y al mes y tercer mes (apoyo emocional y confidencial, ayuda instrumental de la red informal, reparto del tiempo de la madre, sobrecarga percibida y antecedentes de depresión en las fases anteriores).
Resultados: Diferentes variables de apoyo social disminuyen significativamente el riesgo de depresión en los tres momentos de estudio. Al alta, el riesgo es 2,6 veces mayor entre las madres que informan no haber recibido todo el apoyo necesitado durante el embarazo frente a las que percibieron todo el necesitado (IC 95%: 1,2 - 5,6). Al mes, el apoyo en el embarazo disminuye 0,098 veces el riesgo de depresión (IC 95%: 0,011 - 0,085), así como una mayor ayuda de la red informal en las tareas domésticas (escala de 9 a 36) disminuye 0,035 veces tal riesgo (IC: 0,001 - 0,88). Al tercer mes, protegen de la depresión tanto el apoyo emocional y confidencial (Escala de Duke: 11 - 55) (OR: 0,82; IC 95%: 0,75 - 0,90), como el tiempo de dedicación de la pareja a los cuidados del recién nacido (OR: 0,078, IC 95%: 0,009 - 0,68). Otras variables resultan relacionadas con la depresión en cada período, y entre ellas, la depresión en fases anteriores (al alta y al mes) aumenta el riesgo de tal trastorno en fases posteriores (al mes y tercer mes respectivamente).
Conclusiones: La provisión de apoyo social en el embarazo y postparto, sobre todo emocional e instrumental, se pueden apuntar como posibles estrategias para la prevención y afrontamiento de los síntomas depresivos después del nacimiento de un hijo/a.

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TRENDS IN PERINATAL HEALTH INDICATORS IN PORTUGAL: 1980-2000

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Introduction: Perinatal, infant and maternal rates and ratios, derived from civil registers of births and deaths, are commonly used to provide information on population health status. Trends in these indicators are sensitive to strategic health planning, social and economical conditions, and make part of a more general surveillance system for population health. We evaluate the evolution of infant and perinatal mortality in Portugal, during the last two decades, and also estimated trends in multiple indicators that can be regarded as determinants of those rates.
Methods: Health indicators were obtained as part of Portuguese vital statistics data, published every year by the Portuguese Statistics Institute. Indicators were defined according to the World Health Organization.
Results: During the study period, from 1980 to 2000, the proportion of hospital deliveries increased from 73.8% to 99.5%, caesarean births from 10 to 30%, births to women 30 years or older increased from 25.6% to 39.8% and adolescent births decreased from 11.4% to 6.2%. The proportion of low birth weight increased from 4.0% to 5.9% in single births and from 45.2% to 61.1% in multiple births. Infant mortality decreased from 24.3 per 1000 live births to 5.5 per 1000, with early neonatal mortality decreasing from 12.3 to 2.5 during the same period. Perinatal mortality decreased from 24.4 per 1000 to 7.9, decreasing from 759 to 315 per 1000 for less then 1500 g births and from 10.4 to 2.2 in normal birth weight babies. However, the rate of decline was different across geographical regions, and it is not possible to estimate birth weight related infant mortality because record linkage remains impossible in Portugal
Conclusion: During the last two decades, Portugal presented a clear improvement in perinatal health indicators. The expected increase in the prevalence of births in higher risk groups, the need to obtain reliable information about extreme cases, and the small number of perinatal deaths across the country, emphasise the need for a better information system based on the active surveillance of deaths.

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USO DE TRATAMIENTO HORMONAL SUSTITUTORIO (THS) EN MUJERES DE CINCO REGIONES DE ESPAÑA. COHORTE EPIC

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Antecedentes y objetivos: La terapia hormonal sustitutoria (THS) como tratamiento para sintomatología menopáusica sigue siendo contradictoria. Sin embargo, su uso ha sido y es todavía muy extendido. Aunque se conocen datos a nivel de Europa son pocos los datos que comparen su uso entre mujeres de distintas regiones en España. El objetivo del presente estudio es comparar patrones de uso de terapia hormonal sustitutoria en mujeres de cinco regiones del Norte y Sur de España participantes en el estudio EPIC.
Población y método: Se realiza un estudio transversal entre las 25.443 mujeres que fueron contactadas y entrevistadas en el seguimiento de la cohorte EPIC. Edad entre los 40 y los 70 años. Durante los años 1996-1999 se realizó el seguimiento telefónico de la cohorte EPIC. Para ello se diseño y administró un cuestionario a toda la cohorte, en el que entre otras se recogía información de la historia reproductiva y específicamente incluía preguntas sobre el uso de tratamiento hormonal sustitutorio.
Resultados: Del total de la cohorte un 8,1% realizaba terapia hormonal sustitutoria (THS) en el periodo en el que se realizaba a entrevista. Se observan diferencias en la prevalencia de uso de tratamiento hormonal sustitutorio entre las distintas regiones del EPIC en España. Así Gipuzkoa tiene el porcentaje más alto de uso con un 10,8% y Granada el más bajo con un 4,9%. En todos las regiones el porcentaje de mayor uso se observa entre las mujeres de 50 a 54 años de edad. Entre las distintas vías de administración de THS también se observan diferencias entre regiones. Utilizan la vía oral un 77.0% de las mujeres en Gipuzkoa y un 57.8% en Granada. La vía intramuscular es utilizada por un 22.0% y un 17.6% en Granada y Murcia y solo un 5.6% y 6.6% en Asturias y Gipuzkoa. Los parches son utilizados en un 66% por las mujeres del Asturias y Gipuzkoa y un 46% en Granada. El tiempo de tratamiento y las histerectomías también varía de unas regiones a otras.
Conclusiones: El uso de THS en las mujeres del EPIC en España es inferior a la prevalencia de uso en países del Norte de Europa. Se observan diferencias tanto en la prevalencia de uso como en las vías de administración entre las regiones del Norte y del Sur, aunque la edad de tratamiento sea semejante. Los resultados ponen en evidencia diferencias en las prácticas médicas.