

Methods: This study followed a cohort of 2,624 residents in Kangwha County, aged 55 or older in March 1985, for their cause-specific mortality for 20.8 years up to December 31, 2005. We calculated hazard ratio of mortality by experience of hypertension or systolic blood pressure (SBP) levels using the Cox proportional hazard model after adjustment for age, smoking, body mass index, education level, and alcohol drinking. We also performed stratified analyses by experience or frequency of binge drinking. Binge drinking was defined as having 6 or more drinks on one occasion.

Results: Those with SBP>165 mmHg had an increased risk of mortality from total atherosclerotic cardiovascular disease (HR, 3.25; 95% CI, 2.35-4.49) and total stroke (HR, 3.54; 95% CI, 2.41-5.20) compared to those with SBP<130 mmHg. In subgroups by binge drinking, the relations of stroke were stronger in binge drinkers (HR, 5.77; 95% CI, 2.35-14.2) than non-binge drinkers (HR, 3.05; 95% CI, 1.98-4.70). In binge drinkers who drink daily, the association of stroke with systolic blood pressure was much stronger (HR, 11.4; 95% CI, 2.60-50.4).

Conclusions: The results of this study suggest that high systolic blood pressure have a harmful effect on total stroke in Korean and the relation is stronger in frequent binge drinkers. These findings need to be confirmed in further studies.

OT12-6

Self-Efficacy, Self-Care Practice and Glycemic Control among Type 2 Diabetes Patients in Yangon, Myanmar

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The purpose of the study was to explore the prevalence of glycemic control and factors influencing glycemic control among type 2 diabetes mellitus in Yangon, Myanmar. By accidental sampling, data were collected from 266 diabetes patients seeking health care at diabetes clinics in Yangon, Myanmar. HbA1c was used as an index for glycemic control and the goal of good glycemic control was <7%. The results of the study indicated that the median HbA1c value was 7.8%. Approximately, 27.1% of the patients achieved the goal level of HbA1c (<7%) whilst 30.8% of the patients had good overall self-care practice and 62.0% had high self-efficacy. The univariate analysis showed that age, medication taken and presence of ulcerated foot were significantly associated with glycemic control as well as there were strongly associated with self-care practice, self-efficacy and glycemic control. Multiple logistic regression analysis revealed five variables were associated with glycemic control: age (adjusted OR=2.56, 95% CI=1.24-5.26), medication taken (OR=2.23, 95% CI=1.13-4.38), Body mass index (OR=2.01, 95% CI=1.02-3.95), self-care for physical exercise (OR=1.98, 95% CI=1.02-3.87) and self-efficacy (OR=5.29,

95%CI=2.20-12.75). Informative health education program for diabetes patients especially for diet and physical exercise should implement for the patients to have better glycemic control.

OT12-7

Derivation of Anthropometric Cut-Off Levels for Defining Cardiovascular Disease Risk in Sri Lankan Adults

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Background and Objectives: Obesity is strongly associated with cardiovascular disease(CVD) risk. However, ethnicity-specific anthropometric cut-offs are recommended for obesity assessment. Objective of this study was to define population specific anthropometric cut-off values to define CVD risk among Sri Lankan adults.

Methods: A random sample of 4532(males-1793, females-2739) nationally representative non-institutionalized adults aged ≥18years were included in analyses. Body mass index(BMI), waist circumference(WC), waist-to-hip ratio(WHR), blood pressure, fasting venous blood samples were collected to measure glucose, high density lipoprotein cholesterol(HDLc) and triacylglycerols. Oral glucose tolerance test(OGTT) was also performed. Cut-off values were defined using Receiver Operating Characteristic curve analysis. High CVD risk was confirmed by logistic regression analysis.

Results: The age-adjusted BMI, WC and WHR were significantly associated with CVD risk factors($p < 0.001$). Cut-off values for BMI, WC and WHR for males were 20.7kg/m², 76.5cm and 0.89, and for females were 22.0 kg/m², 76.3cm and 0.85 respectively. The common cut-off value for BMI, WC and WHR were 21.5 kg/m², 76.3cm and 0.87 respectively for Sri Lankan adults. Optimum sensitivity and specificity obtained from the receiver operator characteristic curve corresponded to these cut-off values. The current Asian and Caucasian anthropometric cut-off level showed lower sensitivity and lower correct classification as compared to newly derived cut-offs.

Conclusion: For public health action, we propose the following anthropometric cut-offs points to determine high CVD risk for Sri Lankan Adults: BMI≤ 21.5Kg/m², WC ≤ 76 cm and, WHR ≤0.85(women) and 0.90(men).