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to 10 years (64.0–57.0%). The correlation coefficients varied from 0.1 to 0.4 (p<0.05).

Conclusions: Although most of the correlations between the instruments were moderate, frailty prevalence varied largely according to the instrument used to assess the condition. These differences are justified because of the different domains assessed by each instrument.

**SP1-53**  
THE EFFECT OF SOCIAL DEPRIVATION ON WEIGHT IN THE UK CYSTIC FIBROSIS POPULATION

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Background: Maintaining nutritional status is a key component of care in people with cystic fibrosis. Low socioeconomic status has been linked with poor outcomes in CF. We explored, for the first time in a UK-wide cohort, longitudinal weight gain and its relationship with socioeconomic status (SES).

Methods: We undertook a retrospective longitudinal cohort study of 4546 people with cystic fibrosis aged <20 years (21,852 observations) in UK CF registry between 1995 and 2006. Census-based indices of multiple deprivation (IMD) from the UK constituent counties were used as small area measures of SES. Piecewise mixed model regression was used to estimate the effect of SES on weight for age z-score (WFA).

Results: WFA was significantly lower in the most deprived quintile at all time points. The estimated WFA at birth (intercept) was −0.64 in the least deprived quintile compared to −1.31 in the most deprived (mean difference 0.67 95% CI 0.42 to 0.92). The population WFA increased up to age three by 0.2 per year, and then declined subsequently by −0.053 per year. There was a significantly steeper improvement in WFA in the most deprived quintile in the first 3 years (mean difference per year 0.15 95% CI 0.06 to 0.20), with no difference in the rate of decline subsequently.

Conclusions: Social deprivation is associated with lower WFA in the UK cystic fibrosis population, but there is a period of increased weight gain in the first 3 years, highlighting the importance of early diagnosis and treatment.

**SP1-54**  
RESULTS OF A 3-YEAR WORKPLACE WELLNESS PROGRAM AMONG A WORK COHORT IN KUALA LUMPUR, MALAYSIA

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Introduction: Data have shown the UAE to have high rates of cardiovascular disease but the risk factor burden remains poorly studied. This study describes the baseline cardiovascular risk profile of the National population of Abu Dhabi.

Methods: Adults aged >18 years or over were screened using self-reported indicators, anthropometric measures and blood tests in primary care.

Results: The study included 8138 subjects. Mean age (SD) was 36.82 (14.30) years with 21,663 (48%) males and 28,474 (52%) females. Numbers and crude prevalence rates were for obesity 17,558 (55%), overweight 15,825 (32%), central obesity 27,480 (55%), diabetes 8268 (18%), pre-diabetes 15,127 (27%), dyslipidemia 21,685 (44%) and hypertension 11,577 (35%). Smoking rates were 5575 (18%) in males and 221 (0.8%) in females. Age-standardised rates for diabetes and pre-diabetes were 11,792 (25%) and 14,158 (30%), obesity and overweight were 19,711 (41%) and 16,298 (34%). Family history of premature cardiovascular disease was independently associated with a past history of cardiovascular disease with an OR of 5.34 (95% CI 3.79 to 7.52).

Conclusion: This population-wide cardiovascular screening programme in the Middle East has demonstrated a very high cardiovascular burden for this small and young population. The data form a baseline against which progress is monitored for the population-wide Abu Dhabi Cardiovascular Disease Programme.

**SP1-55**  
WEGAYA: A WHOLE POPULATION CARDIOVASCULAR SCREENING PROGRAMME IN ABU DHABI, UNITED ARAB EMIRATES

C Haif,* 1O Harrison, 2Z Al Sisk. 1Department of Public Health & Research, Health Authority Abu Dhabi, Abu Dhabi, United Arab Emirates

Introduction: Data have shown the UAE to have high rates of cardiovascular disease but the risk factor burden remains poorly studied. This study describes the baseline cardiovascular risk profile of the National population of Abu Dhabi.

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Conclusion: This population-wide cardiovascular screening programme in the Middle East has demonstrated a very high cardiovascular burden for this small and young population. The data form a baseline against which progress is monitored for the population-wide Abu Dhabi Cardiovascular Disease Programme.

**SP1-56**  
ASSOCIATION BETWEEN OVERWEIGHT, OBESITY AND SELF-PERCEPTION OF BODY WEIGHT IN ADULTS

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Introduction: This study aimed to examine the association between self-perception of body weight in adults.

Methods: A cross-sectional population-based study was carried out in the city of Pelotas, southern Brazil, with a sample of individuals aged 20–59 years. Weight and height of the participants were measured by previously trained evaluators. Overweight and obesity were defined as body mass index ≥25 kg/m² and ≥30 kg/m², respectively. Self-perceived body weight status was directly and indirectly assessed. The participants were first asked whether they perceive themselves as too thin, thin, normal, fat or too fat and then the difference between reported ideal and actual body weight measured after the interview was calculated.