

Evidence must be “strong” enough to warrant inclusion of the exposure-disorder pairing.

Results The main findings from earlier studies were that chronic obstructive pulmonary disease, noise-induced hearing loss, asthma and a range of cancers were the main sources of disability arising from work-related exposures. The new study includes a wider range of exposures and disorders. The approach necessarily requires comprises in terms of exposures and disorders that can be included and restricts the type of information available for analysis. These restrictions result in an underestimate of the scope of the problem for some disorders. Analyses conducted at national level are able to overcome some of these restrictions.

Conclusions The information should provide a comprehensive assessment of the burden arising from occupational exposures and ultimately encourage policy makers to take sensible, considered steps to reduce the risks associated with these exposures.

187 OCCUPATIONAL BURDEN ESTIMATES – STRENGTHS AND LIMITATIONS

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Objectives Burden of disease approaches have been developed to provide information which supports a valid comparison of information on different health disorders. This information allows evidence-based policy and resource-allocation decisions to be made. The aim of this presentation is to provide an overview of burden of disease methods and results as applied to occupational disorders, focusing on the strengths and limitations.

Methods Global burden of disease studies were conducted in 1996 and the early 2000s and are now being repeated with updated methodology. The methodology for risk factor assessment is based on an attributable fraction approach, requiring information on prevalence of exposure and relative risk.