



ISPUP

INSTITUTO DE SAÚDE PÚBLICA
DA UNIVERSIDADE DO PORTO

Saúde e seus determinantes na coorte de 1990

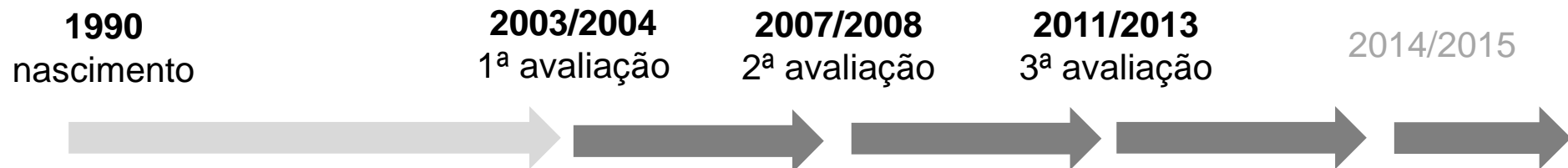
Elisabete Ramos

Porto, 26 de Outubro de 2015

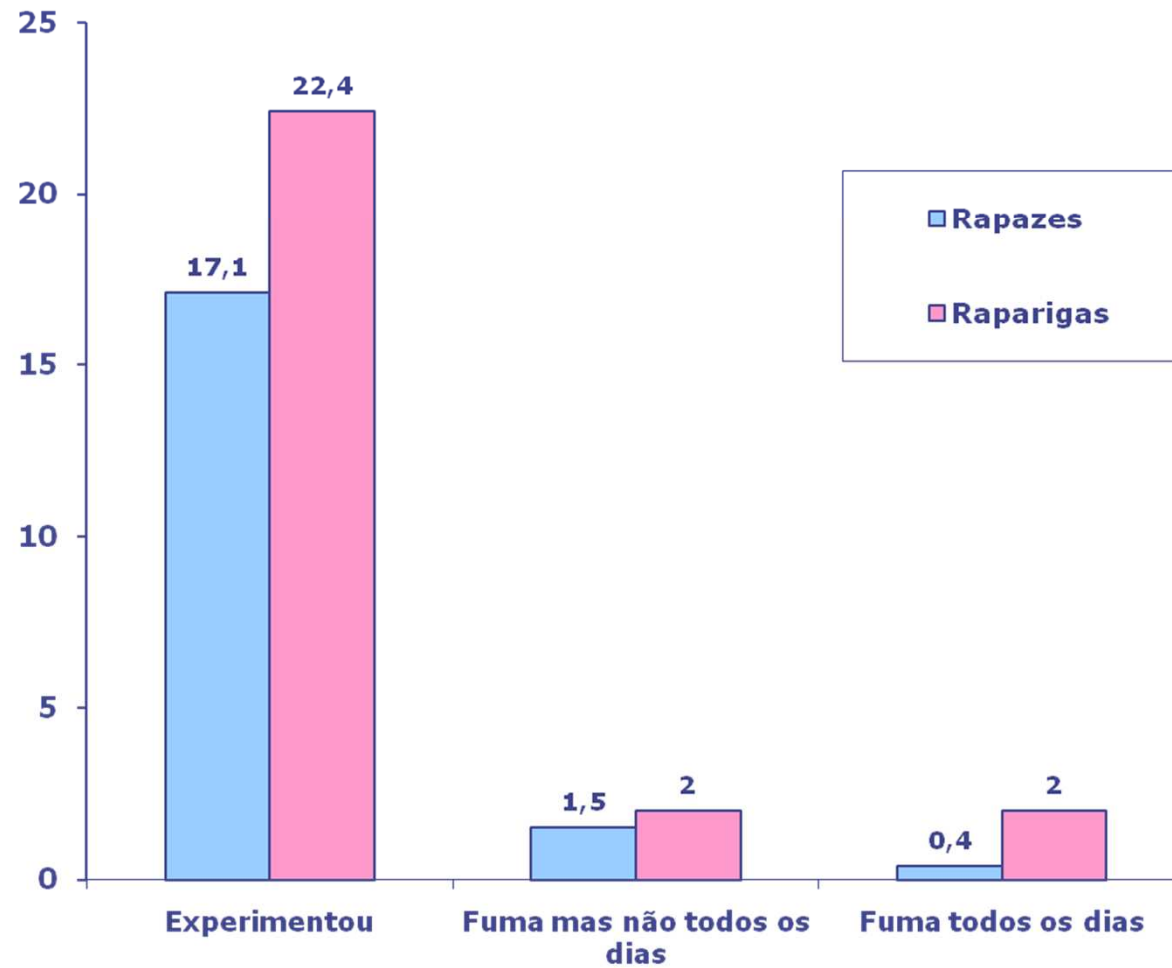
- Comportamentos
 - Uso de tabaco
 - Uso de bebidas alcoólicas
 - Atividade física
 - Ingestão alimentar
- Obesidade
- Pressão arterial
- Dislipidemia



Epidemiological Health Investigation of Teenagers in Porto

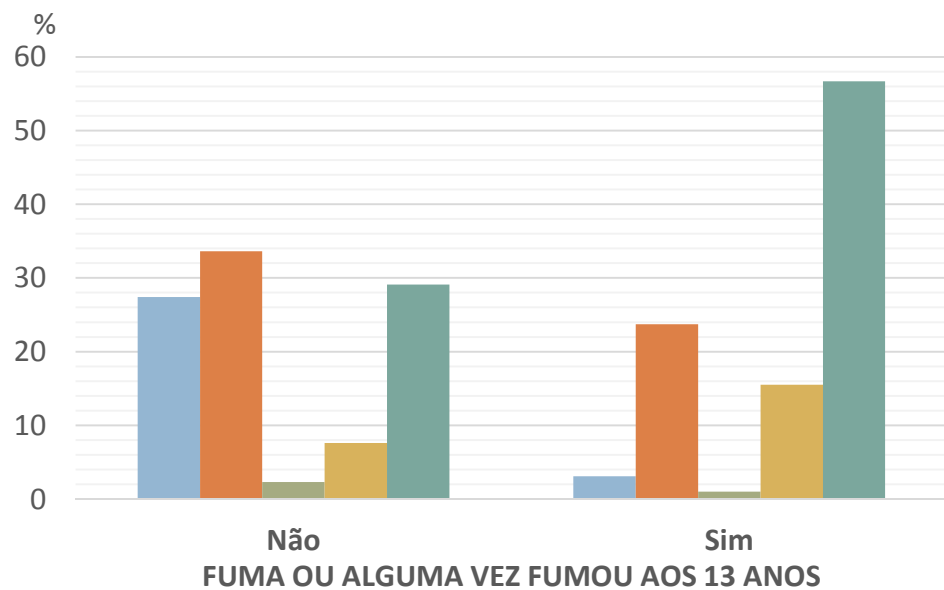


Consumo de Tabaco

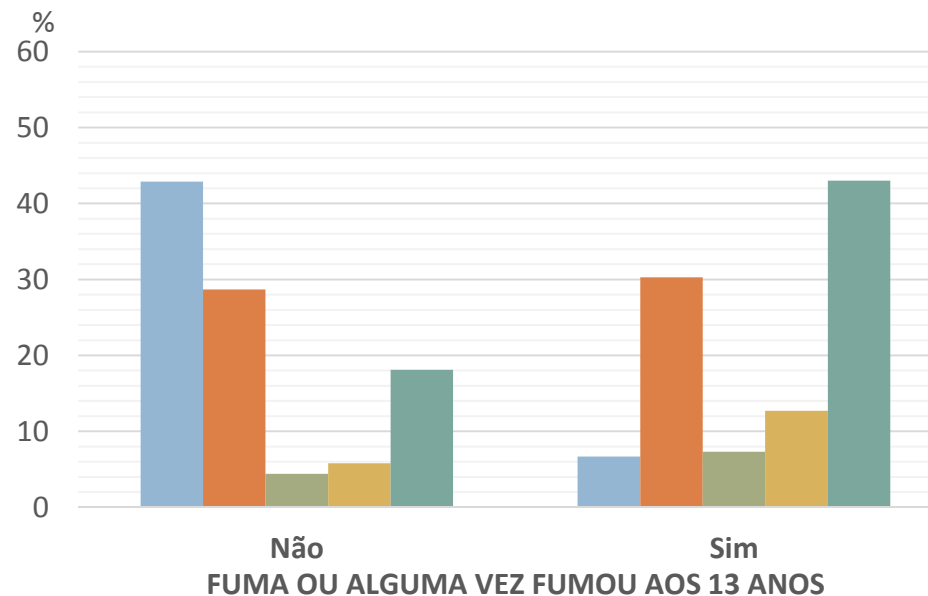


Consumo de tabaco aos 21 anos, de acordo com consumo aos 13 anos

SEXO FEMININO



SEXO MASCULINO



■ Não fumador ■ Apenas experimentou ■ Ex-fumador ■ Fumador ocasional ■ Fumador regular

Social representations of smoking behaviour in 13-year-old adolescents

S. Fraga^{a,b,*}, S. Sousa^{a,b}, E. Ramos^{a,b}, I. Dias^c, and H. Barros^{a,b}

Abstract

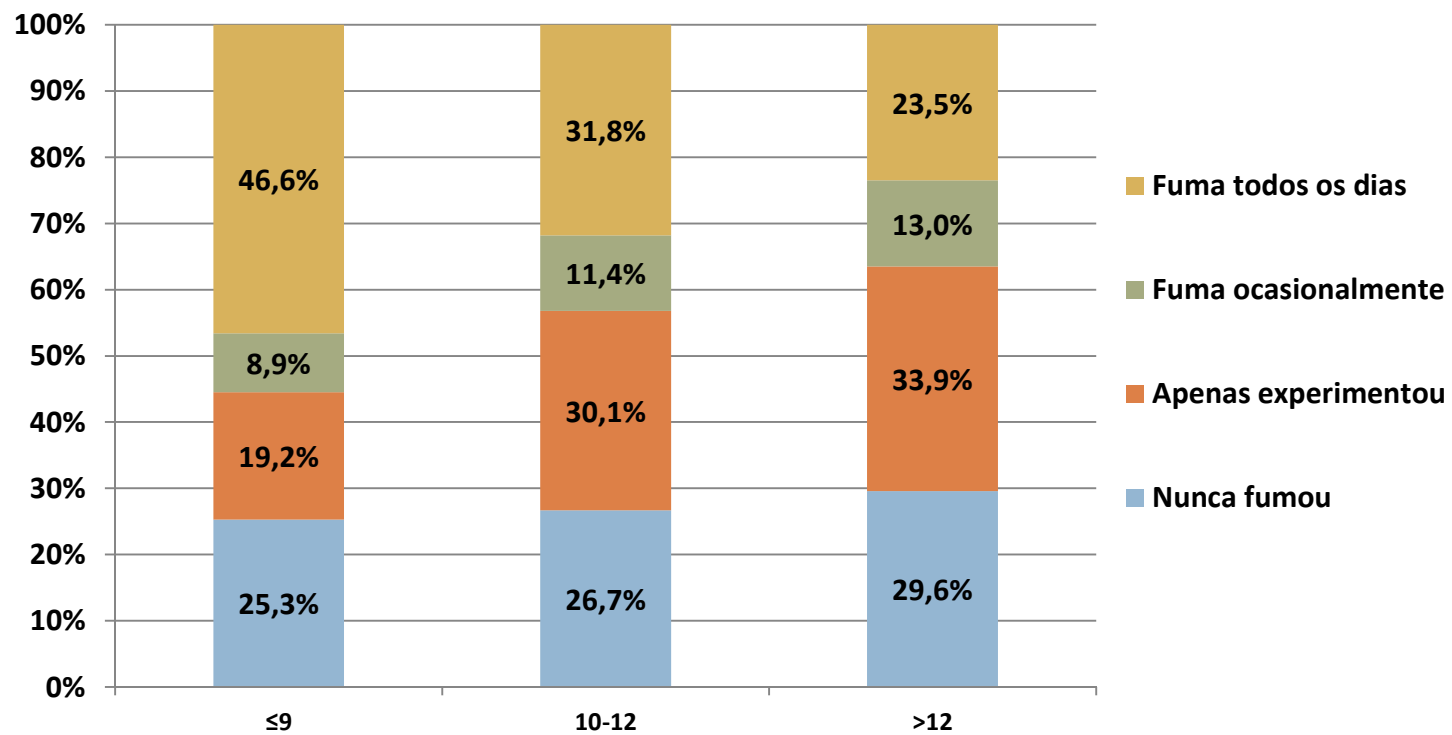
Objective: The purpose of this study was to identify adolescents' social representations on smoking using a qualitative approach.

Methods: Thirty semi-structured interviews were conducted by trained interviewers. The interviews were recorded with participant's permission after our comprehensive explanation of the interview process. After transcript the content of each interview, information was synthesised under each of main question, and a conceptual content analysis was undertaken. The analysis was performed by two of the authors, and the conflicts were resolved by a third person.

Results: Adolescents suggested different explanations for general people and adolescent smoking behaviour. While in general people smoking behaviour was mostly related to dependence, in adolescence it is referred to be associated with status improving among peers and to keep up social relations. We realised that adolescents are aware of the serious health implications of smoking, but they only referred it as a long-term effect in adulthood and no consequences during adolescence were for seen. We also noted the difficulties in giving preventive measures targeted on adolescents.

Conclusions: This study points out the importance of peers as agents of socialization in tobacco consumption, and shows the importance of anti-smoking campaigns among this age group with emphasis on smoking consequences in adolescence.

Prevalência do uso do tabaco aos 21 anos em função da escolaridade do participante

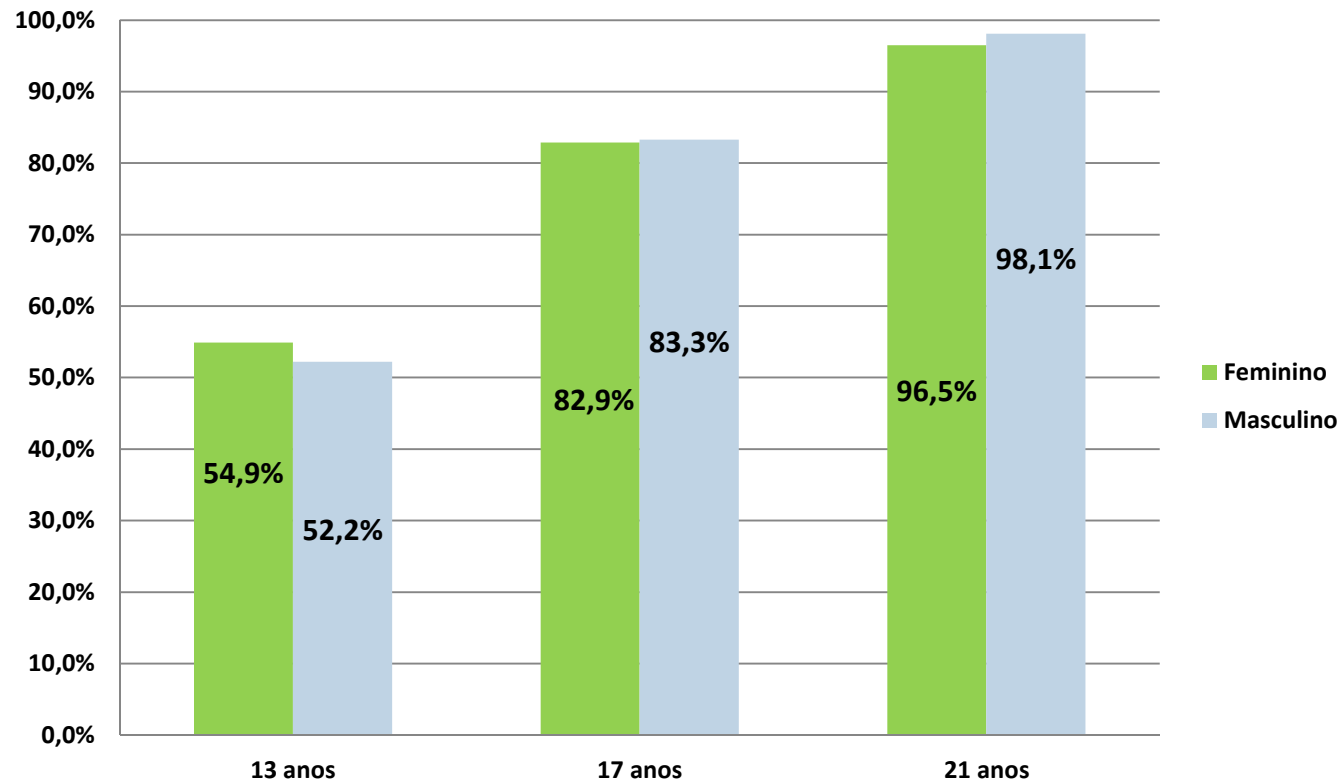


Bebidas alcoólicas



Bebidas alcoólicas

Bebe ou alguma vez bebeu bebidas alcoólicas



Bebidas alcoólicas – 13 anos

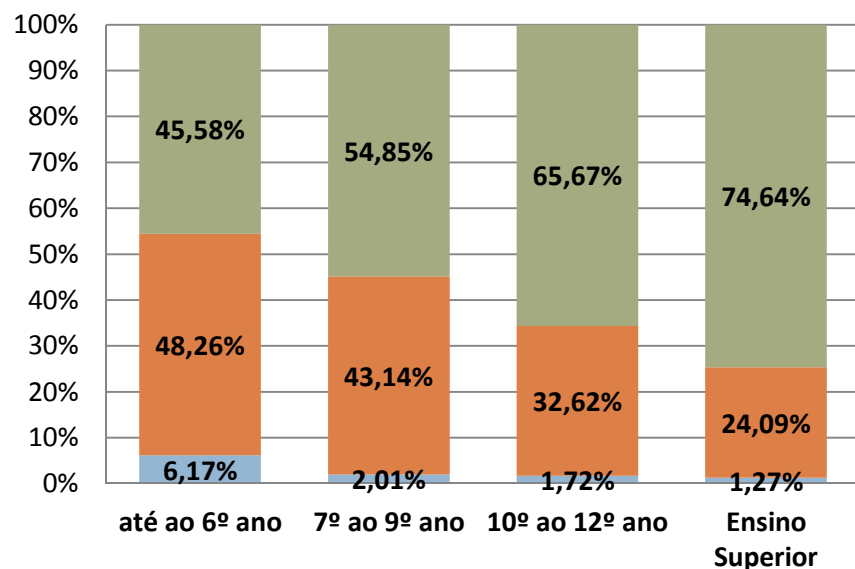
	Feminino n=1052	Masculino n=983
Local onde bebe mais (%)		
casa	61,8	64,7
escola	0	1,1
café/bar	12,8	11,8
outro	25,4	22,4
Algum amigo bebe (%)		
não	51,7	45,5
sim	77,7	76,2
OR (IC 95%)	3,3 (2,37-4,51)	3,4 (2,77-5,35)

Bebidas alcoólicas – 17 anos

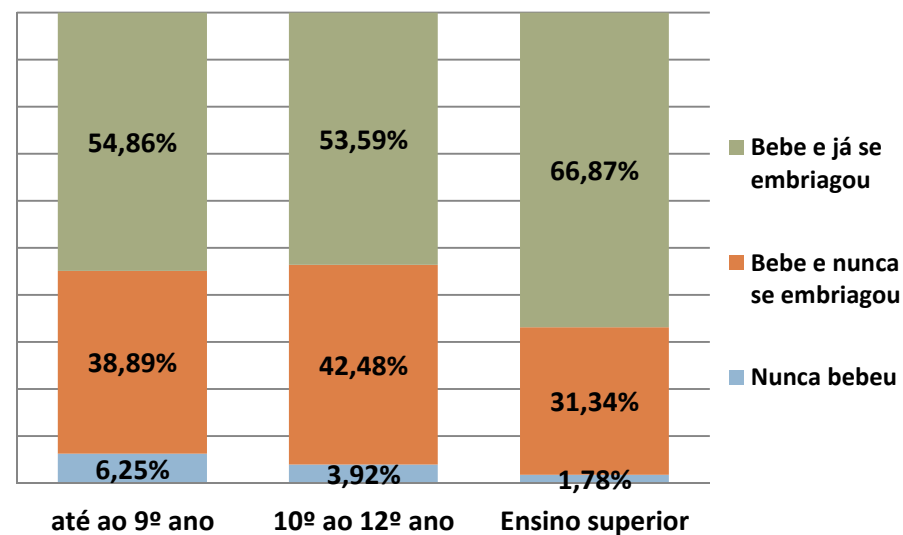
	Feminino n=1242	Masculino n=1164
Alguma vez bebeu (%)	82,5	83,0
só experimentou	39,0	27,5
Bebe e nunca se embriagou	26,9	29,6
Bebe e já se embriagou	16,6	25,8
Algum amigo bebe e beber OR (IC 95%)	4,1 (2,6-6,5)	4,2 (2,6-6,9)
Algum amigo bebe e embriagar OR (IC 95%)	5,2 (2,1-13,0)	3,3 (1,7-6,5)

Prevalência do consumo de álcool aos 21 anos

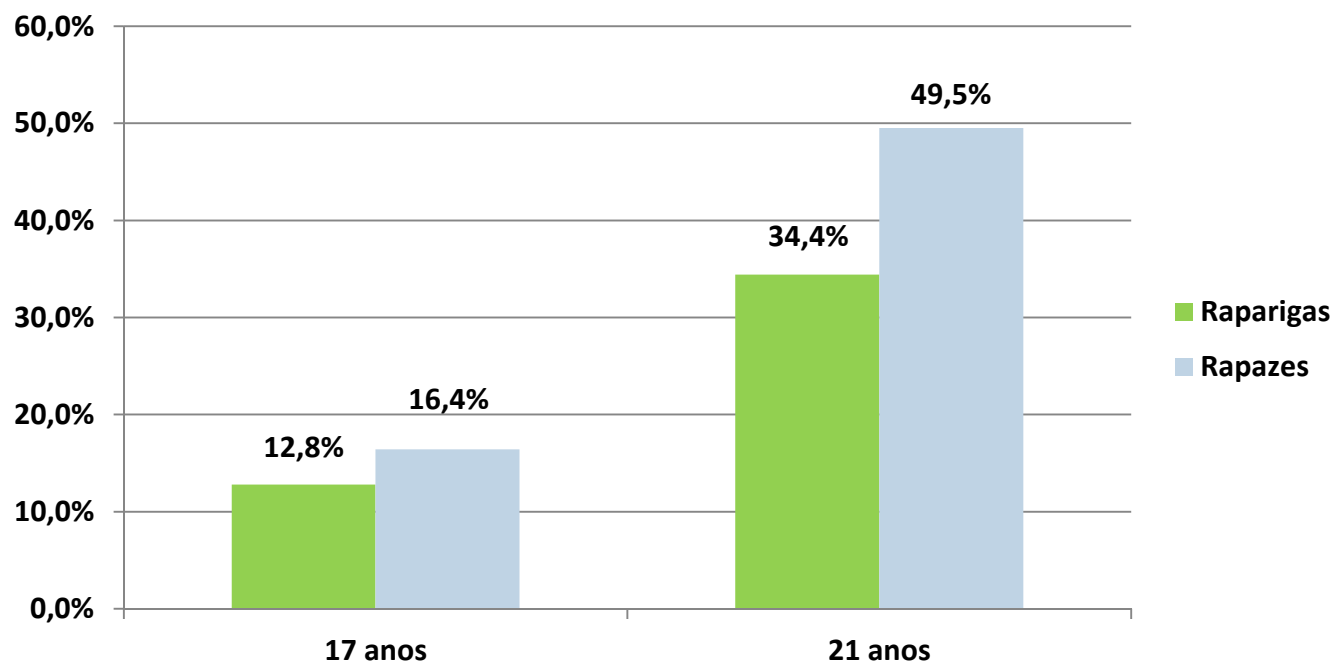
em função da escolaridade
dos pais



em função da escolaridade
dos participantes

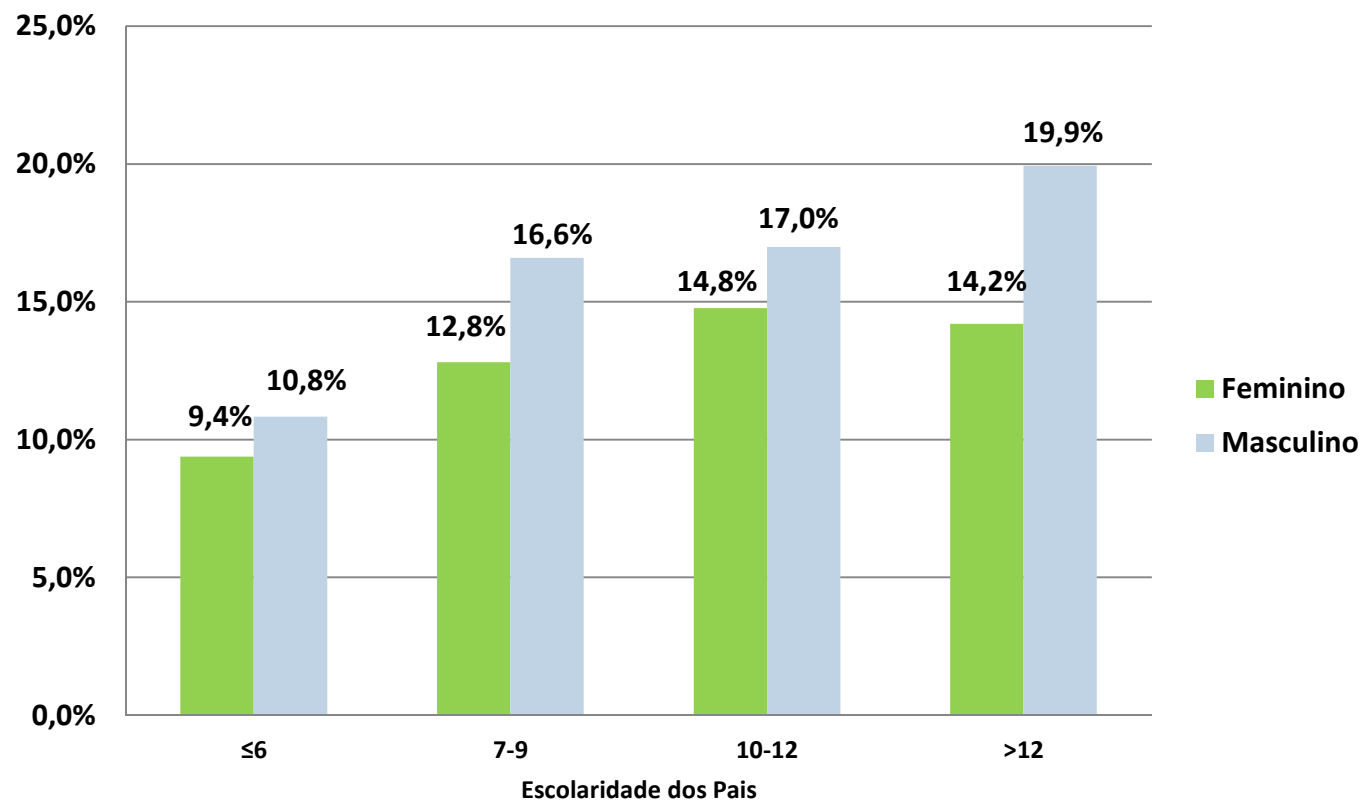


Consumiu alguma vez drogas ilícitas

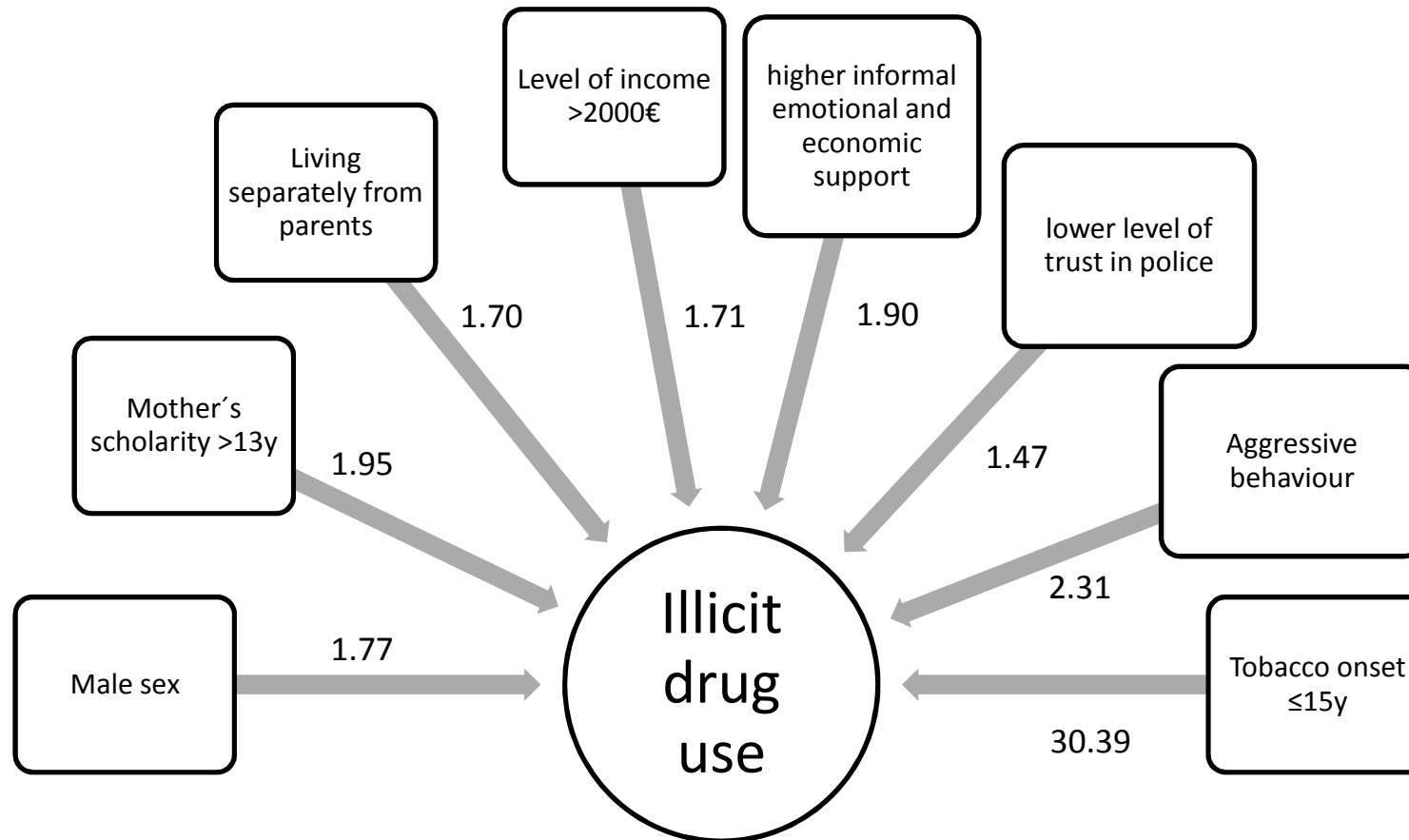


Uso de drogas aos 21 anos

Consumo de drogas ilícitas aos 17 anos em função do género e escolaridade dos pais



Association of socio-demographic characteristics and social capital with illicit drug use (OR*)



* Adjusted for sex, co-habitation with parents, working status, mother's educational level, family income per month

Ingestão alimentar



Escolaridade dos pais e padrões alimentares nos adolescentes

	Saudável	Produtos Lácteos	Fast food e Doces
	OR ajustado (IC 95%)*		
Escolaridade pais			
0-6	1	1	1
7-9	1.85 (1.04–3.30)	1.30 (0.88–1.93)	1.02 (0.67–1.56)
10-12	2.95 (1.76–4.94)	1.41 (0.98–2.03)	0.68 (0.45–1.05)
>12	5.50 (3.29–9.18)	2.74 (1.91–3.94)	0.56 (0.35–0.92)

Classe de referência da variável dependente: padrão Baixo Consumo;

** Ajustado para prática regular de desporto.*

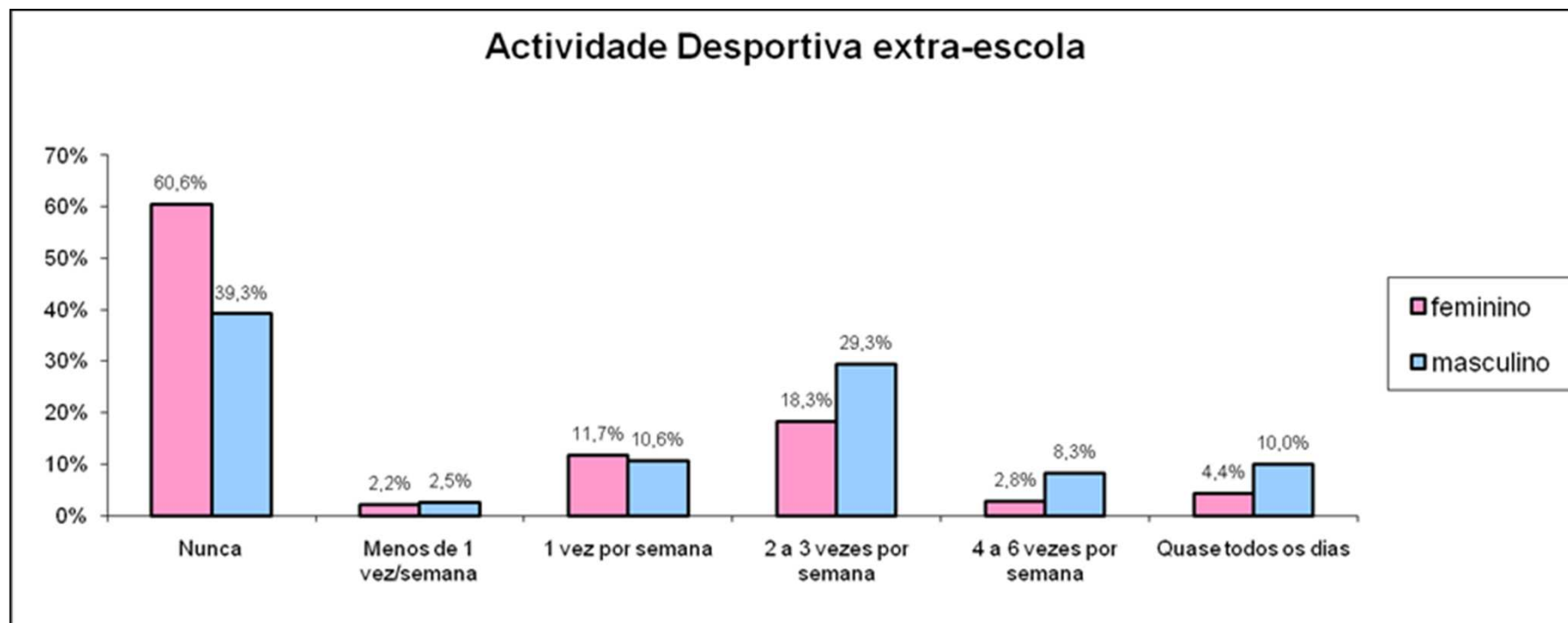
Consumo de alimentos aos 21 anos, de acordo com o padrão alimentar identificado aos 13 anos

GRUPO DE ALIMENTOS, g/d	SAUDÁVEL (n=153; 17.2%)	FAST-FOOD & DOCES (n=98; 11,0%)	LACTICÍNIOS (n=284; 31,9%)	BAIXO CONSUMO (n=355; 39,9%)	p
	MEDIANA (P25 – P75)				
Lácteos	342.5 (242.4 – 587.5)	321.1 (172.8 – 591.5)	373.3 (274.0 – 665.6)	310.4 (242.4 – 422.1)	<0.001
Peixe	80.9 (49.5 – 116.1)	60.0 (39.2 – 101.7)	66.9 (42.3 – 93.3)	60.0 (35.1 – 95.1)	<0.001
Carne vermelha	60.0 (51.4 – 78.1)	60.0 (40.5 – 74.8)	60.0 (51.4 – 73.8)	60.0 (40.2 – 70.9)	0.553
Carne branca	68.6 (51.4 – 102.9)	68.6 (51.4 – 102.9)	68.6 (51.4 – 102.9)	68.6 (51.4 – 102.9)	0.175
Sopa de legumes	295.0 (126.4 – 295.0)	126.4 (126.4 – 295.0)	231.8 (126.4 – 295.0)	126.4 (126.4 – 295.0)	<0.001
Vegetais	207.1 (113.4 – 321.3)	131.8 (64.7 – 214.3)	150.5 (81.7 – 226.9)	143.6 (76.0 – 232.5)	<0.001
Fruta	229.2 (156.3 – 335.9)	176.5 (115.6 – 242.0)	219.1 (133.2 – 307.1)	186.4 (114.6 – 273.0)	<0.001
Gorduras de adição	7.8 (4.7 – 17.5)	7.8 (5.8 – 15.3)	7.8 (4.7 – 14.2)	7.8 (3.7 – 13.5)	0.013
Arroz/massa/batata	165.7 (132.1 – 211.4)	154.3 (144.3 – 211.4)	165.7 (144.3 – 211.4)	154.3 (121.4 – 190.0)	0.112
Cereais	66.8 (42.7 – 114.1)	57.1 (41.2 – 96.4)	73.6 (50.0 – 110.7)	58.1 (42.7 – 91.4)	0.002
Refrigerantes	158.8 (59.3 – 282.9)	253.3 (94.2 – 393.6)	158.8 (59.3 – 282.9)	203.3 (81.3 – 371.1)	<0.001
Fast-food	44.1 (24.9 – 65.9)	59.3 (43.3 – 91.9)	52.8 (34.3 – 87.7)	50.8 (29.7 – 81.3)	0.001
Doces	51.7 (29.6 – 80.1)	60.4 (39.3 – 90.2)	50.6 (33.4 – 78.7)	50.2 (29.1 – 75.0)	0.054
Café/chá	112.5 (19.3 – 146.3)	78.8 (33.8 – 146.3)	51.2 (19.3 – 146.3)	45.0 (19.3 – 112.5)	0.213

Prática de desporto



Prática de desporto



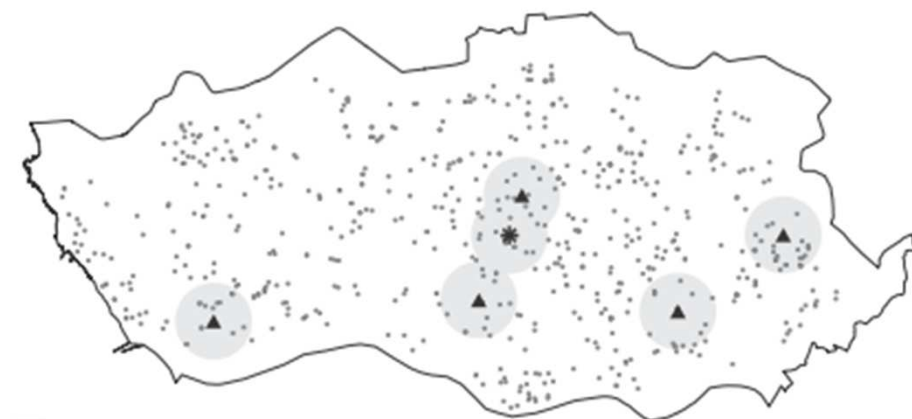
Desporto

1a) Meninos



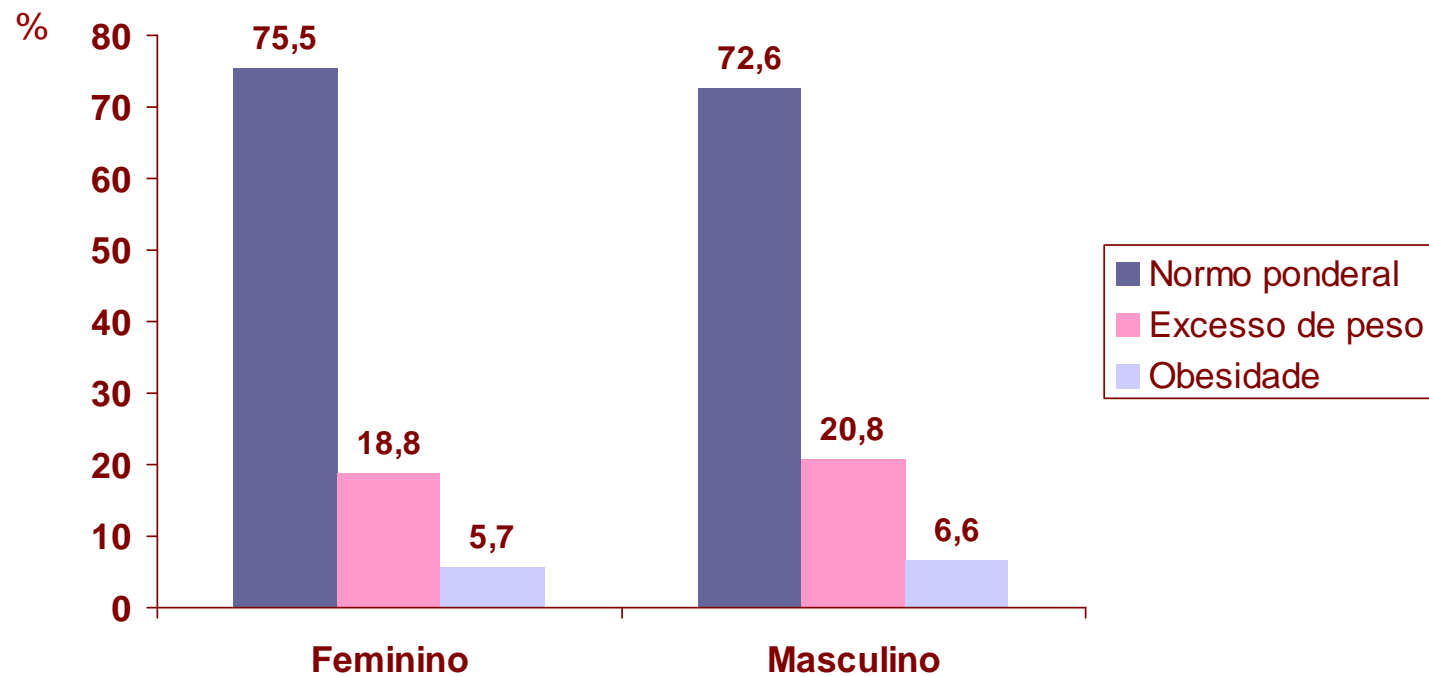
- Limite da cidade do Porto
- Raio de 500m
- Residências dos adolescentes
- * Balé
- Futebol e futsal
- ▲ Natação
- Tênis

1b) Meninas

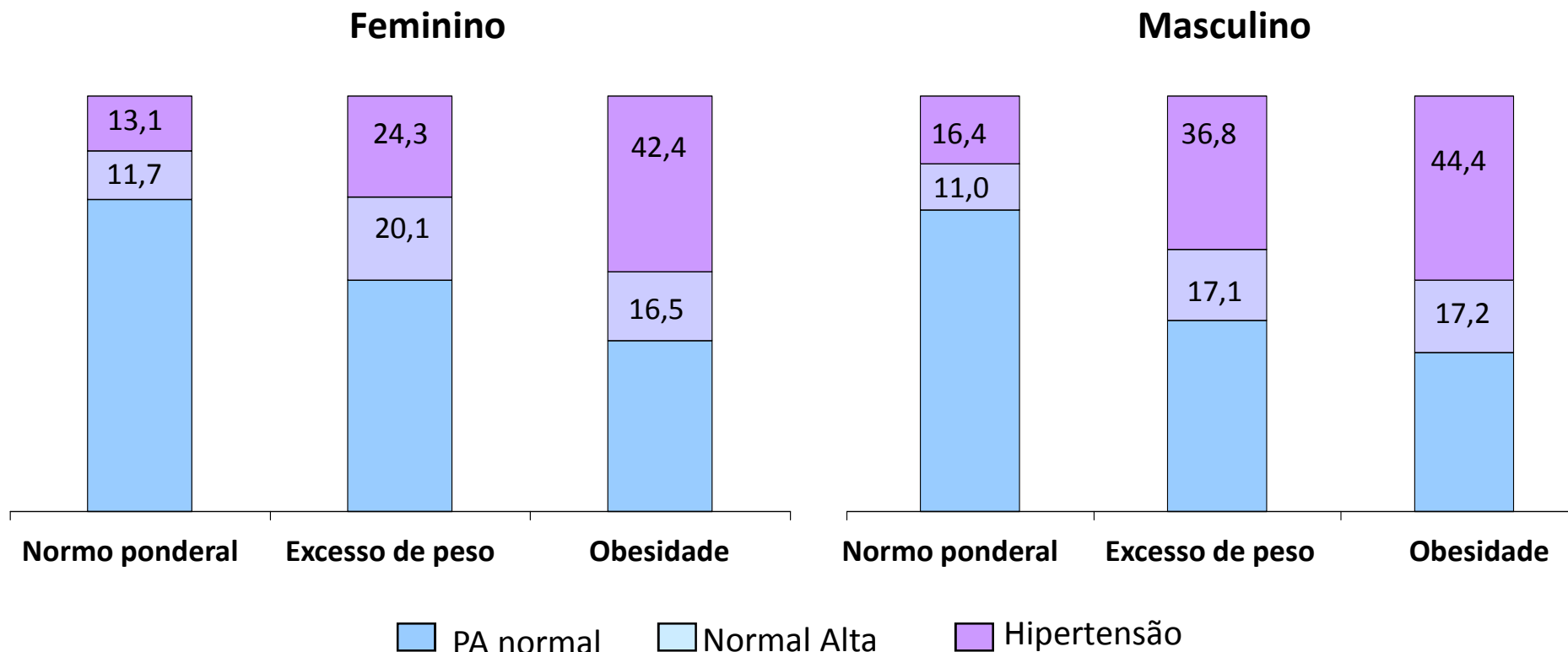


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Prevalência de obesidade e excesso de peso aos 13 anos

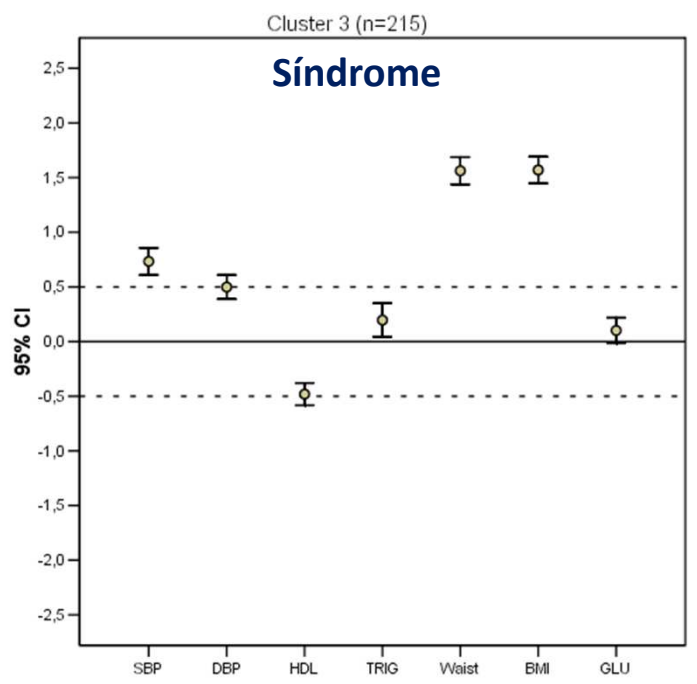
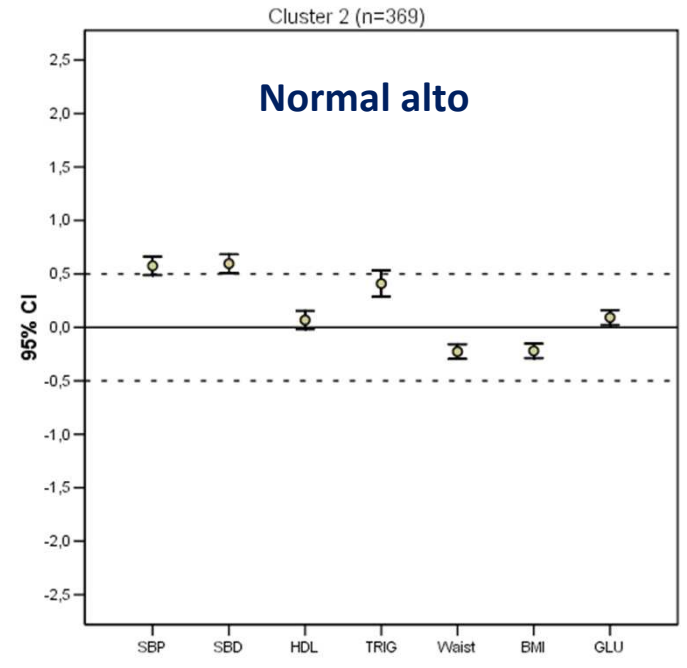
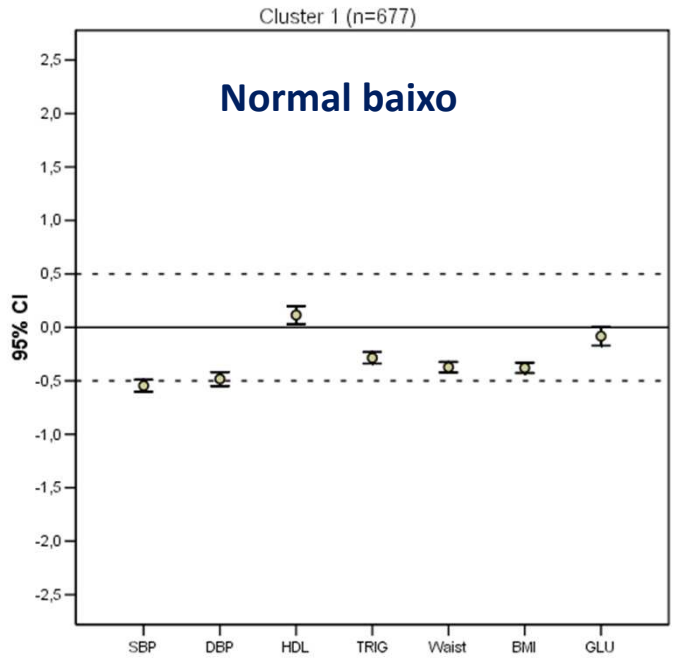


Pressão arterial e índice de massa corporal aos 13 anos

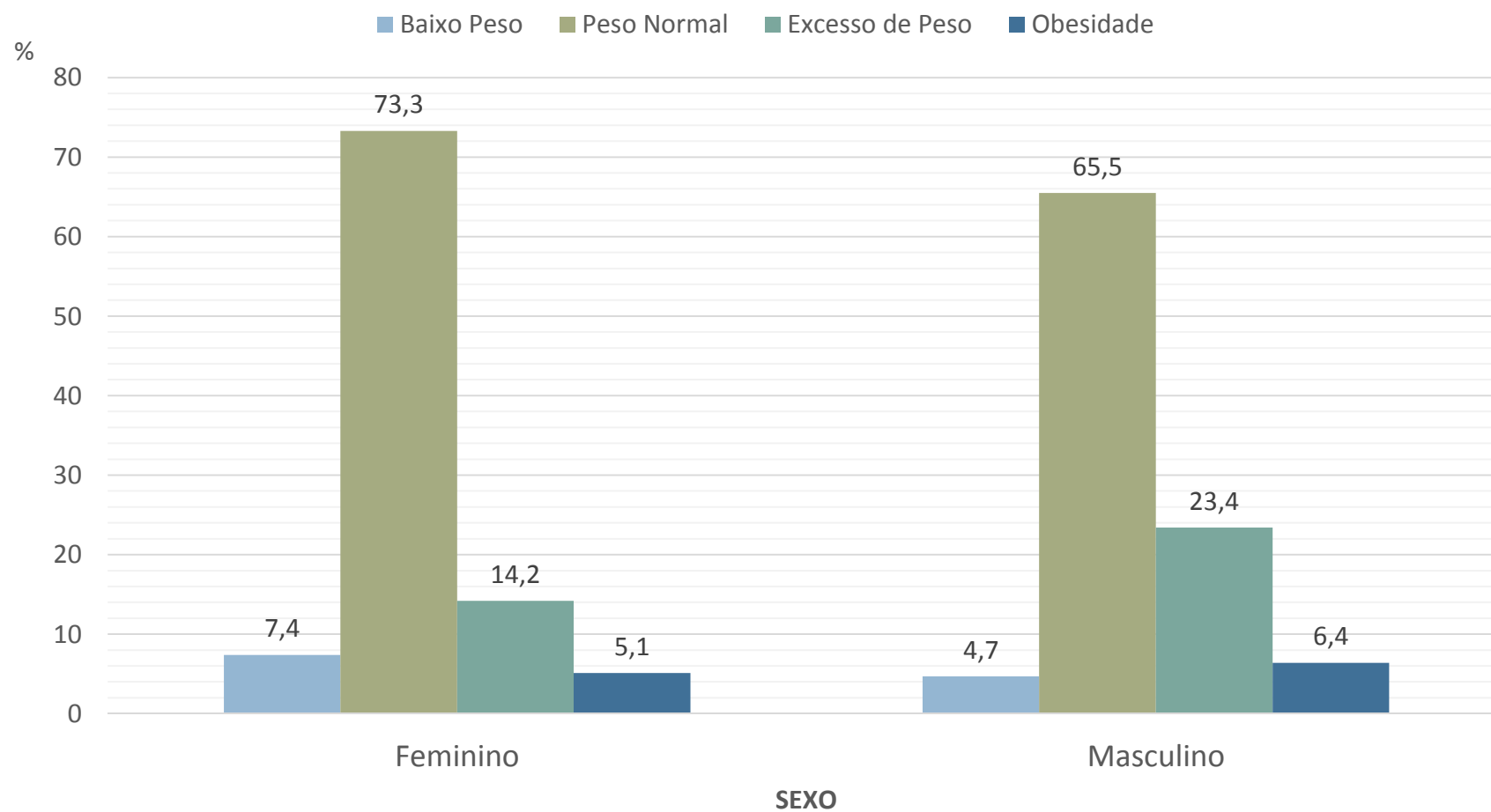


American Academy of Pediatrics:

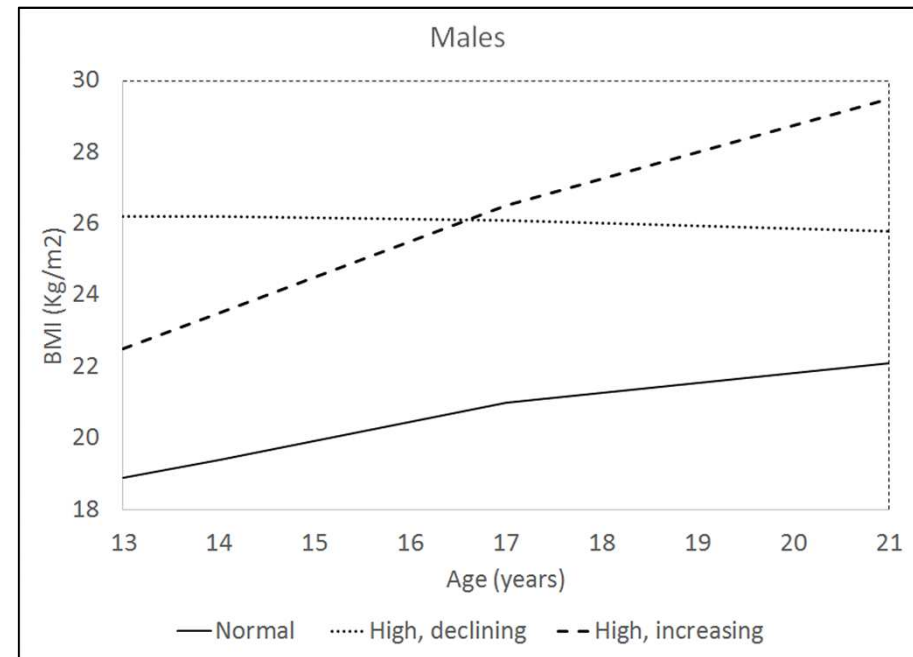
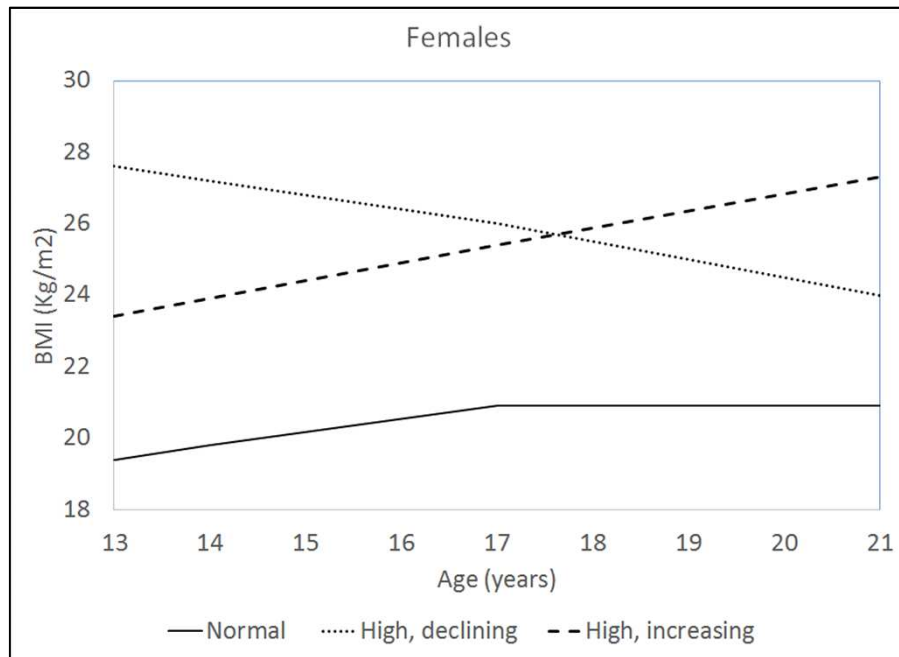
Hipertensão (22%) se pressão arterial sistólica (TAS) e/ou diastólica (TAD) \geq percentil 95 para o sexo, idade e estatura;
normal alta (13%) se pelo menos um dos valores \geq percentil 90 sendo ambos inferiores ao percentil 95.



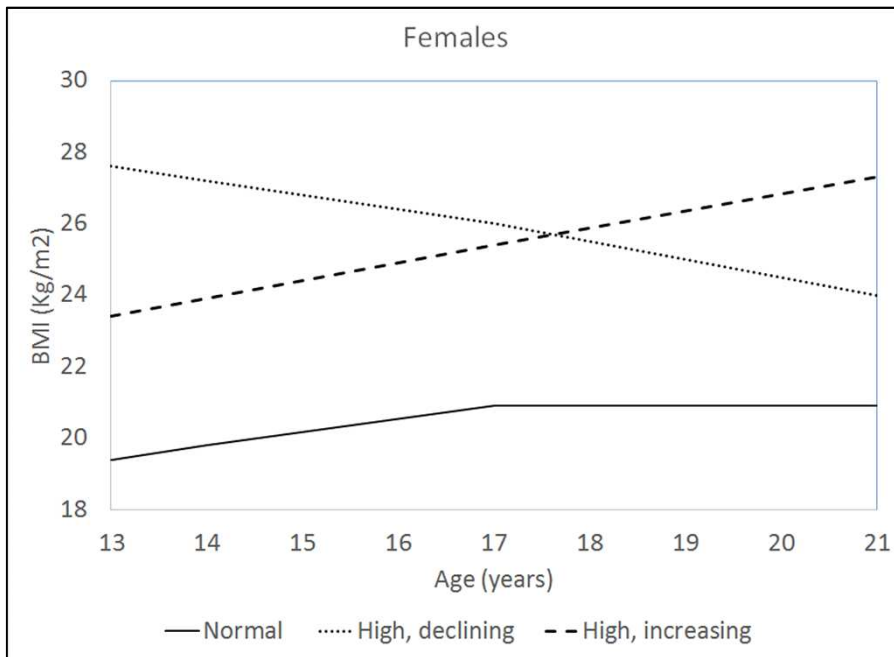
Índice de massa corporal aos 21 anos



Trajetórias de IMC

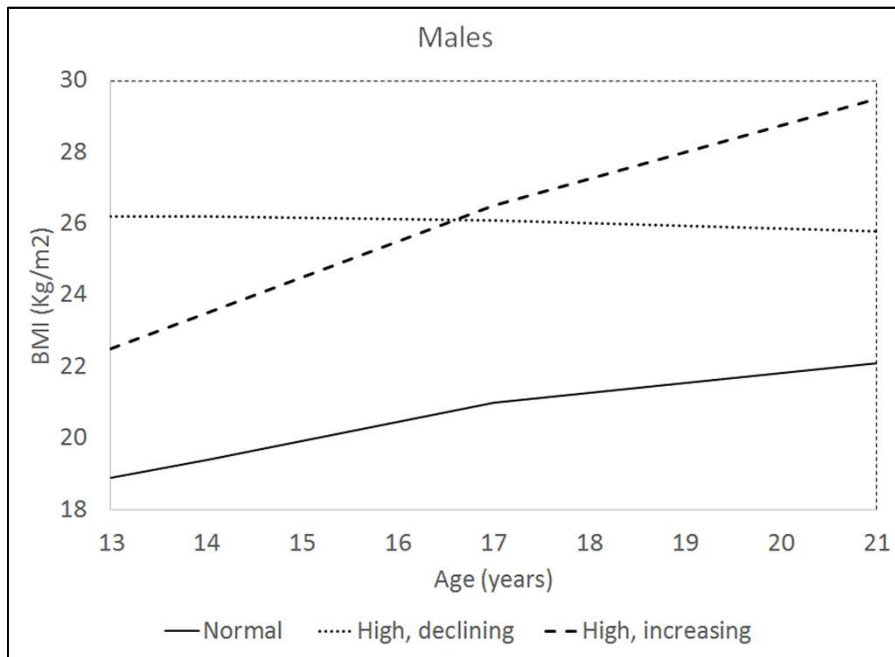


Trajatórias de IMC e fatores de risco cardiovascular aos 21 anos, sexo feminino



Trajatória	PAS (mmHg)	PAD (mmHg)	Trig. (mg/dl)	LDL (mg/dl)	HDL (mg/dl)
<i>High, increasing</i>	105,9	71,7	100,3	114,0	60,3
<i>High, declining</i>	101,0	67,0	91,1	100,8	59,4
<i>Normal</i>	101,3	67,4	93,0	103,2	62,8

Trajatórias de IMC e fatores de risco cardiovascular aos 21 anos, sexo masculino



Trajatória	PAS (mmHg)	PAD (mmHg)	Trig. (mg/dl)	LDL (mg/dl)	HDL (mg/dl)
<i>High, increasing</i>	122,1	76,4	98,2	117,0	45,1
<i>High, declining</i>	116,9	70,6	83,2	99,0	48,2
<i>Normal</i>	115,1	68,7	74,7	98,1	50,4

Associação entre características socioeconómicas e evolução do IMC dos 13 para os 21 anos

Overweight tracking (13 to 21 years)

	Stable normal	Decreasing	Increasing	Stable overweight
Adjusted* OR (95% CI)				
Parental education (years)				
0-6		0.78 (0.44-1.40)	2.29 (1.23-4.24)	2.01 (1.21-3.33)
7-9	Ref.	1.03 (0.60-1.77)	1.13 (0.55-2.32)	2.05 (1.24-3.39)
10-12		0.73 (0.44-1.21)	1.08 (0.57-2.02)	1.72 (1.09-2.72)
>12		Ref.	Ref.	Ref.
Participant's education (years)				
0-9		0.94 (0.43-2.08)	1.34 (0.53-3.35)	1.54 (0.82-2.90)
10-12	Ref.	0.93 (0.58-1.49)	2.37 (1.44-3.88)	1.70 (1.17-2.47)
>12		Ref.	Ref.	Ref.
Perceived social class				
Lower		0.49 (0.16-1.45)	1.15 (0.37-3.54)	1.09 (0.48-2.51)
Lower middle	Ref.	0.98 (0.65-1.48)	1.54 (0.92-2.58)	1.61 (1.10-2.37)
Upper / upper middle		Ref.	Ref.	Ref.
Do not know/answer		0.51 (0.17-1.50)	0.50 (0.11-2.20)	1.61 (0.78-3.33)
Perceived income adequacy				
Insufficient		0.90 (0.56-1.45)	1.22 (0.66-2.28)	1.55 (0.99-2.44)
Just enough	Ref.	0.77 (0.46-1.28)	1.54 (0.84-2.84)	1.32 (0.82-2.12)
More than enough		Ref.	Ref.	Ref.

* Adjusted for sex and physical activity at 13 years of age.

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