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

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10.1136/oemed-2017-104636.26

**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.

**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%, and 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

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10.1136/oemed-2017-104636.27

**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% were 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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10.1136/oemed-2017-104636.28
Background Higher mental ill-health (MIH) prevalence rates have been reported in doctors compared to other professionals. Previous studies have investigated MIH prevalence in doctors, but trends in their incidence rates (IR) of work-related mental ill-health (WRMIH) have not yet been reported.

Objectives This study measured IR and IR trends of work-related ill-health (WRIH) and WRMIH in doctors in comparison to nurses, paramedics, social workers and teachers as reported by occupational physicians to the Occupational Physician Reporting Activity (OPRA) Network.

Methods OPRA reported WRIH and WRMIH incidence data was collected prospectively from 2001–2014. OPRA reporting denominators were surveyed during two triennial periods (2005–07; 2008–10) and corrections undertaken to improve IR accuracy. IR trends were investigated using ‘multilevel’ regression.

Results Between 2005–2010, 1097 WRIH cases were reported in doctors, of which 905 (82.5%) were WRMIH. Annual average WRIH and WRMIH IR in doctors were 515 and 431 per 100 000 employed, respectively, with little variation between the two triennia. Compared to doctors, higher IR for WRIH and WRMIH were observed in nurses and paramedics.

From 2001–2014, doctors demonstrated an annual average IR increase for WRIH (6.1% [95%CI 2.2%, 10.1%]), whereas teachers and nurses demonstrated decreasing trends (−4.3% [95%CI −5.3%, −1.0%] and −3.2% [95%CI −5.3%, −1.0%]). Doctors also demonstrated an annual average IR increase for WRMIH (6.5% [95%CI 2.2%, 11.1%]), whereas teachers showed a decreasing trend (−3.9% [95%CI −6.5%, −1.2%]).

Conclusions Nurses and paramedics demonstrated higher IR than doctors but trends analyses suggested that IR is increasing for both WRIH and WRMIH only in doctors.

Poster Presentation

Injuries

Injuries in Construction Sites: A Community-Based Survey in Bangladesh

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10.1136/oemed-2017-104636.29

Background Construction sector is well recognised as higher risk industry where injury rates are much higher comparison to other industry; and accidents at construction site are major Public Health problem throughout the world as well as in Bangladesh.

Methods This was a cross-sectional study. The study was carried out during 2015 (January to December) in Dhaka Metropolitan City. Anyone who was injured in construction site and received treatment or could not perform normal activities for at least 3 days was included as a case of machine injury. Close-ended questionnaires were used to collect data/information. Mothers were preferred as respondents.

Results A total of 337 non-fatal unintentional machine injury cases were found in this study. Among the cases, 87.4% (n=295) were male and 12.6% (n=42) were female. The incidence of machine related injury was 41.14 in year in 100 000 populations. The highest incidence was found in the age group 15 to 19 years. Service provider 25.5% (n=86) and daily labour 23% (n=77) are the main victims. Most of the victims are poor 83.2% (n=281) and monthly income was below 100 US $. The highest number of injury was found in industrial setting 39.3% (n=132) and 86.3% (n=291) were victim in the day time.

Conclusion Machine injury is a significant cause of morbidity and disability in Bangladesh. The magnitude and consequences of this problem make machine injury an urgent public health problem. A national strategy and program is needed to be taken to prevent machine injury in Bangladesh.

Poster Presentation

Methodology

Reporting Bias in Observational Epidemiologic Research on Phthalates

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10.1136/oemed-2017-104636.30

Withdrawn at the author’s request