**Abstracts**

may change gradually which would be useful for identifying gradual onset of hearing loss. Another descriptive study of Notch and Notch Area should be conducted in population with diagnosed Occupational NIHL and other work-related hearing loss. 6,000 Hertz Notch and V-shape notch were common

**Poster Presentation**

**Other**

**0038** AN EPIDEMIOLOGICAL CROSS-SECTIONAL COMPARATIVE STUDY OF MORBIDITY PROFILE IN AN AUTOMOBILE MANUFACTURING UNIT

Rajat Kumar Saha. Hero MotCorp Ltd, Dharuhera Haryana, India

Introduction Occupational aetiology as a determinant of morbidity risk factor is often correlated but difficult to signify. Aim To study the socioeconomic, demographic and occupational profile of 2 groups- workers + junior management vs senior management, to identify and assess the morbidity factors influencing them, to make comparison of the factors between the two groups and deduce inference and to suggest recommendations for controlling them.

Method A cross-sectional simple random sampling study was done over a period of 12 months in 2013–14. The sample sizes were 923 and 229 respectively. Study inclusion criteria- All permanent workers working more than 2 years. Group 1-Upto Manager grade and group 2-senior manager and above.

Study process- Informed consent, structured interview, clinical check-up with documentation and data analysis.

Results Average age was 40.05±9.54 years and 46.9±6.22 years respectively, literacy more than secondary level 30%–100%, experience 15.3±3.1 and 6.7±2.4 years, work was hazardous and sedentary in group 1 while sedentary and supervisory in group 2, addiction 21%±5% and 9%±2.74%, obesity 49%±9.4% and 65%±6.29%, hypertension 20%±5.5% and 23%±10.25%, diabetes mellitus 4%±2.2% and 8%±4.5%, high stress levels 5%±2.3% and 24%±7.9%, dyslipidaemia 4%±2.4% and 22%±6.97%, sedentary lifestyle 6%±2.3% and 21%±5.3%, musculoskeletal disorders 55%±9.8% and 10%±5.3%, allergic/inflammatory manifestations 14%±5.1% and 4%±2.7%, eye complaints 32%±9.4% and 29%±3.6%, respiratory symptoms 21%±6% and 4%±2.5% respectively.

Conclusions Morbidities related to allergic, inflammatory or infective aetiology were more significant in the first group but those related to psychosocial hazards and lifestyle disorders were predominant in 2nd group.

**Poster Presentation**

**Other**

**0039** A STUDY ON KAP (KNOWLEDGE, ATTITUDE, PRACTICE) OF DIABETES MELLITUS IN AN OCCUPATIONAL HEALTH BACKGROUND

Rajat Kumar Saha. Hero MotCorp Ltd, Dharuhera Haryana, India

Introduction Diabetes Mellitus, a known risk factor for CAD was chosen for study in a selected population in Occupational Health background.

Aim KAP study to assess the need for intervention studies in lifestyle management, to conduct training for increasing awareness and to assess the final intervention impact through statistical tool.

Methods Workplace based cross-sectional study conducted over a month by the use of questionnaire for pre and post training assessment of KAP towards DM control.

Results 56 employees were selected for study, with age 50.7±5.4 years, 15% were graduates, 46 were known diabetics, 3 non-diabetic and 7 failed to comply with survey. Of the diabetics, 43.47% had a positive family history, 23.9% had stress at work, 15.21% had diabetic complications, 54.34% were addicted. 30.4% had started early treatment, 43.47% had started late while 26.08% were not taking treatment. 79.4% were on regular treatment, while 20.6% were irregular. 26% were getting blood sugar monitored at home regularly, 76% were following exercise program, 93.5% had changed their eating habits but only 28.3% were using personalised diet charts. 65.2% were overweight during diagnosis and 34.8% did weight reduction after following lifestyle modification. Training was conducted to increase awareness about DM control and change their attitude and practice. Post training survey showed a significant improvement in KAP (p=0.001).

Discussion Although the employees had significant knowledge about control of DM, evidenced by high pre-training value and a mild increase post training, there was marked positive change in their attitude and practice.

**Oral Presentation**

**Psychosocial**

**0041** WORK-RELATED ILL-HEALTH IN DOCTORS WORKING IN GREAT BRITAIN: INCIDENCE RATES AND TRENDS

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Introduction The prevalence and incidence of health-related factors (‘ill-health’) among doctors working in Great Britain have not been systematically studied. Aim To conduct a survey of doctors working in the UK to assess the prevalence of work-related ill-health amongst doctors.

Methods In 2016, a postal questionnaire was sent to randomly selected doctors working in Great Britain. The questionnaire was self-completed and anonymous.

Results An average of 30.5 (±13.1) symptoms were reported per doctor. Chronic pain was the most common symptom, followed by tiredness, stress, and sleep disturbance. The most common work-related symptoms were stress, tiredness, sleep disturbance, and chronic pain. The prevalence of work-related ill-health among doctors was 60%, with 40% reporting at least one work-related symptom.

Discussion The results of this study highlight the high prevalence of work-related ill-health among doctors in Great Britain. This has important implications for the health and well-being of doctors and the quality of care provided to patients.