

186. TERRITORIAL GAPS ON QUALITY OF CAUSES OF DEATH STATISTICS OVER LAST FORTY YEARS IN SPAIN

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Background/Objectives: The quality of the statistics on causes of death (CoD) do not present consolidated indicators in the bibliography, nor in official health or statistical publications, no further than the major coding group of symptoms, signs, and ill-defined conditions of the International Classification of Diseases. Our objective was to assess the territorial quality of CoD by reliability in the official mortality statistics over 1980-2019 years across Spain.

Methods: A descriptive epidemiological design of decade unit (1980-, 1990-, 2000-, and 2010-2019) by (18) territories and sex, was implemented with the CoD cases and adjusted rates and ratios (to all-causes) were expert-assigned by reliability into unspecific and ill-defined groups of medical certification. Data was obtained from the National Institute of Statistics. Territorial mortality rate was contrasted to the Spanish median in each decade and sex by the Comparative Mortality Ratio (CMR) in a Bayesian perspective. Statistical significance was considered when CMR did not contain the value 1 in the 95% credible intervals.

Results: Unspecific, ill-defined and all-causes of death age-adjusted rates by sex and territory have decreased along 1980-2019 decades. The proportion of ill-defined CoD has decreased over decades, but was still prominent in women in the four decades (13, 10, 9, and 7%), especially in Andalusia and Ceuta & Melilla. In the last decade (2010-2019), CMR of ill-defined CoD exceed in women in 5/18 territories (Andalusia, Ceuta & Melilla, Extremadura, Madrid, and Valencia) (range of 2.11, 95%CI, 1.95-2.28, to 1.05, 1.04-1-06); while CMR of unspecific CoD exceed in women in 5/18 territories (Andalusia, Canary Islands, Galicia, Murcia, and Valencia) (range of 1.28, 1.26-1.31 to 1.05, 1.02-1.08).

Conclusions/Recommendations: The reliability of the CoD in Spain has been improving in the last 40 years; however, territorial and gender gaps persisted. surveillance of unspecific and ill-defined CoD should be considered by the institutions involved, as well as a systematic medical post-grade training on death certification should be developed.

1058. TWENTY YEARS OF EDUCATIONAL LEVEL INEQUITIES IN MAJOR METABOLIC CARDIOVASCULAR RISK FACTORS IN SPAIN: 2001-2020

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Background/Objectives: Cardiovascular diseases (CVD) remain the leading cause of morbidity and mortality in Spain. Monitoring and tracking the trends and inequities across socioeconomic groups in cardiovascular risk factors could provide benchmarks for effective and equitable preventive strategies. Therefore, we analyzed trends in relative educational inequities for three CVD risk factors - hypertension, diabetes, and hypercholesterolemia - from 2001 to 2020 in Spain.

Methods: This longitudinal study used data from the latest eight cycles (2001-2020) of the Spanish National Health Survey and the Spanish Module of the European Health Survey. We estimated the educational level relative index of inequality (RII) and the slope Index of Inequality (SII) for hypertension, diabetes, and hypercholesterolemia. To do so, we fitted Poisson regression models with robust variance (for RII) and Poisson additive models (for SII). Models were stratified by survey and sex. We conducted all analyses using R version 4.3.1.

Results: From 2001 to 2020, we observed a decrease in the relative inequalities for diabetes (e.g., RII in both sexes, 2001:3.17 95%CI: 2.18-4.61; 2020: 1.83; 95%CI: 1.54-2.17). However, the magnitude differed by sex (e.g., RII for 2020 for diabetes in females; 2.31 95%CI: 1.77-3.01; males: 1.54; 95%CI: 1.23-1.93). In absolute terms, we observed an increase of inequalities among males (SII for 2001 for diabetes: 4.75 95%CI: 2.10-7.40; 2020: 5.17 95%CI 2.44-7.90) and females. The RII and SII showed consistent educational inequalities in hypertension, with a decreased over time (e.g., RII in both sexes, 2001: 2.02 95%CI: 1.63-2.52; 2020: 1.31 95%CI: 1.18-1.44). For hypercholesterolemia, the pattern of relative inequalities by educational was only observed among females (e.g., RII for 2001 in females; 2.39; 95%CI: 1.66-3.44; 2020: 1.20; 95%CI: 1.02-1.41).

Conclusions/Recommendations: We have observed consistent educational inequalities -absolute and relative- for diabetes, hypertension and hypercholesterolemia. The magnitude and pattern of these social inequities differed by sex, being consistently higher among females. Educational inequities need to be addressed and considered in policies targeted at reducing cardiovascular risk factors in Spain.

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CO21. Epidemiología de enfermedades raras/Epidemiologia das doenças raras

744. IMPACTO DE LA COVID-19 EN LA POBLACIÓN CON ENFERMEDADES RARAS EN LA COMUNIDAD DE MADRID

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Antecedentes/Objetivos: Se define enfermedad rara (ER) como aquella con una prevalencia menor de 1 caso/2.000 habitantes. En la Comunidad de Madrid (CM) el registro poblacional de ER (SIERMA) recopila de forma sistemática los casos confirmados de distintas ER. La COVID-19 en ER podría ocasionar una morbimortalidad diferente a la población general. El objetivo es analizar el impacto prevacunal de la infección por COVID-19 en la población con ER.

Métodos: Estudio de cohortes a partir de los casos en SIERMA residentes en la CM de alguna de las 22 ER del Registro Estatal, vivos al inicio de la pandemia, y población no afectada por ER seleccionada aleatoriamente de tarjeta sanitaria individual, apareada 1:3 según sexo, edad \pm 5 años y Centro de Salud. Se asignó el Índice de Privación (IP) según el Centro de Salud correspondiente. El seguimiento se realiza del 25 de febrero al 7 de diciembre de 2020 (primera y segunda ola). Se utilizan los sistemas de información: Sistema de Vigilancia COVID, CMBD, Morbilidad en Atención Primaria y Mortalidad INE. Variables dependientes: incidencia (caso confirmado), ingreso en Hospital, UCI y fallecimiento por COVID. Independientes: ER, IP, co-