Consumption of Packed Soups and Non Hodgkin Lymphoma: Multinational Analysis

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Background: According to the American Cancer Society, the Non Hodgkin lymphoma (NHL) is one of the most common cancers in the United States of America (EU), representing 4% of all the cases diagnosed of cancer. The objective of this study is to determine if the number of tons of packed soups consumed in every country has relation with the rate of incidence of NHL.

Methods: We use a methodological ecological design. We obtained the rate of incident fitted by age for country of the data base GlوبLocan of 2012 and the data base of food consumed by country of Euromonitor. The countries included for the analysis are the ones that were found on both data bases. It was analyzed by means, linear regression, coefficient of correlation, ANOVA and graphical representation.

Results: In total 68 countries fulfilled the criteria of incorporation. We find a coefficient of correlation of 0.30, in the analysis of variance we find a critical value of F of 7.00 (p <0.01). The country with the major consumption of packed soup was EUA with 1.7 million tons, whereas the country with NHL's with the most incidence was Denmark with rate fitted by age of 9.8 cases by every 100,000 inhabitants.

Conclusions: The results suggest that a relation can exist between NHL and the consumption of packed soup. What draws attention are bigger rates of incidence in developed countries than in the developing countries. Nevertheless a limitation of the methodological used design is that it is not possible to determine to individual level the relation between these 2 factors, there will be needed other methodological designs more specific to the above mentioned measurement, as cases and controls or cohorts design.

Comparison of Health Related Quality of Life Between Two Groups of Veteran and Non-Veteran Spinal Cord Injured Patients

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Background: Patients with spinal cord injury (SCI) have a lower health related quality of life (HRQoL) in comparison with both healthy controls and the normal population. The mean age, time since injury, and presence of comorbid illnesses were not significantly different between veterans and non-veterans. A greater number of veterans were formal education than non-veterans (P=0.001). The mean (SD) bodily pain sub-scale was 72.73(31.253) for non-veterans and 49.7(28.287) for veterans (P=0.01). Absence of comorbid illnesses was associated with a better physical component summary (P=0.001). Employment was associated with a better mental component summary (P=0.022).

Conclusions: We did not find any difference in HRQoL between the two groups except for the bodily pain sub-scale. Further studies with larger sample-sizes are recommended.

The Association of Early-Stage Chronic Kidney Disease with Health-Related Quality of Life in Korean Adults: The Korea National Health and Nutrition Examination Survey (KNHANES) 2012

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Background: There were a few articles that health-related quality of life (HRQoL) was lower in advanced chronic kidney disease (CKD) and end-stage renal disease. The aim of this study was to figure out the association between HRQoL and the indicators of CKD including increased albuminuria in a representative sample of Korean adults.

Methods: Using data of KNHANES 2012, we analyzed the relationship between CKD and HRQoL determined by the EuroQol 5 Dimensions (EQ-5D-3 levels) in adults (age = 19). CKD was defined as: low estimated glomerular filtration rate (eGFR < 60 mL/min/1.73 m²); elevated urinary albumin to creatinine ratio (ACR > 30 mg/g); or either CKD indicator. The individual weighted samples were used and complex sampling design of the survey was considered to obtain the variances. General linear analyses were used to compare the mean EQ-5D index and EQ-visual analogue scale (VAS) score in non-CKD and CKD. Logistic regression analyses were applied to examine the relationships between the lowest quartile of EQ-5D index with CKD and its indicators (GFR, ACR). Multivariate odds ratios were calculated after adjusting for demographic factors (age group, gender, BMI), socioeconomic factors (marital status, income, occupation, education, residence), health related behaviors (smoking, physical activity) and comorbidities (hypertension, diabetes, stroke, ischemic heart disease, depression).

Results: Total 4980 samples were enrolled, and the prevalence of CKD was 8.4%. The mean EQ-5D index and EQ-VAS was lower in CKD (EQ-5D 0.90±0.008, EQ-5D VAS 69.49±4.04) than non-CKD (EQ-5D 0.95±0.002, EQ-5D VAS 74.77±3.35), (P=0.0001). The results are presented in tabular form.

Conclusions: Early-stage CKD was associated with lower HRQoL. However, the low eGFR was stronger indicator of HRQoL than albuminuria.
High Influenza Vaccine Coverage Among Residents of a Single Nursing Home

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Background: Influenza is a serious clinical and epidemiological problem. The diseases is transmitted by droplet or contact way, outbreaks of the diseases were reported among patients of nursing homes. Vaccination is the most effective preventive activity. The aim of the study was to describe the influenza vaccine coverage among patients of a chosen nursing home in Pruszków (Poland).

Methods: The analysis of medical documentation of 86-94 residents aged 4-70 years was conducted. The analyzed period was 2008-2012. Age distribution of residents was: younger than 18 years – 11%, aged 19-30 - 13%, aged 31-50 – 25%, older than 50 years – 51%. Most residents (45%) were diagnosed as severe retarded, 11% - mild retarded, 19% - moderate retarded, 25% - very severe retarded.

Results: Every year 100% of residents were vaccinated against influenza. The vaccine was well tolerated – no side effects were reported.

Conclusions: The influenza vaccine coverage rate in this particular nursing home was ideally high and should be followed by other nursing homes in Poland.

Prevalence and Associating Factors with Atypical Femoral Fractures: An Asian Single Center Based Case-Control Study

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Background: Current evidence suggests that there is an association between bisphosphonate use and atypical femoral fractures (AFFs). However, the extent of this risk remains unclear, especially in Asian population. In this study, we aimed to estimate the proportion of AFFs among total patients with femoral fractures and to compare the characteristics of patients with AFFs with that of patients with classic femoral fractures (CFFs).

Methods: A total of 578 female patients with low-energy femoral fractures who had been hospitalized at an Asian single university hospital were retrospectively enrolled. Patients were classified into two groups according to the site of fracture: AFF group for patients with subtrochanteric or diaphyseal femoral fractures and CFF group for patients with intertrochateric or neck fractures. We assessed the association of bisphosphonate use and AFFs with using multivariate logistic regression analysis.

Results: Twenty-seven patients (4.7%) with AFFs and 551 patients (95.3%) with CFFs were identified. Of the patients with AFFs, 11 (40.7%) had been treated with bisphosphonates compared with 40 (7.3%) in the CFF group. With adjusting the age, body mass index, types of injury (slip or fall), and history of rheumatoid arthritis, bisphosphonate was the only predictor for atypical fractures (OR 9.8, CI 3.7-26.4). Among the patients with using bisphosphonate when they fractured (n=44), the proportion of AFFs was nearly 21% (n=9). The proportions of AFFs among femoral fractures were increased according to the duration of bisphosphonate; 15.4% (n=6) in patients with <5 years and 60% (n=3) in patients >5 years, respectively.

Conclusions: The proportion of AFFs was around 5% among the patients with femoral fractures and AFF were associated with bisphosphonate use in Asian ethnicity. Longer duration of treatment resulted in augmented risk, though any period in bisphosphonate use could cause atypical femur fracture.