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Porto, Portugal, September 23-25 2010

Special issue editors: Maria Daniel Vaz de Almeida, Javier Aranceta, Lluis Serra Majem, Noel Solomons and Ibrahim Elmadfa

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A SERVICE-PROVISION PROTOCOL FOR NOURISHMENT AND NUTRITION-RELATED CARE OFFERED IN BRAZIL'S INDIGENOUS PEOPLE'S HEALTH CENTERS (CASAI)

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As it was conceived by the Unified Health System (SUS), the healthcare offered to Native Brazilians should strive for the nationwide implementation of the Special Sanitary Rights of Indigenous Peoples (Dsei). Brazil's Law Number 9,836, ratified on September 23 of 1999, establishes that the "subsystem for indigenous peoples' healthcare will be decentralized, hierarchical and regionalized, like the SUS". As per their needs, Native Brazilians should be guaranteed access to the SUS locally, regionally and in its specialized centers – where they are entitled to primary, secondary and tertiary care. The Funasa, which is responsible for providing these peoples with adequate healthcare, maintains Indigenous People's Health Centers (Casai). These are an integral part of the system instituted by the National Policy for Indigenous People's Healthcare – a policy which establishes a complementary and differentiated organization-system. The Casais are responsible for receiving and supporting indigenous patients (and their companions) referenced by the Dsei or base-poles for specialized treatment in SUS's network. Various health problems scourge Native Brazilians, who often require hospitalization or specialized care. This paper advocates the elaboration of a service-provision protocol and a flux of reference and counter-reference to be implemented in Brazil's Indigenous People's Health Centers in order to improve nourishment and nutrition-related care given to Native Brazilians and guarantee continuity for treatment prescribed to both those hospitalized and to those who return to their homes or villages. Given the challenge of securing for indigenous communities an equal access to the SUS, the proposal offers structuring strategy for the healthcare provided to Native Brazilians. It also offers valuable means of improving the medium and high-complexity care offered to them.

DOES BODY IMAGE AND EATING PRACTICES RELATED TO MIGRANT STATUS IN THE BALEARIC ISLANDS' ADULTS?

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Objective: To analyze the relationship of migrant status with body image and eating practices in the Balearic Islands' adults.Design: A cross-sectional nutrition survey carried out on random samples of the Balearic Islands adult population (OBEX Survey 2009-2010). Analysis is based on a total of 1064 individuals (455 men, 609 women), aged 16-65 years.Method: Anthropometric measurements and a general questionnaire were used, including body image (BI) perception (self-perceived state to body fat mass discrepancy), eating practices, and migrant status (MIG) classified by birthplace (MR: Mediterranean region, EU: non-Mediterranean Europe and NEU: non European). Results: Three of 10 women was no-native (EU 17%, NEU 14%). NEU women were 4 cm shorter in height (MR 162±6.3 cm, EU 161±6.2 cm, NEU 158.2±6.3 cm) (p<0.01). MR women showed lower rates of overweight (32.1% vs. EU 41%, NEU 42.3%), overfat (31.6% vs. EU 42.6%, NEU 42.9%) and metabolic-risk by WHR (18% vs. EU 31.9%, NEU 24.7%) (p<0.01). Moreover, BI distortions were less common in MR: underestimation (9.34% vs. EU 17.4%, NEU 16.7%) and overestimation (9.6% vs. EU 15.2%, NEU 8.3%) (p<0.01). Some eating practices were related to MIG, with lower dieting rates for MR (30% vs. EU 33%, NEU 39.7%), skipping breakfast (12.7% vs. EU and NEU 16%), skipping mid-morning snack (14.6% vs. EU 21.9%, NEU 31.6%) and therefore, higher daily meals in MR (4 vs. EU and NEU 3.5) (p<0.01). Two of 10 men was no-native (EU 13%, NEU 8%) showing lower overweight rates than MR (49.5% vs. EU 41%, NEU 41%) (p=0.36) with no significant differences in nutrition status, BI and eating behaviour by MIG. Conclusion: Body image perception and some eating practices are strongly associated to migrant status in women, but not in men. A healthier profile was found in Mediterranean native than in migrant women.(Programme of Promotion of Biomedical Research and Health Sciences, Project 08/1259, and Predimed Network-RTIC RD06/0045/1004).

DIET-RELATED DISPARITIES: COMPARISON OF DIETARY RISK FACTORS FOR CARDIOVASCULAR DISEASE IN HYPERTENSIVE MEDICATED AFRICAN MIGRANTS AND NON-MIGRANTS

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INTRODUCTION: Evidence shows higher prevalence and severity of hypertension (HTN) in blacks than in other ethnic groups and greater impact of interventions among migrants and hypertensive patients. The current challenge for reducing Blood Pressure (BP) according to the American Heart Association recommendations is the implementation of effective clinical strategies leading to sustained dietary changes.This study aims: a) to identify and to describe nutrition-related factors as a determinant of controlled HTN; b) to compare the anthropometric data and eating habits of treated migrant and native hypertensive patients; and c) to identify groups of higher cardiovascular (CV) risk due to diet-related disparities. METHODS: Observational, population-based descriptive study, where treated hypertensive patients, followed at Primary Care Health Centres of the Lisbon Region, will be stratified in two samples, according to their status as migrant or native. To detect differences between scenarios of medium and high contrast, the study sample involves 300 patients, 150 migrants from African Portuguese Speaking Countries and 150 natives. Dietary intake will be assed, between July and September 2010, using a 24h recall in two non-consecutive days by face-to-face interview, followed by a phone interview, 2 months later. Additional quantitative and qualitative information will be collected about: 1) dietary knowledge, behaviour and attitudes; 2) health status (measurement of BP, severity and related comorbidities of HTN) and lifestyle (smoking, alcohol intake and physical activity); 3) weight, height and waist circumference. RESULTS: The food consumption and patterns and their compliance with dietary guidelines will be compared between the two groups. Factors influencing the eating behaviour will be identified in order to give the baseline information to support future effective intervention strategies, to improve the eating habits in a high CV risk population.

NUTRITION TRANSITION IN THE UK: THE CASE OF SOUTH ASIANS

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Background: South Asians (people of Indian, Bangladeshi or Pakistani origin) make up the largest minority group in the UK representing 4% of the national population. As time spent in their host country increases the