The study involved all subjects, without exclusion criteria, aged 75 or older living in Tuscania (Italy). Tuscania is a little town of about 8,000 inhabitants; its socioeconomic structure is based upon agriculture and tourism. All eligible subjects participated in the study.

These participants had been enrolled in a national study on the genetic determinants of health status in six towns. All participants underwent ambulatory or home visits (for those who were not able to come to ambulatory romm) by the study physicians, who performed detailed physical and anamnestical examination, ECG, Doppler echocardiography, bone densitometry using portable instruments (Cardioline Delta 1 Plus for electrocardiography; Siemens Cypress for Doppler echocardiography; Achilles Express, GE Medical Systems for bone densitometry) and collected blood samples for serum chemistry and genomic analysis. Also, the study researchers completed a questionnaire which included data on socioeconomical status, lifestyle habits, and physical activity, among others.

Information on drug therapy and diagnoses were collected from patients and caregivers, further verified by inspection of medicine packs, and medical records, eventually, crossed with those present in the database of the general practitioners.

In a priori model a sample size of 186 subjects would be required to correctly reject with 90% probability the null hypothesis of no differences in mood according to use of PPIs.

The population attributable risk indicates the reduction in the prevalence of an outcome condition that would be yielded by the abolition of a risk factor. The main advantage of this approach its feasibility to cross sectional studies.