Method

Leptin and adiponectin levels were measured in 388 non-diabetic officers from the Buffalo Cardio-Metabolic Occupational Police Stress study, following a 12-hour fast. HRV was performed according to methods published by the Task Force of the European Society of Cardiology and the North American Society of Pacing Electrophysiology for measurement and analysis of HRV. Mean values of high (HF) and low frequency (LF) HRV were compared across tertiles of leptin and adiponectin using ANOVA and ANCOVA; trends were assessed using linear regression models.

Results

Leptin, but not adiponectin, was significantly and inversely associated with HF and LF HRV. BMI and percent body fat (also waist circumference and abdominal height) significantly modified the association between leptin and LF (but not HF) HRV. Among officers with BMI ≥25 kg/m², the association between leptin and HRV was inversely related, after adjustment for age, gender, and race/ethnicity; p-values for trend (HF HRV, p = 0.019 and LF HRV, p < 0.0001). Similarly, among officers with percent body fat ≥25.5%, leptin and LF HRV showed significant, inverse associations (adjusted p for trend = 0.001).

Conclusions

Our results show that leptin levels were inversely and significantly associated with HRV among all officers, and particularly among officers with higher levels of adiposity. These results suggest that increased leptin levels may be associated with CVD-related health problems.

Objectives

To qualitatively explore the impact of a safety communication and recognition program ("B-SAFE") on safety attitudes and beliefs among construction workers.

Method

B-SAFE consisted of weekly, detailed feedback to foremen and workers on safe and unsafe work practices. B-SAFE ran for approximately 5 months on three commercial construction sites in Eastern Massachusetts. Sites were paired with a similar worksite (and same owner or general contractor), and data collection methods were identical at each site. Focus groups and key informant interviews were conducted to qualitatively assess the program’s impact on workers’ perception of site safety. Transcripts of focus groups and key informant interviews were coded and analysed for thematic content using Atlas.ti (V7).
night shift work, frequency of night duties, total duration of rotating night shift work and lifestyle factors, i.e. a) smoking cigarettes, b) alcohol consumption, c) physical activity and d) BMI were examined with logistic regression and linear regression analyses adjusted for age.

**Results** Smoking cigarettes was associated significantly with current rotating night shift work (OR=1.4), frequency of night shifts (OR=1.5 and OR=1.7 among women with 5–7 and ≥8 night duties/month, respectively) and longer duration of the night shift work (OR=2.1 for duration ≥25 yrs). The total physical activity was higher among rotating night shift nurses (242 vs. 203 MET•h/week), but OR of recreational inactivity was significantly increased among rotating night shift workers (OR=1.6). Mean BMI was significantly higher among postmenopausal women working night shifts when compared to day workers (BMI=28.9 vs. 27.6 kg/m²), with increased OR of obesity (OR=2.8). No significant associations were observed between night shift work and alcohol consumption.

**Conclusions** The results of our study indicate that rotating night shift work may be associated with poorer lifestyle, which may contribute to chronic diseases.

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**0065**

**ASSOCIATIONS OF SYMPTOMS OF DEPRESSION AND POSTTRAUMATIC STRESS DISORDER WITH PERITRAUMATIC DISSOCIATION, AND THE ROLE OF TRAUMA PRIOR TO POLICE WORK**

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**Objectives** Our objective was to determine if symptoms of depression and posttraumatic stress disorder (PTSD) are associated with peritraumatic dissociation, and if this association is modified by trauma prior to police work.

**Method** Symptoms of depression, PTSD symptoms, peritraumatic dissociative experience (PDE), and trauma before police work were measured using the Centre for Epidemiologic Studies Depression scale, PTSD Check List-Civilian Version, PDE questionnaire, and the brief trauma questionnaire, respectively in 328 police officers. Separate regression models were used to assess if either symptoms of depression or symptoms of PTSD were associated with PDE stratified by prior trauma. Means were adjusted for race, number of drinks per week, and smoking.

**Results** PDE was significantly positively associated with symptoms of PTSD and depression (β = 0.642, p = 0.0001 and β = 0.276, p = 0.0002, respectively). PDE was positively associated with symptoms of PTSD regardless of trauma before police work (β = 0.399, p < 0.0001 (without prior trauma), 0.750, p < 0.0001 (with prior trauma). In contrast to PTSD, depression symptoms were significantly associated with PDE scores in individuals with prior trauma (β = 0.466, p = 0.0001), but not in individuals without prior trauma (β = 0.130, p = 0.153).

**Conclusions** The results indicate that an increase in PDE is associated with an increase in symptoms of depression and PTSD. The results also show that PDE is associated with symptoms of PTSD regardless of prior trauma. In contrast, PDE was associated with depression symptoms only in individuals with prior trauma, indicating prior trauma may modify this relationship.
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