

Poster : Liste der Titel in alphabetischer Reihenfolge der Erstautor/innen
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(P1)

Focus groupe et santé publique

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Objectif

Essai de remplace l'évaluation classique de l'impact sur sa population cible d'un outil d'information par une évaluation préalable (de ses caractéristiques principales).

Contexte

La Commission Santé (11 membres) de l'Université du 3ème âge de Genève (2400 membres) a préparé, destiné aux aînés du canton (> 55 ans), un répertoire de l'offre des activités physiques de loisir, dans le but de lutter contre la sédentarité observée en Suisse et ailleurs, dans cette tranche d'âge en particulier. Le répertoire est complété de conseils sur la mobilité et de suggestions d'exercices appropriés.

Méthodes

Dans l'impossibilité logistique d'interroger des échantillons représentatifs de ses utilisateurs potentiels (les > 55 ans de la population du canton de Genève), après la publication de l'ouvrage, les auteurs on recouru, en phase finale de sa préparation à la méthode des «Focus group», dont les indications sont bien connues.

Vingt-cinq personnes de cette classes d'âge, répartis en 4 groupes (échantillon diversifié en fonction du sexe, de l'âge et de la CSP) ont participé à 4 séances de 90 à 100 minutes conduites par une sociologue formée à cette effet, un enregistrement complet des opinions exprimées, a permis une analyse approfondie des thèmes abordés.

Résultats

La recherche de consensus par cette méthode a permis : a) d'évaluer le bien-fondé et le besoin de cet instrument, b) d'ajuster son contenu, sa présentation (format, lisibilité, graphisme, etc.) et le mode de distribution proposé par les auteurs. Cet ajustement optimisé s'est trouvé cependant limité par des contraintes budgétaires.

Conclusion

La méthode des «Focus groups» présente des limites (recruter les participants, assurer un temps de paroles équivalent à chaque participant), mais aussi de nombreux avantages (rapidité de l'évaluation, mise en perspective de points de vue contrastés lors des discussions, etc.). A notre sens, le recours à cette méthode mériterait d'être développé dans la recherche en santé publique.

(P2)

Diagnostic de l'usage de drogues de synthèse et de cocaïne en milieu festif dans le canton de Vaud

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L'objectif de cette étude, qui s'inscrit dans le cadre de l'évaluation du dispositif vaudois en matière de toxicomanie, est de faire un état des lieux concernant la consommation et les problèmes liés aux drogues de synthèse et à la cocaïne en milieu festif et de proposer quelques recommandations utiles à la mise en place d'interventions de santé publique.

Une approche inspirée de la Rapid Assessment and Response Method (RAR), développée pour élaborer des diagnostics communautaires de manière rapide et avec des moyens limités, a été utilisée. Cinq questions principales ont été investiguées : la prévalence de la consommation, les milieux de diffusion, les modes de consommation, ainsi que les conséquences et interventions existantes. Les informations utilisées comprennent les données épidémiologiques disponibles, complétées par des entretiens auprès d'informateurs clés issus des domaines de la santé, des services sociaux, de la police ou encore du monde des loisirs.

L'étude met en évidence que les substances sont apparemment largement accessibles, que leur consommation concerne essentiellement certains milieux et qu'elles sont consommées le plus souvent de façon occasionnelle, sous forme de mélanges, en fin de semaine. Différentes conséquences délétères pour la santé sont relevées dans la littérature, mais rarement identifiées ou observées par les praticiens de première ligne. Quant aux interventions, elles sont encore relativement rares et ne font pas l'objet de stratégies des pouvoirs publics.

En conclusion, les auteurs suggèrent de développer une approche intégrée de réduction des risques en milieu festif, ainsi que de favoriser le dépistage précoce des jeunes qui s'engagent dans un abus de substance ou dans la dépendance.

(P3)

Biomedical risk assessment as an aid to smoking cessation: A systematic review.

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Background

A possible strategy for increasing smoking quit rates could be to provide smokers with feedback on the biomedical or potential future effects of smoking, i.e. measurement of exhaled carbon monoxide (CO), lung function, or genetic susceptibility to lung cancer. We reviewed systematically data on smoking cessation rates from controlled trials that used biomedical risk assessment and feedback.

Methods

We systematically searched Medline (1966 to 2004), Embase (1997 to 2004) and the Cochrane Collaboration Tobacco Addiction Register. Methodological terms were combined with terms related to smoking cessation counseling and biomedical measurements. All retrieved references were considered for inclusion by 2 independent readers. Inclusion criteria were: a randomised controlled trial design; subjects participating in smoking cessation programs; interventions based on a biomedical test to increase motivation to quit; control groups receiving all other components of intervention; outcome being smoking cessation rate at least 6 months after the start of the intervention. Data extraction was conducted independently by two assessors, and results were standardized as odds ratios (OR) with 95% confidence intervals (95%CI), an OR>1 favouring the intervention group.

Results

Among 4118 references, 170 were selected for full text assessment. Nine trials were finally retained for data extraction and analysis. Three of them isolated the effect of exhaled CO measurement on smoking cessation rate : OR ranged from 0.73 (95%CI 0.38-1.39) to 1.18 (95%CI 0.84-1.64). Spirometry results were used in one other trial with an OR of 1.21 (95%CI 0.60-2.42). Exhaled CO measurement and spirometry were used together in three trials : OR ranged from 0.6 (95%CI 0.25-1.46) to 3.50 (95%CI 0.88-13.92). Three trials used other motivational feedback techniques with an OR of 0.80 (95%CI 0.39-1.65) for genetic susceptibility to lung cancer, 3.15 (95%CI 1.07-9.34) for ultrasonography of carotid and femoral arteries performed in light smokers (12 cig/d), and 0.15 (95%CI 0.01-2.89) for the demonstration of smokers' child exposure to environmental tobacco smoke by measuring child's urinary cotinine level.

Conclusion

This systematic review showed no evidence of effectiveness of biomedical risk assessment as an aid to smoking cessation. Due to heterogeneity between studies regarding recruitment, setting and intervention, we did not pool the data.

(P4)

Decrease in blood triglycerides associated with the consumption of eggs of hens fed with food supplemented with fish oil

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Background

It is established that n-3 polyunsaturated fatty acids (n-3 PUFA) convey several health benefits, including a reduction of serum concentration of triglycerides.

Objective

To examine changes in blood lipids in healthy volunteers after consumption of n-3 PUFA enriched eggs. These eggs were obtained by feeding hens with food supplemented with fish oil. The study took place in the Seychelles (Indian Ocean).

Design

Double-blind crossover trial with two groups of healthy volunteers. One group consumed one normal egg each workday during 3 weeks (i.e. 5 eggs per week) and one n-3 PUFA enriched egg each workday during the second 3-week period. The other group received eggs in the inverse sequence. Hens, food was supplemented at 5% with tuna oil. Enriched eggs had content in n-3 PUFA per egg nine times higher than usual eggs (mainly docosahexaenoic acid).

Results

Twenty-five healthy volunteers participated in the study. Comparing pooled results at 3 and 6 weeks, serum triglycerides concentration was 15.2% ($P < 0.05$) lower with n-3 PUFA enriched eggs than normal eggs with no significant difference in LDL-cholesterol and HDL-cholesterol. Serum LDL cholesterol increased during the first 3-week period and decreased during the second 3-week period with both n-3 PUFA enriched eggs and normal eggs. Participants did not report a systematic preference for either type of eggs.

Conclusion

The decrease in serum triglycerides with a moderate consumption of eggs enriched with fish oil suggests that these eggs could be a palatably acceptable source of these essential nutrients.

(P5)

Construire les rapports entre sciences humaines et santé publique – l'exemple d'un programme d'enseignement

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Comme sociologues, nous intervenons depuis 10 ans au Diplôme de santé publique de l'université de Genève. A travers cet enseignement se trouve constamment reposée la question du rapport entre sciences sociales et santé publique.

Ce rapport est-il limité à un apport méthodologique ? Les sciences sociales sont alors invitées à apporter leurs méthodes et leurs outils pour contribuer au traitement de questions définies dans le champ de la santé publique. Leur contribution est vue comme un apport pratique s'inscrivant dans une discipline qui a ses propres logiques et son propre cadre conceptuel.

Ou bien une place plus large est-elle faite aux sciences humaines, auxquelles il est demandé de contribuer à la construction même des problèmes de santé publique en les replaçant dans leur contexte social et en travaillant, d'une manière plus réflexive, sur le sens des actions envisagées et sur leur inscription dans une politique de santé au service de la communauté ? Le développement d'une telle perspective suppose un travail en commun, pluridisciplinaire, et une co-construction des approches mises en œuvre.

On illustrera cette seconde perspective à partir des expériences d'enseignement menées dans le cadre du Diplôme de santé publique de l'Université de Genève.

(P6)

Needs assessment for the substitution treatments in Ticino

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Background

All the substitution treatments in Ticino are prescribed by family doctors. A tripartite contract is firm with the patient and a pharmacist. Collaborations with other social, educational, or psychiatric services have so far relied on a punctual and informal basis. It has been decided to formalize these collaborations and to introduce the concept of level of care recommended by the National Substitution Conference (NaSuKo 2001). As a first step, a study was carried out to estimate the current needs.

Study objectives

The primary objective of the study was to make a radiography of the population of patients using a simple evaluation tool, estimate both the current distribution of levels of care and the desirable one. The secondary objective was to link the profiles of the patients with the desirable levels of care.

Methods

A survey was made among all the MDs who prescribed substitution treatments in Ticino (N=119). A one-page questionnaire was to be compiled for every patient in treatment in September 2004 (N=783), including the Rapid Addiction Profile (five items), the current situation (one item), and the desirable level of care (one item).

Results

The response rate was 94.7%. The current level of care offered did not correspond to the desirable one for about half of the patients. Patients are in majority followed only by their MD (66.1%), 19.8% in good collaboration with other services, and 14.1% in collaboration considered to be unsatisfactory. The desirable levels of care were distributed as the following: MD only (46.4%), MD with collaboration with other services (42.9%), and specialized centre (10.7%).

Conclusion

The results suggest a significant inadequacy between the current organization of the caregivers on the territory and the desirable needs according to the MDs.

(P7)

The effect of Cyclin D1 (CCND1) G870A-Polymorphism on Breast Cancer Risk is modified by oxidative stress among Chinese Women in Singapore

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Cyclin D1 (CCND1), an intracellular cell cycle regulatory protein with checkpoint function, can promote cell proliferation or induce growth arrest and apoptosis depending on the cellular context. We hypothesized that the direction of the association between the (CCND1) G870A-polymorphism and breast cancer risk is modified by dietary and genetic factors influencing the oxidant-antioxidant balance such as a dietary pattern with a high intake of n₆ fatty acids and a low intake of n₃ fatty acids or a deficiency in glutathione S-transferase enzymes.

We investigated their modifying effects on the CCND1 genotype / breast cancer association in a case-control study nested into the Singapore Chinese Health Study Cohort, a study on diet and cancer in 63,000 Chinese men and women. Genomic DNA collected from 258 incident breast cancer cases and 670 female cohort controls was examined for CCND1, GSTM1, GSTT1 and GSTP1 genes using fluorogenic 5'-nuclease assay. Unconditional logistic regression models were used to assess the effects. All statistical tests were 2-sided.

The heterozygous CCND1 GA genotype significantly reduced the breast cancer risk in all subjects (OR=0.67, 95%CI 0.45-0.99) when compared with the GG genotype. This was restricted to women with a high intake level of n₆ fatty acids (OR= 0.51, 95%CI 0.30-0.87), a low intake level of the antagonistic marine n₃ fatty acids (OR= 0.54, 95%CI 0.32-0.93), or a deficiency in the antioxidative GSTM1 (OR= 0.44; 95%CI 0.25-0.80) or GSTT1 enzymes (OR= 0.46; 95%CI 0.24-0.87).

The effects were consistently stronger in cases with advanced disease. The AA genotype did not affect breast cancer risk. The results of this study are compatible with the hypothesis that the oxidant-antioxidant balance in cells is an important determinant for the direction of the cyclin D1 effect on cell proliferation or death, and therefore, for the direction of the CCND1 genotype / breast cancer association.

(P8)

Association between maternal smoking and low birth weight in Switzerland: the EDEN study

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Background

To examine the association between maternal smoking during pregnancy and low birth weight (LBW), small for gestational age birth weight (SGA) and preterm birth, and to quantify the population attributable fractions for these outcomes.

Methods

Data were gathered for all births in the canton of Vaud (Switzerland) over a twelve-month period in 1993-1994. LBW was defined as a birth weight <2500 g, SGA as a birth weight <10th percentile for gestational age, and preterm birth as a birth occurring at a gestational age <37 weeks. Maternal smoking before and during pregnancy was recorded.

Results

Of a total of 6'284 singleton births, 303 (4.8%) were LBW, 731 (11.7%) SGA and 364 (5.8%) preterm. 19.1% of the mothers reported smoking during their pregnancy ("smokers"). Mean birth weight was lower by 197 g (95% confidence interval: 179-215) in babies of smokers than non-smokers. Comparing smokers to non-smokers, the odds ratios were 2.7 (2.0-3.8) for LBW, 2.1 (1.7-2.5) for SGA and 1.4 (1.1-1.9) for preterm birth, independently of maternal age, parity, occupation of the parents, and sex and nationality of the neonates. Past smoking was not associated with the outcomes. Maternal smoking during pregnancy was accountable for 25.0% (16.2%-34.4%) of all LBW babies in the population, 17.2% (12.3%-22.4%) of SGA and 7.6% (1.8%-14.2%) of preterm births.

Conclusion

Maternal smoking during pregnancy is strongly associated with LBW, SGA and preterm birth. Up to 20% of these perinatal outcomes could be prevented in Switzerland if maternal smoking was avoided.

(P9)

Smoking and obesity: analysis according to number of cigarettes daily smoked

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Background

To analyse the frequency of obesity according to smoking status, taking into account potential confounding factors, e.g. diet, physical activity and educational level.

Method

Data from the population-based Swiss Health Survey 2002 were used. Analyses were performed on 18'005 subjects aged ≥ 25 years [8'052 M, 9'953 F]. Cigarette smoking was categorised as light (1-9 cig/day), moderate (10-19 cig/day) or heavy (≥ 20 cig/day). Subjects were defined as ex-smokers if they had smoked regularly for ≥ 6 months and did not smoke anymore. Body-mass index (BMI) was calculated as (self-reported) weight/(height)². Obesity was defined as a BMI ≥ 30 kg/m². Low physical activity was defined as no vigorous physical activity during leisure time; low fruit/vegetable intake as no daily intake. Educational level was based on the highest degree completed.

Results

9.4% of men and 8.2% of women were obese. Obesity was more frequent with increasing age, low physical activity, low fruit/vegetable intake and low educational level. 7.8% of non-smokers were obese compared to 11.4% of ex-smokers and 8.2% of smokers. Among smokers, the frequency increased with the number of cigarettes smoked, especially in men. In males, compared to non-smokers, the odds ratio (OR) for obesity (adjusted for age, nationality, educational level, leisure time physical activity, fruit/vegetable intake) were 1.6 (95%CI: 1.3-2.0) for ex-smokers, 0.5 (0.3-0.9) for light smokers, 0.8 (0.5-1.2) for moderate smokers and 1.4 (1.0-1.8) for heavy-smokers. In females, the OR were 1.4 (1.1-1.7), 0.8 (0.6-1.1), 0.8 (0.6-1.1), and 1.1 (0.8-1.4) respectively.

Conclusion

Among smokers, especially in men, obesity was associated positively with the number of cigarettes daily smoked, independently of potential confounding factors. Ex-smokers were more frequently obese.

(P10)

Carte santé au Tessin: observation et premières considérations relatives à la phase expérimentale

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Background

Depuis le 8 novembre 2004, dans la zone urbaine de Lugano se déroule le seul projet pilote de Carte santé sur le territoire suisse. Il s'agit d'une première phase expérimentale visant la création des conditions culturelles favorables à l'introduction généralisée des instruments de e-Health au Tessin. A ce propos il a été mis en place un dispositif d'observation et analyse des données récoltées auprès des participants.

Description

Le dispositif d'observation et analyse pose sur la récolte structurée des informations relatives aux suivantes dimensions d'analyse: clinique, santé publique, organisationnelle, professionnelle, économique, éthique, juridique et matérielle.

Les informations ainsi récoltées ont permis la définition de plusieurs actions qui s'adressent à différents publics cibles. Ces actions seront discutées dans le cadre de la présentation orale.

Recommandations

Il est très important d'adopter les logiques de soutien du changement et de marketing social dans le cadre d'interventions de santé publique.

(P11)

Swiss School of Public Health - SSPH+

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Swiss School of Public Health - SSPH+

Background

In the past decades many developments have occurred in the Swiss Public Health area. After professorships of Social and Preventive Medicine were first introduced at the Swiss universities in the 1960s, the following two decades showed a trend towards a comprehensive Public Health approach. Multidisciplinary contacts were increasingly maintained beyond the narrower field of Social and Preventive Medicine, in particular with the Social Sciences (Health Psychology, Medical Sociology), as well as Health Economics, and other fields of study. In 1990, the first postgraduate training programmes in Public Health began in Switzerland. During 2002-2004 the Network of Public Health and the Network of Health Economics were financed by the Swiss University Conference (CUS) with the aim of strengthening the position of Public Health as a research and training area.

Description

The networks developed the concept for a Swiss School of Public Health (SSPH+) which will be founded in 2005. Financially, it will be supported by the CUS during 2005 - 2007. The vision is to develop an organisation that will serve as a model for a successful national collaboration in Public Health and related areas in research as well as in scientific and professional training.

The goals of the SSPH+ include

- promoting and developing highest quality of postgraduate training for Public Health scientists, practitioners and leaders
 - creating and developing a platform to support discussions, reflection and the diffusion of knowledge
 - promoting a stimulating academic environment
 - establishing new and strengthening existing collaborative partnerships
 - positioning the SSPH+ as a resource to organisations that work on health issues
 - organising events that promote the development of a Public Health culture in Switzerland
- Currently, the signing of the foundation contract with the six universities (Basel, Bern, Geneva, Lausanne, Lugano and Zurich) is being prepared and the leader of the school is being elected

Lessons learned

It is too early to describe any lessons learned. We propose presenting an informative poster on the current status of the development of the SSPH+.

(P12)

Effect of fructose supplementation and fish oil administration on de novo lipogenesis and insulin sensitivity in healthy males

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Background

Epidemiological studies show associations between the consumption of drinks high in fructose and both obesity and insulin resistance (IR). High fructose diets (HFr) stimulate hepatic de novo lipogenesis (DNL), and cause hypertriglyceridemia and IR in animals. Fructose-induced IR may be secondary to alterations of lipid metabolism. In contrast, fish oil supplementation (FO) decreases triglycerides (TG) and by improving lipid profile may improve IR. Therefore, we studied the effect of HFr and FO on DNL and VLDL-TG and their impact on IR.

Methods

Seven normal men were studied on four occasions: after FO for 28 days (7.2 g/day), a six-day HFr (25% calories), FO plus HFr and control conditions. Following each condition, basal fractional DNL and endogenous glucose production (EGP) were evaluated using 1-13C sodium acetate and 6,6 2H2 glucose, and a two-step hyperinsulinemic euglycemic clamp was performed to assess insulin sensitivity.

Results

HFr significantly increased fasting glycemia (7%), TG (81%), fractional DNL (490%) and EGP (14%, all $p < 0.05$) and impaired suppression of adipose tissue lipolysis and EGP ($p < 0.05$) but had no effect on whole body insulin-mediated glucose disposal. FO significantly decreased TG (37%, $p < 0.05$) after HFr compared to HFr without FO and tended to reduce DNL (by 21%, ns) but had no other significant effect.

Conclusions

HFr-induced hepatic and adipose tissue IR were not reversed by FO, despite its hypolipidemic effect.

(P13)

Environmental tobacco smoke and heart rate variability: results from the SAPALDIA 2 study

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Background

Exposure to environmental tobacco smoke (ETS) has been shown to increase the risk for cardiovascular diseases and death. Reduced heart rate variability (HRV) might be an early marker for heart dysfunction. This study tests the hypothesis that ETS exposure reduces HRV in the general population.

Methods

From 2001 to 2003 ambulatory electrocardiograms have been recorded in randomly selected participants of the SAPALDIA study cohort aged 50 and over. Blood pressure, body height and weight and endexpiratory carbon monoxide were measured. Trained fieldworkers led an extensive interview in which detailed information about cardiovascular risk factors, lifestyle and environmental exposure (including ETS) was obtained.

This analysis included 1229 persons who did not smoke in the previous 5 years with continuous 24-hour ECG recordings, 85% of them were not exposed to ETS at home or work, 9% were exposed 2 hours or less per day, and 7% were exposed over 2 hours per day at home or work in SAPALDIA 2.

Results

We found a statistically significant decrease of 17% in total power, 18% in the low frequency range, 16% in the low/high frequency ratio, 13% in the very low frequency range and 19% in the ultra low frequency range in subjects exposed to ETS at home or at work for more than 2h/day as opposed to subjects who were not exposed to ETS at home or work.

Conclusions

Exposure to environmental tobacco smoke at home or work is associated with a reduction in heart rate variability due to a modified balance of the autonomic nervous system. These results suggest that exposure to passive smoking is a public health hazard not only in regard to respiratory but also to cardiac function.

(P14)

L'épidémiologie sociale mise en pratique: apport et limites des analyses multiniveaux

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L'avènement de théories et d'hypothèses nouvelles relatives aux causes fondamentales de la maladie s'est accompagné d'un développement et d'un accès accru à des méthodes statistiques auparavant réservées à une poignée de spécialistes. Les analyses multiniveaux permettent ainsi de vérifier empiriquement de nombreuses hypothèses liées aux aspects sociaux de la santé. Dans ce domaine, théorie et méthode peinent cependant encore à former une complémentarité, qui renforcerait pourtant leur rôle respectif dans la recherche et l'intervention en santé publique.

Cette présentation a pour but d'exposer la pratique des analyses multiniveaux dans le domaine des inégalités sociales de santé, en particulier en ce qui concerne les effets de composition et de contexte, de même que les effets d'interaction entre caractéristiques individuelles et contextuelles. On présentera à cet égard un cadre conceptuel à l'intérieur duquel ces trois effets peuvent être articulés. Parmi les inconvénients des analyses multiniveaux, on présentera la problématique de la validité interne de recherches employant de telles méthodes. On exposera en particulier les dangers inhérents à l'usage de données transversales et d'analyses secondaires. Sur le plan de la validité externe, la question de la générabilité des résultats issus d'analyses multiniveaux sera examinée, en particulier en ce qui a trait au rôle de variables qualifiant la défavorisation matérielle ou sociale.

En guise de conclusion, des résultats de recherche seront brièvement présentés et commentés à la lumière des notions théoriques précédemment expliquées.

(P15)

Colon cancer screening in the Swiss population in 2005: Results from a representative Survey

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Aim

Within the activities for a Swiss Cancer Control Program, we conducted a general population telephone survey in 40 to 79 year old Swiss residents to describe the knowledge about and use of colon cancer screening options.

Methods

We adapted questions from the US Behavioural Risk Factor Surveys on colon cancer screening use to the Swiss situation. The survey was conducted in January and February 2005 by random digit telephone interviewing. The target sample size was 2000 with 1'000 in the German speaking part of Switzerland (700 French, 300 Italian). Observations were accordingly weighted to obtain representative prevalence estimates for Switzerland.

Results

By February 26, 2005, the survey was 80% completed and available for preliminary analyses. Of the 1581 respondents, 59.6% (95% confidence interval (CI): 56.9 - 62.2) had heard or read about the existence of colon cancer screening procedures, with an increasing prevalence with increasing age and lower prevalence in those who had only the mandatory basic health insurance coverage. Of the informed, 48.3% had received information from the media, 19.4% from a physician, and 18.0 from colleagues or family. Informed respondents knew about endoscopic procedures in 53.8% and fecal occult blood testing (FOBT) in 30.6%. Overall, 28.5% (95% CI: 26.1 - 31.0) reported to have had FOBT (52.1% for the examination of symptoms), and 22.9% (95% CI: 20.7 -25.2) an endoscopic procedure (67.8% for the examination of symptoms). Use was higher in higher age groups and lower in persons with basic health insurance coverage only.

Conclusions

Asking the general population about colon cancer screening was feasible. In the absence of official recommendations and health insurance coverage of colon cancer screening for the general population above a certain age limit, colon cancer screening is being performed but on a low level. Future Swiss Health Surveys should include questions about colon cancer screening use. Furthermore guidelines should be developed for health insurance reimbursement of colon cancer screening.

(P16)

Impact of the 2003 Heatwave on Mortality in Switzerland

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Background

Higher temperatures than usual were recorded during Summer 2003 across Europe and have been related to an increased mortality rate in several countries. This relationship is examined for Switzerland.

Methods

Daily mortality data for years 1990 to 2003 were obtained from the Swiss Federal Statistical Office. Meteorological data for 20 different stations and same period were provided by MeteoSwiss. Excess mortality was defined as the difference between observed and predicted mortality (extrapolated results of a Poisson regression model for 1990 to 2002 adjusted by trend in mortality).

Results

Excess mortality was limited to the North-Alps region. 7.1% (960) extra deaths occurred in this region compared to 2.1% (14) in the South-Alps region. This excess mortality happened in urban and suburban but not in rural areas (excess of 7.9% and 10.2% vs. 1.0%). Table shows results for specific cities, which were differently affected. Basel and Geneva were characterized by increased number of days with maximum temperature above 35°C and minimum night temperature of or over 20°C. The age group most affected was, as expected, the 80+ years old (excess mortality of 8.8%). Men and women were similarly affected.

Region	Mortality June-Aug. 2003			Excess/Predicted		
	Observ.	Pred.	Excess	%	95% CI	p-Val
North Alps	14467	13507	960	7.1	5.1-9.2	<.001
Basel	654	526	128	24.4	13.6-36.3	<.001
Bern	585	575	10	1.7	-7.4-11.7	0.72
Geneva	823	700	123	17.5	8.4-27.4	<.001
Lausanne	438	386	52	13.5	1.6-26.6	0.03
Zurich	1005	958	47	4.9	-2.4-12.7	0.19
South Alps	702	688	14	2.1	-6.4-11.3	0.64
Lugano	252	260	-8	-3.1	-16.0-11.9	0.67

Conclusion

A measurable effect of high temperatures on mortality was perceived during summer 2003, indicating the importance of preventive programs aimed at susceptible populations.

(P17)

Évaluer l'impact d'une mesure de santé publique sur les représentations sociales d'un problème de santé : les sciences sociales peuvent-elles aider les décideurs ?

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La santé publique est une activité politique. Elle contribue à façonner les représentations qu'une population a de ses problèmes de santé. Le choix d'une mesure de prévention influence la perception sociale du problème de santé visé. Comment évaluer l'impact d'une mesure de prévention sur les représentations sociales ? De quelle façon cette évaluation réalisée a priori doit-elle intervenir dans les arbitrages en santé publique ?

Voyons l'exemple de la politique française de lutte contre le sida. A la fin des années 1980, en France, les responsables de santé publique ont fait du risque de stigmatisation des personnes séropositives un critère dans l'arbitrage sur la politique de prévention. Le raisonnement épidémiologique montre que la modification des comportements sexuels des personnes atteintes constitue une stratégie de prévention efficace. Pourtant, la crainte de la stigmatisation des personnes séropositives a conduit à renoncer à des campagnes spécifiques de responsabilisation à leur intention.

Les données qui sont intervenues dans la décision étaient des données issues d'enquêtes « knowledge, attitudes, beliefs, practices ». Or, elles illustrent les représentations sociales de la maladie, mais non l'impact d'une campagne de prévention sur ces représentations. Des sondages post-tests sur une campagne seraient plus appropriés pour juger de l'impact d'une campagne sur les représentations. On propose une grille de questionnaire pour cet usage. Pour déterminer quel poids cette information devra avoir dans la décision aux côtés du raisonnement épidémiologique, on construit par modélisation un indice d'efficacité qui détermine dans quelle mesure l'impact d'une mesure sur les mentalités influe sur son efficacité. Cet indice conjugue des données qualitatives pour quantifier la représentativité d'une série de représentations typiques.

L'enjeu est de déterminer si c'est à bon escient qu'une nouvelle stratégie est aujourd'hui élaborée en France pour responsabiliser les comportements sexuels des personnes atteintes.

(P18)

Internet basierte Screening in der Suchtprävention

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Ziel

Um der Komplexität des Risikos zu einem habituellen Substanzkonsum bei Jugendlichen gerecht zu werden, sollten sekundär präventive Massnahmen auf folgenden drei Ebenen ansetzen: Individuelle Befindensebene (internale Symptome), individuelle Verhaltensebene (externale Symptome), Ebene der sozialen Risiken. Dieses Modell ist nicht als kausal gedacht, sondern widerspiegelt die empirische Befundlage. Die Erfassung des Risikopotenzials für den Substanzkonsum verlangt deshalb ein multidimensionales Screening.

Methode

Zur Erfassung des Suchtrisikos bei Jugendlichen wurde ein Fragebogenset erstellt, der die soziale Ausgangslage, das Befinden, den Substanzkonsum, das soziale Umfeld erfasst. Diese Fragebogen sind via Internet verfügbar. Der Diagnostik Tool verknüpft nun die verschiedenen Datenquellen miteinander und erlaubt die Abschätzung des aktuellen Risikos hinsichtlich Substanzkonsum.

Die Diagnostik erfolgt via Internet und kann von Institutionen oder einzelnen Personen genutzt werden. Aufgrund der erhobenen Daten kann wahlweise a) ein Gesamtrisikoprofil erstellt werden, das protektive- und Risikofaktoren umfasst und b) ein Profil, das nur jeweils einen Parameter bspw. den Substanzkonsum berücksichtigt, jeweils unter Berücksichtigung von Alter und Geschlecht.

Resultate

Das Programm befindet sich in der Erprobungsphase und kann als Screening Instrument zu Forschungszwecken verwendet werden, oder als Diagnostikinstrument zur Abschätzung des individuellen Risikos eines Jugendlichen bzw. zur Abklärung, ob eine sekundär präventive Massnahme sinnvoll oder notwendig ist.

Diskussion

Bis anhin gibt es keine Instrumente, die im Rahmen der Früherfassung ein multidimensionales Screening einsetzen. In der Regel wird jeweils aufgrund eines Parameters (Substanzkonsum) entschieden, was als Risiko gilt. Dieses internetbasierte Verfahren erlaubt, aufgrund der verschiedenen Algorithmen, die Berücksichtigung verschiedener Parameter (soziale Ausgangslage, Befinden, Konsum) gleichzeitig. Vorteile dieser Form der Erfassung werden diskutiert und auf ihre Alltagstauglichkeit geprüft.

(P19)

Projet Démo médicale: Nouvelle approche pour décrire l'offre en soins médicaux ambulatoires

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Contexte

Des mesures comme la limitation à l'admission de pratiquer ou la levée de l'obligation de contracter requièrent des données précises pour définir explicitement des seuils d'approvisionnement en soins. Actuellement, leur mise en application repose sur le nombre de praticiens enregistrés, sans qu'il soit tenu compte du taux d'activité. Garantir des seuils d'approvisionnements adéquats nécessiterait toutefois d'intégrer cette dimension dans les discussions.

Un groupe de travail réunissant des représentants de la CDS, la FMH, l'Obsan, l'OFSP et santésuisse entreprend de décrire l'offre en soins ambulatoires médicaux sur la base de l'activité réalisée plutôt que sur le nombre de prestataires.

Objectif

Mettre sur pied une méthode permettant de décrire l'offre en soins ambulatoires médicaux en intégrant un indicateur du taux d'activité des médecins.

Méthode

- Banque de données : pool de données santésuisse (comprenant les consultations facturées à la AMAL et non retenues par les patients).
- Variables possibles: consultations facturées, nombre de patients traités, par praticien et spécialité.
- Principe : Basé sur l'analyse de l'ensemble des activités réalisées dans une spécialité, définition d'un seuil d'activité à 100%. Attribution à chaque praticien d'un taux d'activité, exprimé en pourcentage (activités propres/activité correspondant à un seuil de 100%). Pour une région donnée, la somme de ces pourcentages permet d'estimer le nombre de médecins en activité plein temps (APT). La méthode pour déterminer le seuil sera établie durant le printemps 2005. La démarche sera validée par des comparaisons avec des sources locales comportant des données sur le taux d'activité.

Outcome principal

Déterminer le nombre de médecins en activité plein temps/1000 habitants, par régions

Perspectives

Ces résultats s'inscrivent dans un projet de l'Obsan visant à décrire l'offre et l'utilisation des soins, en fonction de l'âge, dans le but de comparer des seuils d'approvisionnement régionaux pertinents.

(P20)

Access to Mental Health Care in Children: The AMHC – Study

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Background

In Switzerland, like in most industrialized countries, about 20% of children and adolescents suffer from psychological distress. About half of these individuals show clinically significant and impairing symptoms. The tendency towards an increase of psychiatric symptoms in all age groups is being discussed in the media and within health care professionals. Preventive programs and mental health care services can reduce risks of negative effects on school and professional career, and psychopathology and social handicap in adulthood. However, only a small proportion of mentally suffering children and their families reach any specific program or health care timely.

Objectives

A better understanding of concepts and needs in child and adolescent mental health, and of existing barriers to preventive and clinical mental health interventions is needed in order to improve the fit between population needs and institutional and community level programs. For that reason individual, family level and societal influences on intergenerational transmitted concepts of mental and physical health and on thresholds for help seeking are investigated.

Methods

The multi-method three-stage project includes method development and qualitative assessments (interview-based), survey (quantitative questionnaire-based), and pilot interventions within populations in Swiss German (Zurich) and Swiss French areas (Fribourg and Lausanne).

Results

The study results help to understand existing barriers to mental health in different populations (including migrants). The methodology developed and refined during the project is available to implement corresponding assessments in other specific populations, and to evaluate area specific intervention projects as a contribution towards improvements of child and adolescent mental health prevention and care.

Conclusions

Findings give evidence that the client perspective, including children, adolescents and their families, is a significant source of information to improve access and quality of health services.

(P21)

Division of labor in dual-earner families: Consequences for relationship satisfaction and distress

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On the basis of equity theoretical assumptions we investigated the effects of an unequal division of labor on relationship satisfaction and distress.

Our sample consisted of 52 German dual-earner couples who were, on average, 37 years old, had two children and held a university degree. Both partners participated in a 6-day intensive time-sampling phase. In the course of each of these days participants received five signals by a handheld PSION computer initiating mood ratings and recordings of activities performed during the time interval between the previous and the current signal. Parallely to these ratings, subjects provided a saliva sample for the assessment of cortisol levels. Diary reports of time allocated to household work on six days were analyzed according to the actor-partner-interdependence model.

Hierarchical linear models showed that rather than individual time allocated to household work, the absolute difference in inputs between partners influenced relationship satisfaction. This reduction in satisfaction disappeared after accounting for perceived social appreciation of individual contributions. No effects of the input differential and perceived appreciation were found for the dependent variable daily cortisol secretion.

The findings indicate that the effects of an unequal division of labor are best explained by a relative equality model

(P22)

Effects of an inpatient treatment program on aerobic fitness in patients with juvenile obesity

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Background

In most patients with juvenile obesity limitations in aerobic fitness occur. Sometimes daily physical activity can not be performed. Specific therapeutic exercise is needed to treat those patients. This study evaluates the short- and long-term effects from the inpatient treatment program of the Alpine Children's Hospital on aerobic fitness.

Methods

11 obese girls (n=5) and boys (n=6) were tested at the beginning (IN) and the end of an inpatient program lasting 8 weeks (8W) and again half a year later (C). They were 14.2 ± 2.3 years old with a body mass index of 33.2 ± 4.7 kg/m² (for all subjects age related percentile >98). The inpatient program was based on a multicomponent treatment and education focussing on physical activity, nutritional changes, behavioral modifications and planning for post-hospitalization program. Subjects lost 12.3 ± 6.4 kg body fat. Maximal aerobic power tests were performed on a cycle ergometer. The study was analyzed by one-way ANOVA with repeated measurements.

Results

Absolute and relative peak mechanical power significantly increased throughout the inpatient program from 190 ± 29 to 228 ± 37 Watt and 2.16 ± 0.36 to 2.95 ± 0.41 Watt/kg, respectively (pIN-8W < 0.001). This increase lasted for the outpatient period: 230 ± 47 Watt and 2.97 ± 0.37 Watt/kg, respectively (pIN-C < 0.001). Although there was no significant increase during the outpatient period, the improvement was still going on. The same pattern occurred in VO₂max per body weight (IN 29.1 ± 4.3 , 8W 33.6 ± 3.5 , C 35.6 ± 4.6 ml/min/kg; pIN-8W = 0.003 and pIN-C < 0.001); VO₂max percent predicted (IN 62.5 ± 10.9 , 8W 71.3 ± 8.2 , C 75.9 ± 9.6 %predicted; pIN-8W = 0.004 and pIN-C < 0.001), as well as peak in ventilation (IN 95 ± 21 , 8W 109 ± 17 , C 112 ± 23 l/min; pIN-8W = 0.028 and pIN-C = 0.008). Changes in absolute VO₂max were not significant.

Conclusion

A specific therapeutic exercise as a component of a multidisciplinary inpatient program and a comprehensive outpatient program is a successful method to improve a clinically relevant deconditioning to an almost normal fitness.

(P23)

Collecting data for an economic evaluation: resource use versus reimbursement data from health insurances

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Background

Costs of health services have become a subject of more and more interest lately. For health economic evaluations an approach to costing based on resource use is recommended. There is some discussion whether reimbursement data from health insurance providers could be considered as an alternative, since insurance companies have information which can easily be accessed on all paid health care services. In collecting data for a study on costs of care among people with HIV we choose two approaches: i) costing based on resource use and ii) reimbursement data from health insurance providers. As a secondary objective of this study we aimed to compare the quality of the data from these two different sources.

Methods

Costs of care of 65 ambulant patients with HIV during 1999 were estimated from a limited societal perspective (excluding patient costs) based on medical resource use and health insurance data.

Statistical analyses

Correlation between total costs from the different sources.

Results

The correlation between the insurance charge data and the estimated costs based on recorded resource data was negligible. In 16/65 patients (25%) the charges paid by the insurance companies were lower than the costs of antiretroviral therapy alone, often by many thousands of Swiss francs. Unfortunately the level of detail in the billing data was very low, frequently restricted to a single figure representing the total bill for the year.

Conclusions

If this approach is to be used in future economic evaluations (particularly in the Swiss health system where the relationship between charges and activity seems to be weak), further thought needs to be given about how to obtain billing data in the necessary detail, perhaps by a prospective approach, and how to correct for the distortions encountered when charges are used as a proxy for costs.

(P24)

What do parents mean, when they report that their child has wheezed? - Interpretation of the word “wheeze” in a population-based questionnaire survey

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Aim

We assessed interpretation of the word “wheeze” by parents of schoolchildren completing a self-administered respiratory questionnaire in the community.

Methods

Questionnaire survey (2003) of a population-based sample of 4236 children aged 6 to 10 years in Leicestershire. After completing the questionnaire, which included ISAAC core questions, parents replied to a question on the meaning of the word “wheeze”.

Results

561 children (13%) reported current wheeze. Of these, 43% described the noise they made as “whistling”, 22% as “rattly”, and 35% as “both”. In 54% of children the noise cleared up after a cough, in 46% it got worse or stayed the same. For 3437/4236 (81%) parents, “wheezing” was a synonym for “whistling noise”. In addition, “rattly breathing”, “noises from nose or throat”, “worrying dry cough”, “croup”, “wet cough with phlegm” and “snoring” were accepted as synonyms for wheeze by 42%, 16%, 15%, 14%, 12% and 3% of parents respectively, with higher proportions in wheezers for all questions. 30% of parents accepted only “whistling” as correct definition of wheeze. In a multivariate logistic regression, a correct interpretation of “wheeze” was predicted by higher severity of wheeze (odds ratio (OR) 1.97, $p < 0.001$), higher maternal education (OR 1.47, $p = 0.001$) and maternal asthma (OR 1.70, $p = 0.002$), while South Asian ethnicity (OR 0.42, $p < 0.001$), low socioeconomic status (higher Townsend score, OR 0.84, $p < 0.001$) and questionnaire completion by fathers instead of mothers (OR 0.61, $p = 0.001$) predicted an incorrect interpretation.

Conclusion

Even though 81% of parents described wheeze as a “whistling noise”, a significant proportion of parents interpreted other symptoms as part of the same problem. Questionnaire surveys might therefore overestimate the prevalence of mild wheeze, especially in families of lower social class, ethnic minority groups, and where fathers completed the questionnaire. However, accuracy of reporting improves with increasing severity of wheeze.

(P25)

e-health decision-making for Crohn's disease: getting evidence into practice

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Introduction

Most studies using criteria developed by the RAND appropriateness method have evaluated the quality of care retrospectively, with all the pitfalls inherent in retrospective review of medical records. The high degree of detail of the criteria developed by this method, though conferring clinical specificity, renders them impracticable for those called upon to decide on the appropriateness of care. The detailed specificity is thus both the strength of this method, in terms of coverage and theoretical acceptability, and its weakness for prospective implementation in the clinical setting. To address this problem of the prospective use of RAND criteria of appropriateness, we developed an interactive web site using data from the recent European Panel on the Appropriateness of Crohn's Disease Therapy (EPACT).

Method

The RAND method was used to develop criteria for the appropriateness of treatment for Crohn's disease (CD). In a modified Delphi approach, 15 experts from 12 European countries, representing gastroenterology, general practice and general surgery, rated on a 9-point scale the appropriateness of various treatments for 569 clinical scenarios, grouped in 10 major categories. Each scenario was formed of a unique constellation of up to 4 clinical variables with 2-9 levels each. Following that, we developed an interactive, World Wide Web based, computer-assisted medical decision tool, to help determine, prospectively, the appropriateness of treatment for CD.

Results

The newly developed web site (www.epact.ch) allows physicians to enter clinically specific data corresponding to the situation of their patient, by answering no more than 4 questions. They receive, on-line, the results of the expert panel vote on the appropriateness of treatment choices for a hypothetical patient presenting with the same or a similar clinical picture. In addition, the site provides direct links to abstracts of related articles from the National Library of Medicine PUBMED database, to recent state-of-the literature reviews (Digestion 1:2005), and to precise definitions agreed upon by the expert panel.

Conclusion

The newly-developed web site which allows easy access to detailed appropriateness criteria, now provides, for the first time, the opportunity to move from the retrospective evaluation of the appropriateness of treatment of Crohn's disease to its prospective improvement. Its usefulness now requires field testing.

(P26)

Evaluation of the drinking risky behaviour: Application of the Active Information Search (AIS) paradigm

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How do young adults evaluate the risks associated with alcohol consumption? The Active Information Search paradigm (AIS; Huber, 1997, 2001) is used to explore the decisional process of an individual confronted with a binary choice, in this case either to carry on drinking or to quit drinking in a specific situation.

Procedure

The AIS consists of confronting the subject to two prototypical situations in which a risk related to a drinking behaviour is presented, either a massive episodic consumption (binge drinking), or a daily consumption (just above a “moderate” consumption). In each situation, the subject only has two options, to drink or not to drink. One month before undergoing the AIS interview, subjects filled in a questionnaire on their alcohol consumption, the effects they expected from alcohol, self-efficacy to moderate their consumption and emotional openness (DOE; Reicherts, 1999). Subjects are N=23 young adults.

Results show that subjects, rather than asking questions about the situations presented (and by the way spontaneously verbalizing their thoughts), heavily rely on their own experience to make their decision. Therefore, basic AIS does not seem to be the method of choice with that kind of problematic, but if applied, it has to be combined with the thinking aloud method to investigate the specific topics appearing in decisional reasoning.

However, the experimental decision of abstinence was linked to some psychological variables: those who choose not to drink reported lower alcohol consumption, shorter history of consumption; they had lower expectancies in relation to some effects of alcohol: social facilitation, negative affect reduction and internal tension reduction effects. They also had a tendency to communicate more their emotions and to better perceive the external indicators of emotional states. In other words, subjects choosing the abstinence option seem to expect less “help” from alcohol, have a better perceived control over their consumption and have a better emotional functioning. Implications of the paradigm for health research and prevention are discussed.

(P27)

Analyse von Ko-Produktion: Entwicklung eines Verfahrens zur Untersuchung der Handlungsbedingungen von Patienten

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Einleitung

Ein zentrales Thema von Public Health ist die Qualität der gesundheitlichen Versorgung. Dabei werden neben medizinischen Kriterien auch psychologisch relevante Kriterien wie die Patientenorientierung berücksichtigt. Aktuelle Entwicklungen deuten darauf hin, dass Patientinnen und Patienten zunehmend gefordert sind, an ihrer gesundheitlichen Versorgung aktiv mitzuwirken. Vorliegende Instrumente zur Untersuchung von Patientenorientierung berücksichtigen dies jedoch nicht systematisch. Das erste Ziel des Beitrags ist die Präsentation von psychologisch fundierten Kriterien zur Bewertung der Handlungsbedingungen von Patienten im Krankenhaus. Das zweite Ziel ist es, von der Entwicklung eines Verfahrens zu berichten, mit dem solche Handlungsbedingungen analysiert, bewertet und gestaltet werden können.

Methoden

Zur Entwicklung von Kriterien für die Bewertung der Handlungsbedingungen von Patienten wurde auf psychologische Kriterien humaner Arbeit zurückgegriffen. Diese wurden an die Besonderheiten der Situation von Patienten im Krankenhaus angepasst. Ein Verfahren zur Analyse von Ko-Produktion (AKO) wurde entwickelt, welches qualitative und quantitative Methoden kombiniert (Interview und Fragebogen). Eine erste Überprüfung des Fragebogens in zwei Krankenhäusern bei n=99 Patienten wurde durchgeführt.

Ergebnisse

Sieben Kriterien für die Analyse von Ko-Produktion wurden entwickelt: Qualifikationserfordernisse, Handlungsspielraum, Zeitspielraum, interaktive Kontrolle, informatorische Barrieren, Barrieren bei der Nutzung von Technik und soziale Unterstützung. Diese bilden die Grundlage für den Fragebogen und das Interview. Die Ergebnisse der ersten Überprüfung der Reliabilität ergaben mit einer Ausnahme mindestens ausreichende interne Konsistenzen der entwickelten Skalen.

Schlussfolgerung

Überprüfungen der Validität sowie weitere Überprüfungen der Reliabilität des Verfahrens werden gegenwärtig vorgenommen. Nach der Auswertung der Ergebnisse ist die Veröffentlichung einer überarbeiteten Version des Verfahrens geplant.

(P28)

Deciding to quit smoking: what does the decisional process look like? Application of the Active Information Search (AIS) paradigm

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There are numerous studies on how to help smokers to quit smoking, but very few look at how they decide to quit: that's why we'll look at the way smokers make the decision to quit smoking (i.e. which factors help and what the decisional process consists of).

The study is based, on one hand, on an innovative theoretical framework of risky decision making (AIS; Huber, 1997, 2001), on the other hand, on the Health Action Process Approach (HAPA; Schwarzer & Fuchs, 1996). The design combines those qualitative and quantitative complementary approaches in N=28 young adult smokers (a population with a very high smoking prevalence).

Procedure

One month after having filled a questionnaire (smoking habits, pro and cons of smoking and quitting, health beliefs, risk perception, smoking abstinence self-efficacy), subjects took part in the Active Information Search (AIS): they were asked to consider personally a specific situation related to smoking, either with a short-term health risk (chronic obstructive pulmonary disease), or with long-term risks (those associated with a long history of smoking). Subjects, having to choose from two options, continue or stop smoking, can receive additional information by asking questions to the experimenter.

Results show that subjects deciding to stop have a greater intention to stop smoking, a lower smoking dependency, and perceive more benefits in smoking cessation. Moreover, their decisional process is characterized by the fact they ask more questions (mostly on the risks associated with smoking and the way to defuse them). Their choice is more frequently justified by some internal control on stopping and a more positive perception of the consequences of quitting smoking.

This study underlines the need for smoking prevention to not only inform on the risks of smoking, but also on the benefits of quitting, which in this study predict the decision to quit. Implications of the paradigm for health research and prevention are discussed.

(P29)

Alpha1-Antitrypsin Blood Levels and Lung Function in the Population-Based SAPALDIA Cohort

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Background

Severe alpha1-antitrypsin (AAT) deficiency is a COPD risk factor.

Methods

We investigated the cross-sectional association between normal AAT serum levels (≥ 0.9 g/L; immunoturbidimetry) and FVC in the population-based Swiss SAPALDIA cohort. FVC was assessed by spirometry meeting ATS criteria in 4995 subjects (52% female) concurrently with serum collection. The FVC/AAT association was estimated using multiple regression adjusting for age, height, BMI, passive smoking, systolic blood pressure, study area, and c-reactive protein stratified by gender and smoking (p interaction AAT/gender=0.001; AAT/packyears=0.012).

Results

AAT was positively associated with FVC in heavy smoking women. Conversely in non-smoking men there was a non-significant trend for an inverse FVC/AAT association.

Conclusion

Smoking related FVC deficits may be aggravated in heavy smoking women with serum AAT at the lower end of normal values. The suggested inverse AAT/FVC association in non-smoking men is supportive of an inflammatory AAT effect.

(P30)

Ernährungsgewohnheiten der Schweizer Bevölkerung und die Kampagne «5 am Tag»

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Hintergrund

Die Kampagne «5 am Tag» hat seit 2001 zum Ziel, den Gemüse- und Fruchtekonsum der Schweizer Bevölkerung zu steigern. Die Schweizerische Gesundheitsbefragung (SGB) erlaubt eine Abschätzung der Ernährungsgewohnheiten der Schweizer Bevölkerung im Hinblick auf die Empfehlungen der Kampagne.

Methoden

Die SGB basiert auf einer Zufallsauswahl der ständigen Wohnbevölkerung ab 15 Jahren in Privathaushaltungen. Die periodische Wiederholung alle fünf Jahre seit 1992 ermöglicht die Beobachtung von zeitlichen Veränderungen im Ernährungsverhalten. Die drei unabhängigen Stichproben umfassen 15'288 (1992), 13'004 (1997) und 19'706 (2002) Personen. Die Ergebnisse sind auf die Bevölkerung bezogen gewichtet.

Resultate

2002 assen rund 70% der Frauen und 48% der Männer (insgesamt 59% der Bevölkerung) täglich Früchte und Gemüse und zeigten somit ein «kampagnennahes Konsumverhalten». Die Situation hat sich seit 1992 bei den Jugendlichen und jungen Erwachsenen ungünstig entwickelt: Wiesen 1992 noch 51% der 15 bis 24-Jährigen den erwünschten täglichen Gemüse- und Fruchtekonsum auf, so waren es 2002 nur noch 45% in derselben Alterskategorie. Betrachtet man die Veränderung der Jahrgangskohorten über 10 Jahre, so zeigt sich dass die Konsumgewohnheiten der jeweiligen Jahrgänge der unter 55-Jährigen sich leicht verschlechtert haben. Bei denjenigen ab 55-Jahren haben sie sich dagegen verbessert. Regionale Unterschiede schwächten sich über die 10 Jahre tendenziell ab. Männer in Einpersonenhaushalten stellen eine besondere Risikogruppe dar.

Schlussfolgerungen

Unsere Ergebnisse zeigen, dass die Ernährungsgewohnheiten von weiten Teilen der Bevölkerung von der elementaren Empfehlung des täglichen Früchte- und Gemüsekonsums abweichen und dass die Entwicklung bei den Jüngeren nicht in die erwünschte Richtung geht.

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Development of a Screening Tool to Detect Community-Dwelling Elderly at High Risk for Future Hospitalisation and Service Use

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Background

Organising appropriate health care for older adults is a major challenge given current demographic changes and increasing health care costs. One approach that might help to improve health care in older persons is the use of instruments that differentiate between older adults at high and low risk of health care use, in order to offer targeted intervention programs to high risk older persons. Risk prediction instruments have been developed in North America, but there is little information on the validity of such instruments in Europe. The objective of this study is to validate an existing risk prediction instrument (PraTM, Boulton et al.) in a European context and to develop an improved version of the tool, according to the risk profile of elderly people from three different European countries.

Methods

Secondary analysis of the PRO-AGE trial with data from 9713 home-dwelling persons aged 65 and over residing at Hamburg (D), Solothurn (CH) and London (UK).

Data was obtained from self-administered baseline questionnaires and self-reported hospital admissions and physician visits during one year of follow-up. Adaptation of the score was done using logistic regression modelling. Discriminative ability of scores was compared by ROC curve analysis.

Results

The area under the ROC curve (AUROC) of the unchanged PraTM-score varied between 0.61 and 0.66 throughout sites. Stepwise regression modelling revealed that two of the 8 PraTM items, gender and diabetes, did not significantly influence the risk of future hospitalisation. The attempt to add new items to the abbreviated score led to a moderate improvement of score performance.

Conclusions

The PraTM screening instrument is well transportable to a European setting with performance comparable to the U.S. setting. Reducing the original 8-item to a 6-item screen does not lessen its performance. This screener may be considered as an important approach in risk assessment for health care use in community-dwelling elderly populations.