Methods During July—August, 2009, a questionnaire survey of stratified cluster sampling was conducted among 7421 permanent residents over 18 years old in 4 Beijing districts. The responders had an age range of 20—89 years old.

Results (1) In 2009, the smoking rate of urban and rural Beijing residents was 24.98%. The smoking rate of rural population was higher than that of urban counterpart (urban 15.41%, urban-rural 21.20% & rural 29.73%). The smoking rate was higher in males than females (57.18% vs 7.43%). (2) Overall speaking, the smoking rate was higher in those with a lower educational level than those with a higher educational level. The smoking rate tended to be different with the advancing ages in male and female populations. It increased with the advancing age in males and decreased with the advancing age in females. The magnitude of smoking rate had no obvious correlation with the undertaken occupations. (3) Analysis of anti-smoking urge: Disease prevention accounted for 52.65%, morbidity 22.57%, family objection 18.14%, environmental limitation 5.95%, promotion & education exhibition 5.75% and physician advising 3.98%. The major anti-smoking-related factors include cardiocerebrovascular sequel, diabetes, dyslipidemia and attending health workshops.

Conclusion As compared with the results of previous surveys, the smoking rate decreased slightly in the Beijing urban residents. The major aspect of smoking-quitting urge is disease prevention. And the anti-smoking education should be strenuously intensified.

e0294 SURVEY OF EPIDEMIOLOGICAL CHARACTERISTICS OF MAJOR CHRONIC DISEASES IN URBAN AND RURAL BEIJING RESIDENTS OVER 18 YEARS OLD IN 2009

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Objective To understand the epidemiological characteristics and control levels of major chronic diseases in Beijing municipality in 2009.

Methods During July—August 2009, a questionnaire survey of stratified cluster sampling was conducted among 7421 permanent residents over 18 years old in 4 Beijing districts. The surveying method included questionnaire, physical examination and laboratory testing.

Results The rates of morbidity, awareness, medication and control for hyperlipidaemia were 53.97%, 28.05%, 13.05% and 10.03% respectively. Those for hypertension were 52.33%, 64.29%, 57.53% and 19.9% respectively. For diabetes, 13.63%, 71.23%, 68.39% and 32.73%. The morbidity rates of hypertension and diabetes increased with the advancing age, the morbidity of hyperlipidaemia decreased with the advancing age, and were all higher in the urban population than in the urban population. The rates of awareness, treatment and control for major chronic diseases were all higher in the urban population than the rural counterpart and were lower in the youth than the elders. The morbidity rates of lower extremity atherosclerosis, coronary heart disease and stroke were 11.0%, 6.0% and 4.4% respectively.

Conclusion As compared with the results of previous surveys, in both urban and rural areas, the morbidity rates of major chronic diseases increased markedly in permanent Beijing residents over 18 years old in 2009. The morbidity level of major chronic diseases remains higher in the urban population than in the rural counterpart. The youth has a markedly elevated morbidity rate of chronic diseases. The control of chronic diseases should be implemented in both urban and rural Beijing. And the focus is placed upon the young individuals.

e0295 TREND COMPARISON OF MAJOR CHRONIC DISEASES IN URBAN AND RURAL BEIJING AREAS DURING 2007—2009

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Objective To evaluate and compare the trends of major chronic diseases in urban and rural Beijing areas during 2007—2009.

Methods During July—August in 2007 and 2009, a cross-sectional survey of stratified cluster sampling was conducted respectively among 10002 and 7421 permanent residents over 18 years old in 4 Beijing districts. The surveying method included questionnaire, physical examination and laboratory testing.

Results Within the 2-year period, the prevalence of hyperlipidaemia, hypertension and diabetes in urban and rural Beijing populations increased by 2.32%, 7.75% and 2.59% respectively. The awareness rate increased by 5.55%, 1.5% and 9.36% respectively. Except for a decline of 3.32% for hyperlipidaemia, the treatment rate increased by 2.77% and 8.61% respectively. The control rate had not a marked increase, but there was a declining trend of 1.22%, −4.54% and 0.67% respectively. Within the last 2 years, mean total cholesterol decreased by 0.302 mmol/l, mean low-density lipoprotein and mean body mass index increased by 0.419 mmol/l and 0.455 kg/m^2 respectively. The increment was higher in females than males. The smoking rate declined by a percentage of 1.73. The prevalence of lower extremity atherosclerosis increased from 4.65% to 11.0%. With a fourfold increment in rural population, it was higher in females than males. The total prevalence of coronary heart disease and stroke didn't made any changes within 2 years. But there were difference and change patterns about the prevalence of CHD and stroke between urban and rural areas.

Conclusion There has been an upward trend in the prevalence of major chronic diseases in urban and rural Beijing residents over the last 2 years. With a low control rate, the urban population has a higher prevalence than the rural counterpart. Besides education promotion, the intervention efforts for chronic diseases in Beijing urban and rural areas should be strengthened.

e0296 COMMUNITY-HOSPITAL CLASSIFICATION MANAGEMENT MODEL RESULTS

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Background Hypertension is a common disease that seriously endangers the health of populations, frequently-occurring disease, is one of stroke, coronary heart disease the major risk factors. At present, China in the prevention and treatment of hypertension, the "three low, three high, three errors", namely, (three high: prevalence rate, high morbidity and mortality is high; three low: low awareness rate, treatment rate is low, the control rate is low; three errors: do not want medication, do not tolerate no medication, no medication by your doctor) the situation has not significantly improved, the low rate of effective control of hypertension phenomenon is a widespread problem. At home and abroad a large number of studies have shown that people in the community to implement the classification of hypertension management is the crowd the key to prevention and treatment of cardiovascular and cerebrovascular diseases. Current hypertension management at different levels of remaining on the following questions, (1) Comprehensive chronic disease prevention and control capacity of the community vacancy. Community Health Workers of knowledge, lack of technical skills,

general hospitals and specialist hospitals division of responsibilities, organisational structure, two-way referral mechanism and communities to monitor the operation of the network is not quite built the whole, restricted the development of community health services. (2) Lack of dynamic data, management information missing. Community Center, the household as the unit set up a health file, but the health records are now almost become a dead file, and did not track population health problems. Therefore, it cannot reflect the health record of the progress of the disease in patients with hypertension and prevention of, intervention in the situation. (3) Targeted poor health education. The health of residents and living behaviour concepts are outmoded, self-health awareness is poor, the seriousness of the harm of chronic disease awareness rate is low, the risk factors for inadequate understanding of the significance of interventions.

Objectives In response to these problems, the Beijing Chui yangliu hospital under the "Beijing cardiovascular and cerebrovascular diseases prevention and control manual" requirement, proposed "Hypertension in the community—hospital management at different levels between the test mode, " Compliance rate and blood pressure in order to standardise management rate, lower risk levels, to reduce the risk of cardiovascular morbidity and mortality, to explore suitable for China's situation model of the integrated management of hypertension. The study through management at different levels of inclusion of 274 patients with hypertensive patients before and after their own comparative study to evaluate the model after the implementation of the hypertension prevention and control results.

Method Adopt the "Chinese Hypertension Prevention Guide" (2005 revised edition) diagnostic criteria and requirements, in December 2008—2009 years for 274 cases of hypertension management status for analysis.

Results (1) General situation: there were 129 case of men and 145 cases of women in 274 patients with hypertension, the average age of 67.3 ± 9.4 years; Educational level is relatively high, secondary and higher educational level accounted for 81.4% of the total; In the hierarchical management process, with a total of 16 cases were lost, accounting for 5.8% of the number of standardised management, including those who refuse to measure the number of defaulters accounted for 43.7%. (2) Awareness rate: The management of the knowledge rate were significantly higher than the management of the former, the difference is still statistically significant (p<0.01), Among them, "the daily salt intake and reasonable" and "control high blood pressure measures" the most significant, awareness by management of the former increased by 16.3% and 27.9% to 65.5% and 78.7%; the management of the right to determine the standard blood pressure increased awareness rate 82.6%. The results show that, Management at different levels of behaviour change in patients with hypertension had a greater role, also targeted individual, diversified health education also exposes patients to improve the level of knowledge. (3) Management at different levels by 1 year, patients with bad habits was significantly reduced; The overall management of the rate of 94.2%, which strengthen the management of 123 cases, 114 cases of general management, management, rates were 96.9% and 91.9%. After the Management of different levels, the results showed that 63 patients of very high risk group (38.7%) down to high risk group, 26 patients of high risk group (45.6%) down to medium risk group, 8 patients of medium risk group (32.0%) down to low risk group, 11 patients of low risk group (42.3%). In the management level, strengthen the management group, 62 patients with reduced general management group, downgrade rate was 50.4%, moderate management group dropped to nine cases general management group, downgrade rate was 42.9%. After statistical analysis, management, the indicators before and after differences were statistically significant (p<0.05). (4) According to the hierarchical management standards, the number of 258 cases of standardised management, of which 220 cases of blood

pressure control effect of good and can still control the rate of 85.3%. (5) 1. Comparison of blood pressure control rate was no significant difference between male and female, (p>0.05). 2. Age effects on blood pressure control rates were significantly different, which the 45—65 age group is better blood pressure control in patients, (p<0.01). Age risk factors in elderly patients is not easy to change their behaviour and lead to more complications associated with the causes of low blood pressure, low control rate of young patients with unhealthy living habits and poorer compliance. 3. Educational level influence on blood pressure control rate, differences among the groups was statistically significant, (p<0.01). High blood pressure education controls are better than low education who, due to the different education level led to their level of awareness of hypertension, attention to different degrees, resulting in the management of compliance and self-management there are differences. 4. Control of body mass index in patients with normal blood pressure within the good level of control in overweight or obese. 5. Related knowledge among the higher, blood pressure control rate. 6. Better way of life of patients control their blood pressure was higher than those bad habits blood pressure control rate. 7. Medication affect the situation on the blood pressure control rate, regular medication of patients reached their blood pressure control rate of 70.9%. 8. Management began, dangerous levels of blood pressure control rate among all groups showed no significant difference, (p<0.01). 9. Management-level influence on blood pressure control rate, difference was statistically significant lower levels of management step by step help to improve compliance rates of blood pressure, (p<0.01). (6) Whether control of blood pressure as dependent variable, a single-factor analysis of the factors was significant for the independent variable, logistic regression analysis, the results showed that: factors that affect the model results are BMI, Awareness, Lifestyle, Medication conditions and Management level (p<0.01).

Conclusions (1) Implementation of the hierarchical management model one year later, which effectively improved hypertension awareness, management and control of hypertension rates. (2) Factors that affect the model results are BMI, Awareness, Lifestyle, Medication conditions and Management level.

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e0297 **TREATMENT OF STATINS IN SECONDARY PREVENTION OF HIGH RISK CORONARY HEART DISEASE IN CHINESE—BRIG STUDY**

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Purpose To determine in patients with established coronary heart disease (CHD) whether the guidelines recommendations on secondary prevention of CHD are being followed.

Methods 64 hospitals across 31 provinces of China, including 32 secondary hospitals and 32 tertiary hospitals were selected for a baseline survey. Fifty outpatients with established acute coronary syndrome (ACS) recruited consecutively in each hospital. Information of these patients was collected and the situation of statins among the patients was analysed.

Results A total of 2516 high risk CHD outpatients were involved in present report. Mean age of the patients was 65 ± 10 and 69.4% was male. Fifty-seven point nine percentages of patients were treated with statins at the moment of interview and 29.8% had achieved the recommended LDL-cholesterol target. The situation was significant difference among regions and provinces. The South China had the most patients with statins treatment, but the Northeast of China least. Treatment success rate was highest in