use and some pollution sources have been noticed during the environmental investigations, although no emanation at a toxic level was detected. The psychosocial investigations emphasised a real suffering of the agents and a communication problem towards the events. The results allowed us to make some recommendations which are currently being applied. Since the beginning of their application, no more complaints have been reported.

**Methods**

Children were screened for blood lead level on a voluntary basis. Individual and family data on potential lead exposure were collected using a questionnaire and analysed using SAS®9.1. Risk factors for lead contamination were identified using univariate logistic regression.

**Results**

Overall, 87 children from 0 to 18 years (40 boys and 47 girls) with at least one parent occupationally exposed to lead, were screened (participation rate was 31.5%). Arithmetic and geometric means of blood lead levels were respectively 34.2 mg/L and 26.9 mg/L. The prevalence of contamination (between 50 and 99 μg/L) was 17.2% and that of intoxication (≥100 μg/L) is 1.15%. Risk factors for contamination were age under 6 (RR = 2.19; p = 0.09) and living in a home built before 1948 (RR = 3.96; p = 0.02). Children under 6 had a blood lead level average of 46.9 mg/L, significantly higher than that of children aged 6-12 and 12-18 (respectively 32.4 and 25.1 mg/L). A significant correlation was observed between blood lead level of employee’s children of two factories in the Centre Region (France) and their subcontractors.

**Conclusion**

The geometric mean of blood lead levels (26.9) in these children with occupationally exposed parents was nearly twice higher than that observed in the Centre region (14.7 mg/L). This confirms existence of exposure to lead in these children of workers in factories using lead programms since that time. As such, a review of recent publications was undertaken to identify if the employment experience has altered in the past 12 years.

**Results**

10 papers were from the USA and 14 were from other countries. The number of cases followed up ranged from 8 to 471 (total 3,222) with a mean age of 51.9 years. The follow-up period ranged from 2 to 20 years (mean 6.1 years). 10 studies included pre and post-transplant employment rates. Pre-transplant rates ranged from 40-75% (mean 63.8%). Post-transplant the rates ranged from 22-57% (mean 37.1%). In 9 studies the employment rate fell. Post-transplant employment rates fell with duration of follow-up (7 studies; p = 0.016). Cross-sectional analysis showed recipients had lower physical component scores on SF-36 compared to the general population. Longitudinal data showed improvement in physical function between pre- and post-transplant assessment. The results were lower than the general population but better than those with chronic liver disease. One paper identified depression as a factor associated with higher unemployment post-transplant.

**Conclusions**

The review indicates that post transplantation employment rates are lower compared to pre-transplantation rates, despite improved physical function. Rates appear to fall with duration of follow-up over the first 6.5 years after transplantation. A study with follow-up at intervals after transplantation would improve understanding of the return to work issues and help plan suitable interventions.

**Session: E. Sustainable employability**

**What Effect Does Liver Transplant in Adults Have on Employment? - A Systematic Review**

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**Objectives**

Return to work after liver transplantation was last reviewed in 2000. Changes have occurred to transplant