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RELATIONSHIPS BETWEEN BODY MASS INDICES AND SURGICAL REPLACEMENTS OF KNEE AND HIP JOINTS.
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Osteoarthritis is both the most common form of arthritis and the most common reason for joint replacement surgery. Those obese are believed to be more likely to develop generalized osteoarthritis that leads, not only to knee, but also to hip joint replacement surgeries. We hypothesized that obesity is also a risk for partial joint replacements and surgical revisions. A frequency matched case-control study in Utahns. There were 840 hip and 917 knee joint replacement surgery patients, ages 55-74 from 1992-2000 included in this study. Cases were randomly matched to 5,578 controls defined as Utah residents enrolled in a cancer screening trial. Odds ratios were calculated using ICD-9 procedural codes and body mass index (BMI) groups. There was a strong association between increasing BMI and both total hip (ICD-9 81.51) and knee replacement (ICD-9 81.54) procedures. In males, the highest odds ratios were for those $37.50-39.99 \text{ kg/m}^2$ (total hip: OR=9.37, 95% CI=2.64, 33.31; total knee: OR=16.40, 95% CI=5.19, 51.86). In females, the highest odds ratios were for those $\geq 40 \text{ kg/m}^2$ (total hip: OR=4.47, 95% CI=2.13, 9.37; total knee: OR=19.05, 95% CI=9.79, 37.08). There were slight gender-specific differences in risk found for partial hip replacement procedures. Unexpectedly, no statistically significant risk from obesity for hip or knee revision procedures was found. While there is an association between obesity and hip and knee joint replacement surgeries, obesity does not appear to confer an independent risk for hip or knee revision procedures.

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ACCULTURATION, KNOWLEDGE, BELIEFS, AND PREVENTIVE HEALTH CARE PRACTICES REGARDING BREAST CARE IN FEMALE CHINESE IMMIGRANTS IN NEW YORK METROPOLITAN AREA Wei-Ti Chen, (Columbia University, New York, NY 10032)

Studies have found that breast cancer becomes a greater health problem as successive generations of Asian women live in the United States (Miller 1996). The purpose of this study is to examine the relationships between acculturation level and breast cancer knowledge, cancer risk perception, health practice, and perceptions of health access. This is a descriptive correlational cross-sectional study, which uses a survey approach. Participation in this study is limited to Chinese immigrant women, aged 18 and over. Study participants were selected from two childbirth classes, one temple activity, two church gathering events, and four American Cancer Society's educational sessions. The mean age is 40.75-year-old. The mean year of education is 10.23, approximately some high school degree. Averagely, they lived in the United States around 11 years; most of the women only have two years of experience staying in America. Mostly, these women lived in New York with mean of 9.96 years. Sixty-seven percent are married with one or two children. Majority of them came from Hong Kong, Taiwan and China. Most of them are Buddhism with 63% holding legal immigrant status in the United States (Green Card and Citizen). Forty-six percent of them are living in Queens. Almost 42% of the study population reported their yearly household income to be less than \$20,000. Approximately 27 percent of the participants have no insurance at all. The results of this study can help the health care providers who serve the Chinese population to better understand the level of knowledge of breast cancer screening and Chinese immigrant women's perception of cancer and health.

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WITHDRAWN

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RISK OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER ASSOCIATED WITH LOW BIRTH WEIGHT AND MATERNAL SUBSTANCE USE DURING PREGNANCY.
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To address the putative association between attention-deficit/hyperactivity disorder (ADHD) and prenatal exposure to maternal cigarette smoking, drugs of abuse, or alcohol and between ADHD and low birth weight, we conducted a hospital-based, case-control study of 280 ADHD case and 242 non-ADHD control children. The case and control children and their relatives were systematically assessed with structured diagnostic interviews so that potential confounding by familial ADHD, maternal depression, conduct disorder and indicators of social adversity in the environment could be evaluated. ADHD cases were twice as likely to have been exposed to cigarettes (odds ratio (OR)=2.1, 95% confidence interval (CI)=1.1-4.3) and alcohol (OR=2.1, 95%CI= 1.1-5.5) in utero than were the non-ADHD control subjects. Furthermore, ADHD cases were more likely to have been born $<2500 \text{ g}$ (OR=3.1, 95%CI =1.03-9.3) independently of the effects of maternal smoking or drinking during pregnancy. Adjustment by familial ADHD, maternal depression, and indicators of social adversity did not account for the effects of these exposures. ADHD is a highly heritable disorder that increases the risk for substance use disorders in adulthood. A limitation of previous research of the risks associated with maternal smoking and low birth weight and ADHD is the lack of data on psychiatric disorders in relatives. Our study documents that previous associations with ADHD may not have been confounded by undiagnosed ADHD or mood disorders in parents. This is the first study to identify a potential link between categorical, clinical cases of ADHD and prenatal exposure to alcohol.

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