

#### 1: A new estimate of the U.S. Muslim population | Pew Research Center

*Men were eligible for inclusion in this population-based study if they were (1) diagnosed with CaP with primary and secondary Gleason grades 3 + 3 or less ("Grade group 1"); and (2) had at least one repeat biopsy after their CaP diagnosis, regardless of whether the post-diagnosis CaP biopsies were positive or negative (no cancer detected).*

This article has been cited by other articles in PMC. Abstract Background Accidental falls in the elderly are a major health problem, despite extensive research on risk factors and prevention. Only a limited number of multifactorial, long-term prospective studies have been performed on risk factors for falls in the general elderly population. The aim of this study was to identify risk factors predicting falls in a general elderly population after three and six years, using a prospective design. Methods The prevalence of 38 risk factors was recorded at a baseline assessment of subjects aged 60–93 years. The incidence of one or more falls was recorded after three and six years. The predicted risk of falling, after exposure to the various risk factors, was analysed in a multiple logistic regression model, adjusted for age and sex, and presented as odds ratios OR. A principal component analysis PCA, including the statistical significant factors, was also performed to identify thematic, uncorrelated components associated with falls. Results The use of neuroleptics OR 3. In the PCA, three main components predicting falls were identified: Conclusions Three main components predicting falls were identified in a general elderly population after three and six years: The use of neuroleptic drugs was also a prominent individual risk factor, although the prevalence was low. Heart failure with symptoms was a significant risk factor for falls and may be of clinical importance as the prevalence of this condition in the elderly is increasing worldwide. There is need for further research on the relation between heart failure and falls in the elderly, as the treatment for this condition is poorly documented in this demographic. The findings of this study may be valuable in the development of intervention programmes aimed at sustainable, long-term reduction of falls in the elderly. Accidental falls, Elderly, Epidemiology, Prospective, General population, Risk factors, Predictors Background Although accidental falls in the elderly have been the subject of extensive research during the past 20 years, it is still a major health problem in a rapidly ageing global population [ 1 - 6 ]. Unintentional injuries are the fifth leading cause of death in older adults after cardiovascular, neoplastic, cerebrovascular and pulmonary causes. Falls are responsible for two-thirds of the fatalities resulting from unintentional injuries [ 2 , 7 ]. About a third of community-dwelling people over 65 years fall each year, and the incidence increases with age [ 1 ]. The additional psychological and social consequences can be severe, with post-fall syndromes including fear, depression and activity avoidance [ 2 , 7 , 9 , 10 ]. The high incidence of falls in the elderly, with substantial mortality and morbidity, underlines the importance of preventive interventions. Many preventive programmes and randomised controlled trials based on reported risk factors have been conducted and evaluated over the years [ 1 , 11 , 12 ]. Although some interventions have proven to be effective in reducing falls, there is still some uncertainty about the optimal approach and the efficacy of interventions aimed at preventing falls, probably due to the complex nature and aetiology of the clinical problem [ 2 , 7 , 8 , 12 - 15 ]. Risk factors for falls have been identified in epidemiological studies of varying quality [ 1 ]. Meta-studies show a notable heterogeneity in the selection, scope and methodology employed in previous studies, in which falls were assessed retrospectively, or small, unrepresentative samples of the general elderly population were studied with short follow-up periods [ 3 , 5 , 16 , 17 ]. As retrospective and cross-sectional studies can identify risk factors, they are methodologically weaker than prospective studies, which have the ability to assess outcome after exposure to risks [ 18 ]. Three systematic reviews of studies on risk factors for falls in subjects over 64 years of age include 23 prospective studies, from to [ 3 , 16 , 17 ]. The follow-up period ranged from 16 days to a maximum of 16 months, and most had an one-year duration. An additional, recent systematic meta-analysis included 74 prospective studies from to , in which risk factors for falls in community-dwelling older people were analysed [ 19 ]. The majority of these studies had a duration of one year or less, and sample sizes less than subjects. Five studies had a duration of over 36 months range 48–84 months , although they focused on one or few risk factors, and had skewed gender distributions. As the cause of falls in the elderly is largely multifactorial, it is relevant to analyse a broad range of intrinsic and

extrinsic risk factors for falls [ 7 , 20 ]. Saari and Pluijm applied a multifactorial approach with and 3-year follow-ups, respectively [ 21 , 22 ]. Anstey employed an 8-year prospective design in studying the relation between cognitive performance and falls [ 23 ]. Besides these, to our knowledge, few long-term, multifactorial prospective cohort studies on risk factors for falls in the general elderly population have been carried out. Such long-term prospective studies are vital if we are to understand the processes behind falling, to be able to predict and define groups at risk, and to improve the design of future clinical trials [ 18 ]. As the first step in an effective intervention programme may be identifying risk factors for falls, their identification in a long-term perspective may be vital in future interventions aimed at a stable, long-term reduction of falls. This study is based on a large cohort from the general elderly population, including the very elderly, with long-term follow-up assessments. The aim of this study was to identify risk factors predicting falls in a general elderly population after three and six years. The results are also presented in terms of thematic components, using a multifactorial approach in which a wide range of risk factors for falls was analysed. The subjects were randomly selected from the National Population Register using a computerised random number generator. The only exclusion criterion was the inability to speak Swedish. The study included men and women from nine age cohorts: These subjects were recruited to a baseline assessment which took place from February to July ; a lengthy inclusion period was needed due to the scope of the study. The older cohorts, 78 years and older, were invited to a 3-year follow-up assessment between January and June All cohorts were invited to a 6-year follow-up between March and December After recruitment, subjects did not participate in the follow-up assessments, and were thus categorised as non-participants.

### 3.3 THE STUDY POPULATION .T. 19 pdf

#### 2: New study suggests insect populations have declined by 75% over 3 decades - CNN

*The purpose of this study was to establish the diagnostic test statistics for tau, including the Bayesian concept of diagnosticity given by the likelihood ratio for comparison with , with a defined patient population and sized to be statistically valid.*

By Besheer Mohamed Note: An updated version of this post was published on Jan. Our new estimate of Muslims and other faiths is based on a demographic projection that models growth in the American Muslim population since our estimate and includes both adults and children. The projection uses data on age, fertility, mortality, migration and religious switching drawn from multiple sources, including the survey of Muslim Americans. According to our current estimate, there are fewer Muslims of all ages in the U. And even at the state level Muslims are not evenly distributed: Certain states, such as New Jersey , have two or three times as many Muslim adults per capita as the national average. Recent political debates in the U. But coming up with an answer is not easy, in part because the U. Census Bureau does not ask questions about religion, meaning that there is no official government count of the U. Since our first estimate of the size of the Muslim American population in , we have seen a steady growth in both the number of Muslims in the U. In addition, our projections suggest the U. Muslim population will grow faster than the Hindu population and much faster than the Jewish population in the coming decades. Indeed, even before , Muslims are projected to become the second-largest religious group in the U. By , the American Muslim population is projected to reach 8. Just over half of the projected growth of the American Muslim population from to is due to immigration. Over the last 20 years, there has been an increase in the number of Muslim immigrants coming to the U. American Muslims tend to have more children than Americans of other religious faiths. Muslims also tend to be younger than the general public, so a larger share of Muslims will soon be at the point in their lives when people begin having children. There has been little net change in the size of the American Muslim population in recent years due to conversion. About one-in-five American Muslim adults were raised in a different faith or none at all. At the same time, a similar number of people who were raised Muslim no longer identify with the faith. About as many Americans become Muslim as leave Islam.

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