

Method We completed searches of MEDLINE and PSYCInfo from inception of each database to June 2013, to identify primary studies evaluating symptom exaggeration among patients with mental health disorders. Teams of reviewers completed title and abstract screening of citations, full text review of potentially eligible articles, data extraction, and quality assessment of eligible studies. Findings from our review and input from content experts informed the development of a summary instrument.

Results We identified 8435 unique citations; 102 studies were eligible. Studies reported on 55 different instruments to assess symptom exaggeration; 42% of studies used the MMPI-2. Quality of studies ranged from low to moderate. Items that comprise our summary instrument will be presented at EPICOH.

Conclusions Multiple instruments are available to assess symptom exaggeration among patients presenting with mental illness; however, no instrument has shown ideal psychometric properties. We are hopeful that our instrument will facilitate the testing and development of a novel tool with superior sensitivity and specificity for detecting symptom exaggeration.

0161 DEVELOPMENT OF AN INSTRUMENT ASSESSING RECOVERY EXPECTATIONS IN PATIENTS RECEIVING DISABILITY BENEFITS SECONDARY TO MENTAL HEALTH DISORDERS

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Objectives Of workers approved for long-term disability benefits, 31.6% suffer from a primary mental illness. Negative patient recovery expectations are associated with worse outcome in many conditions. Our objectives were: 1) to complete a systematic review to identify measures that assess patient recovery expectations, and 2) using the results from our review, develop an instrument designed to assess recovery expectations in individuals receiving disability benefits secondary to a mental health disorder.

Method We completed searches of MEDLINE and PSYCInfo from inception of each database to June 2013, to identify primary studies evaluating patient's recovery expectations across all clinical populations. Teams of reviewers completed title and abstract screening of citations, full text review of potentially eligible articles, data extraction, and quality assessment of eligible studies. Findings from the review and input from content experts informed the development of a comprehensive list of items that captured patient's recovery expectations.

Results We identified 12 599 unique citations; 46 studies were eligible. Studies reported on 20 different instruments assessing patient's recovery expectations. A minority (20%) of studies included measurement properties of reported instruments; 11% evaluated mental health conditions. No instruments were validated among patients receiving disability benefits or explored associations with return to work. Generalizability to disabled patients receiving wage replacement benefits is therefore unclear. Items that comprise our summary instrument will be presented at EPICOH.

Conclusions Our instrument holds promise for identifying claimants holding negative recovery expectations, which may be associated with prolonged recovery. These unhelpful beliefs may be a useful target for early interventional therapies.

0170 SHIFT WORK AND HYPERTENSION: PREVALENCE AND ANALYSIS OF DISEASE PATHWAYS IN GERMAN CAR MANUFACTURING WORKERS

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Objectives Triggered by disturbed circadian rhythm, increased blood pressure comprises an intermediate step on suggested pathways between shift work and cardiovascular disease. Despite accumulated evidence indicating an excess risk for cardiovascular disease among shift workers, studies on shift work and hypertension are inconclusive. Thus, we investigated the association between shift work and hypertension in German car manufacturing workers.

Method Baseline blood pressure and potential confounders for 25343 workers aged 16 to 64 years were obtained from standardised medical check-ups. Workers were analysed according to four exposure categories: no shift work, shift work without night shifts, shift work with night shifts and constant night shifts. Cross-sectional associations between shift work and hypertension were analysed using logistic regression adjusted for confounders and sets of behavioural, psychosocial and physiological factors.

Results Hypertension prevalence was highest among shift workers not working night shifts (11.5%), and lowest among workers not working shifts (7.8%). Unadjusted, a significant positive association with hypertension was found for shift work without night shifts (OR 1.53 95% CI 1.40–1.68) and constant night shifts (OR 1.46, 95% CI 1.29–1.65). Adjusted for confounders, only shift work without night shifts showed an increased hypertension risk (OR 1.15, 95% CI 1.02–1.30). However, stratification for occupational status suggested this excess risk to be attributable only to white-collar shift workers not working night shifts (OR 1.52 95% CI 1.22–1.88). After adjustments for behavioural factors no shift work category showed increased hypertension risks.

Conclusions Shift workers' increased hypertension risk might be explained by behavioural risk factors, possibly triggered by disturbed circadian rhythm.

0174 PRELIMINARY RESULTS OF SHIFT WORK AND CARDIOVASCULAR RISK FACTORS: ANALYSING BASELINE DATA OF A PROSPECTIVE NIGHT SHIFT WORKER COHORT IN SHENZHEN, CHINA

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Objectives The incidences of cardiovascular diseases (CVD), diabetes mellitus and metabolic syndrome increase rapidly in China, while the prevalence of night shift work is also increasing. This study aims to investigate the relationship between night shift work and CVD risk factors by analysing the baseline data of a prospective cohort study.