

Besides, we collected information related to their household level socio-economic, demographic and lifestyle information through individual interviews with household members.

Findings: We found the chance of having pre-hypertension increases with the increase with age irrespective of gender. Women are more suffer than men for developing pre-HTN (2.31 vs 1.46) and HTN (4.25 times respectively). However, obese men had a high chance 2.46 and 4.23 times higher of developing of pre-HTN and HTN than that of women (1.48 and 2.58 times). Those men and women who sleep more than >9 hours in 24 hrs were more likely to be pre-hypertensive (men 1.32 and female 1.53 times) and hypertensive (men 1.30 and female 1.38 times). The chance of being hypertensive reduced when men and women sleep ≤ 6 hours (1.04 and 1.17 times respectively). Interestingly, although small but still at risk of developing HTN were men who snored. It was found that 20% of men and 19 % of women who snored had hypertension.

Interpretation: This study add with the existing knowledge of lifestyle modifiable factors for pre-hypertension and hypertension that snoring is an independent factors for developing pre-hypertension and hypertension.

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Thinking Out of the Box - Snoring as Global Non-communicable Health Concern

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Background: Although snoring is commonly known but ignored breathing problem that affects among all ages and both genders, contribute to poor health and diminishes quality wellbeing. We, therefore, aimed to study the relationship of snoring with chronic disease among the Bangladeshi population.

Methods: We collected data from 12338 Bangladeshi men and women over 35 years residing both in urban and rural areas. Participant's socio-demographics, behavioral, lifestyle, and chronic disease (diagnosed by registered physician) were collected using android operating system based "CommCareHQ" platform on the 7" monitor tablets. Data was analyzed based on two categories - Diagnosed with chronic disease and Not diagnosed with chronic disease using both descriptive and inferential statistics.

Findings: We found 20.9% of the participants had been suffering from snoring among the all population. Regards to the diagnosed with chronic disease category, we found a total of 1245 (56.8%) participants had snoring and 946 (43.2%) participants had no snoring history. In the second category i.e participants with no chronic disease, 5431 (53.5%) participants had snoring and 4716(46.5%) had no snoring. We noted snoring during sleep significantly increased the risk of chronic disease i.e 1.4 times higher chance of suffering from chronic disease to those participants who had snoring (RR=1.41, 95% 1.30-1.52).

Interpretation: Snoring is an independently associated factor for chronic disease among the Bangladesh population and should be

in incorporated in the chronic diseases screening tools at the community level detection.

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Health Related Quality of Life in Morbidly Obese Women Attending a Tertiary Care Hospital in India

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Background: The prevalence of obesity is increasing worldwide, attributable to shifts in diet and lifestyle. Obesity is correlated with increased health risks including cardiovascular disease, hypertension, and diabetes mellitus. South Asians have higher body fat percentage at lower BMI's compared to European counterparts, and therefore have the same health risks at lower stages of obesity.

Increased medical and psychiatric conditions and mobility restrictions associated with obesity have a direct impact on the HRQOL of these individuals. Furthermore, HRQOL has been demonstrated to be a predictor for future mortality and treatment compliance. This study analyzed the HRQOL in morbidly obese women (Body Mass Index ≥ 35 Kg/m²) attending a bariatric clinic in a tertiary care hospital in India and aimed to ascertain potential anthropometric correlates.

Methods: Anthropometry collected included weight, BMI, waist circumference, hip circumference and waist height ratio. HRQOL was assessed using an obesity related QOL questionnaire focused on obesity's impact on physical distress, self-esteem, sexual and work life. This 6 month study then divided the 88 morbidly obese female patient population into two groups by the overall mean QOL total score with $\leq 50\%$ as the Low QOL group (N=35) and $> 50\%$ as the High QOL group (N=32).

Findings: The low QOL groups had significantly fewer children (1.41 \pm 1.150, $p=.016$), higher BMI's (42.10 \pm 6.27 kg/m², $p=.001$), higher hip circumference values (124.71 \pm 11.91 cm, $p=.001$), and lower waist to hip ratios (.92 \pm .08, $p=.032$) compared to the high QOL group. Significant negative correlations were determined between QOL and BMI ($r=-.404$, $n=67$, $p<.01$) with regression further demonstrating the strongest correlation between BMI and QOL ($R^2 =.163$).

Interpretation: With limited literature assessing the QOL of obese South Asian patients, this study sought to provide insight. Because of the demonstrated strong correlation between BMI and HRQOL, in addition to the ease with which BMI can be measured in under resourced healthcare settings, we recommend that clinicians assess BMI as a potential correlate for HRQOL. We also recommend this correlation be used as a starting board for conversations with patients on QOL, providing opportunities to recognize medical and psychiatric comorbidities that may otherwise go unnoticed in a hectic tertiary care setting.

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