**Oral presentation**

**Results** Mean age of the participants was 30.5 years, 46% were nulliparous, 6.3% received fertility treatment, mean BMI was 23.6 kg/m². Prevalence of sickness absence until pregnancy week 30 was 36%. Preliminary results indicate that sickness absence is related to fertility treatment and obesity. Women receiving fertility treatment had increased odds of sickness absence in pregnancy week 30; OR: 1.31 (95% CI: 1.21–1.42). Obese women had increased odds of sickness absence compared to normal weight women; OR: 1.37 (95% CI: 1.28–1.48). More statistical analyses will be conducted.

**Conclusions** Final results and conclusions will be presented at the conference.

**Objective** To estimate the annual costs of coronary heart diseases (CHD) and mental disorders (MD) attributable to job strain exposure according to Karasek’s model in France for the year 2003 from a societal perspective.

**Method** We produced attributable fraction estimates which were applied to the number of cases (morbidity and mortality) and the costs of CHD and MD. Relative risk estimates came from a systematic literature review of prospective studies. We conducted meta-analyses based on this selection of studies. Prevalence of exposure to job strain came from the national SUMER survey conducted in France in 2003.

**Results** Between 8.8 and 10.2% of CHD morbidity and between 9.4 and 11.2% of CHD mortality was attributable to job strain for men. Between 15.2 and 19.8% of MD was attributable to job strain for men, and between 14.3 and 27.1% for women. The total costs of CHD and MD attributable to job strain exposure ranged from 1.8 to 3 billion euros for the year 2003 (0.12–0.19% GDP). Medical costs accounted for 11% of the total costs, value of life costs accounted for 13–15% and sick leave costs for 74–77%. The cost of CHD was estimated at 113–133 million euros and the cost of MD was between 1.7–2.8 billion euros in 2003.

**Conclusions** This study on the economic burden of diseases attributable to job strain in France provides relevant insights for prevention policies.

**Objective** To assess job strain and burnout status among female nurses working in primary clinics, secondary referral hospitals, and public health units in Taiwan.

**Method** Study participants included female nurses from (1) all primary clinics (PC) hiring more than two registered nurses; (2) a nationwide representative sample of secondary referral hospitals (SRH), selected using stratified random sampling; and (3) all public health units (PHU) hiring more than two registered nurses. To candidate participants, a structured, self-administered questionnaire was disseminated, which included demographic information, work conditions, the Chinese Job Content Questionnaire, and the modified Chinese Copenhagen Burnout Inventory.

**Results** A total of 6087 questionnaires were sent, and 4046 (66.5%) were satisfactorily completed. Compared with PC nurses, nurses working in SRHs and PHUs had higher job strain (adjusted odds ratio, aOR=1.7, 95% confidence interval, CI=1.3–2.1 for SRH; aOR=2.4, 95% CI=1.7–3.4 for PHU), personal burnout (aOR=2.6, 95% CI=1.8–3.6 for SRH; aOR=3.4, 95% CI=2.1–5.7 for PHU), work-related burnout...