17TH WORLD CONGRESS ON PUBLIC HEALTH

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ABSTRACT BOOK

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Population Medicine

WFPHA World Federation of Public Health Associations

ASPHER The Association of Schools of Public Health in the European Region
GLOBAL NETWORK FOR ACADEMIC PUBLIC HEALTH

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SOCIETÀ ITALIANA DI IGIENE
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Aim & Scope

Population Medicine is an open-access double-blind peer-reviewed scientific journal that encompasses all aspects of population, preventive, and public health research including health care systems and health care delivery. Its broader goal is to address major and diverse health issues, to provide evidence-based information to professionals at all levels of the health care system, and to inform policymakers who are responsible for the formation of health policies that can lead to evidence-based actions.

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Background: Large reductions in cardiovascular disease (CVD) mortality since 1950 are a significant public health triumph. Explanatory models of declining CVD mortality trends in high-income countries attribute just under 50% each to population trends in medical/surgical interventions and risk factor reductions, leaving <10% unexplained. However, meta-analyses (MA) of multifactorial trials yield modest effect sizes that explain only a tiny fraction of the population declines. Arguably, entire population data are superior to MAs of Randomized Controlled Trial (RCT) samples given the methodological and practical problems of experimentally estimating the effect of simultaneously modifying several factors in real-world settings. Might MAs of multifactorial RCTs also underestimate the true population effects of multiple risk factor modifications in other common outcomes in older adults?

Methods: For cognitive impairment (CI) and unintentional falling (UF) in older adults, literature searches were conducted for i) MAs of multifactorial RCTs and ii) attempts to explain population trends in terms of changes over time in risk factors and clinical interventions.

Results: For UF, while some well-done RCTs show clinically significant comparative reductions in both fall occurrence and the number of risk factors in intervention groups, MAs tend to show modest or even null results. While fewer multifactorial RCTs have been completed for CI, early MAs also show modest effects. No attempts were found to replicate the CVD trend analysis for UF or CI, possibly because neither UF nor CI outcomes, or trends in risk factors or clinical interventions, are available in population data like for CVD. This data incompleteness might be overcome with statistical models that interpolate partial time-series data from numerous sources to estimate the true population effects of multifactorial interventions.

Conclusion: Estimating the true population effects of UF and CI interventions may require more sophisticated methods than MAs of samples studied in complex and problematic multifactorial RCTs.

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Assessing the quality of the built environment in dementia: a framework to evaluate long-term care facilities

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Introduction: Life expectancy worldwide is raising fast, with a correlated increase in Non-Communicable Diseases (NCDs) and years lived with disability. Dementia is one of these, with about 7 million people affected in Europe and the number is set to double by 2050. These patients are complex due to the serious changes in the cognitive sphere, altering perceptions of the space. They are the most frequent users of healthcare facilities, but these structures often are not suitable for them. For this reason, rethinking is now urgent to create safe and suitable environments.

Materials and Methods: This study aims to develop an evaluation framework of the main aspect of the design of a built environment for people with dementia.

To this end, a systematic literature review has been conducted on scientific databases using meaningful keywords. The review was useful to outline the main characteristics that the environment dedicated to the dementia patient must possess to be inclusive and prosthetic.

Results: The research has allowed defining a set of requirements that the space must have to be prosthetic for the patient. These findings have been identified and were divided into three main macro-areas (physical, cognitive, and social aspects) 7 criteria, and 31 related sub-criteria. The results were also validated through the involvement of stakeholders and experts in the topic, both from the architectural and medical field to establish the relationship between physical factors and patient outcomes.

Conclusion: The results of this research can be used as guidelines to assess and design proper facilities for people with dementia and cognitive disabilities. This is because there is an urgent need to create and renovate the existing buildings to make them as therapeutic and prosthetic as possible. The priority also in research must be to investigate which aspects of architecture can impact patients' health and well-being.

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Longitudinal clustering of health behaviours and their association with health outcomes in older adults in England: a latent class analysis

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Background: Leading risk factors for chronic disease – smoking, alcohol consumption, poor nutrition and physical inactivity (SNAP behaviours) – cluster together (i.e., appear in specific combinations in distinct subgroups). Longitudinal clustering and its association with health outcomes are less well understood.

Objective: This is the first study to identify longitudinal clusters of SNAP behaviours and to relate them to health outcomes in older adults.

Methods: Using data from Waves 4-8 of the English Longitudinal Study of Ageing (n=3787), we identified longitudinal clusters of SNAP behaviours using latent class analysis. Health outcomes (from Wave 9) included multimorbidity and complex multimorbidity, along with eight body system disorders defined according to the International Classification of Diseases 10th Revision system. To examine how clusters are associated with socio-demographic characteristics and health outcomes, we used multinomial and binomial logistic regressions, respectively.

Results: Six clusters with stable within-cluster behaviour trajectories were identified: Low-risk (20.9%), Low-risk but heavy drinkers (11.1%), Low-risk but inactive (22.2%), Do nothing (17.2%), Inactive, heavy drinkers (18.1%), and High-risk smokers (10.5%). Health-risk dominant clusters had lower levels of education and wealth. Women dominated the Low-risk but inactive cluster, whereas men dominated the heavy drinking clusters. Low-risk and Low-risk but heavy drinkers had a lower prevalence of all adverse health outcomes compared to other clusters. In contrast, the Low-risk but inactive cluster had the most 'negative' outcomes: highest prevalence of multimorbidity, complex multimorbidity, circulatory disorders, and endocrine, nutritional and metabolic disorders. High-risk smokers were most likely to suffer respiratory disorders, while the least physically active clusters were most likely to suffer endocrine, nutritional, and metabolic problems.

Conclusions: Health behaviour clusters were strongly but differentially associated with health outcomes, suggesting a complex relationship. Identified clusters can be compared with similar analyses in other countries and used to tailor interventions to specific sub-populations and socio-demographic profiles.

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Suffering in Silence: Urinary Incontinence among Bangladeshi Women

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Background and Objective: Urinary incontinence (UI), the involuntary loss of urine, is a common, distressing condition of women, affecting all ages and across different cultures. Globally, an estimated 200 million women suffer from UI, although the prevalence of UI varies across settings. Research on UI has primarily been conducted in developed countries and there is a paucity of data on UI in developing countries. The objective of this paper is to provide an estimated prevalence of UI, its sub-types and associated factors among ever-married women aged 15-49 years in Bangladesh.

Methods: This paper used data from 2016 Bangladesh Maternal Mortality and Health Care Survey, conducted in a nationally representative sample of 300,000 households. Ever-married women aged 15-49 years, residing in these households, who had ever given birth were asked a set of pre-tested questions to identify symptoms of stress and/or urge incontinence. The weighted prevalence of UI, its sub-types, and factors associated with different types of UI were identified using logistic regression. All analyses were conducted in Stata version 15.

Results: The prevalence of any UI was 15.8% (95%CI 15.7, 16.0). The most common subtype was stress incontinence, with a prevalence of 13.7% (95%CI 13.5, 13.8), followed by urge incontinence, with a prevalence of 7.6% (95%CI 7.5, 7.8) and mixed incontinence, with a prevalence of 5.5% (95%CI 5.4, 5.6). Age, religion, parity, educational attainment, economic status and residence in certain parts of Bangladesh are the risk factors for women's reporting of different types of UI.

Conclusion: The study findings are in line with findings from other South Asian country studies. The findings of this study, with its large sample size, population-based sampling and rigorous data collection process, will be useful for making effective plans to reduce the silent sufferings of Bangladeshi women from UI.

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Health outcomes and physiological adaptations of regular physical