Conclusion The risk of developing respiratory disease with the levels of toner dust exposure found in this study was extremely low.

Poster Presentation Methodology

0144 ASSESSING AND ADDRESSING NON-RESPONSE AT FOLLOW-UP IN THE GULF STUDY

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Poster Presentation Psychosocial

0145 EFFECTS OF PERCEIVED JOB INSECURITY ON DEPRESSION, SUICIDE IDEATION, AND DECLINE IN SELF-RATED HEALTH IN KOREA: A POPULATION-BASED PANEL STUDY

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Purpose To investigate the effects of job security on new-onset depression, suicide ideation, and decline in self-rated health.

Methods We analysed data from the Korea Welfare Panel Study from 2012 to 2015. Participants were 2552 waged workers. Depression, suicide ideation, and health were assessed by self-reported questionnaires on an annual basis. We classified the participants into high job security group, intermediate job security group, and low job security group. To evaluate the influence of job security on outcomes, we performed survival analysis after stratification by gender with adjustment for covariates. The result was stratified by gender and based on whether the respondent was the head of the house or not.

Results After adjusting for covariates in men, the hazard ratios (HRs) were significantly higher among low job security group for depression (HR 1.52), suicide ideation (HR 4.00), and decline in self-rated health (HR 1.83). In women, the HR of depression was significantly higher for the intermediate job security group (HR 1.62). For men with low job security who were the head of the house, the HR of depression, suicide ideation, and decline in self-rated health was significantly higher. Besides, those with intermediate job security had an increased risk of decline in self-rated health. In women with intermediate and low job security, the risk of depression was higher when they were the head of the house.

Conclusions We found that perceived job insecurity is associated with the onset of depression, suicide ideation, and decline in self-rated health.

Poster Presentation Injuries

0146 EPIDEMIOLOGICAL SURVEILLANCE OF FATAL OCCUPATIONAL INJURIES

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The objective was to study the epidemiology of fatal occupational injuries in Sweden as a basis for injury mitigation activities.

Data of injury incidents from the years 2010–4 registered at the Swedish Working Authority and AFA Insurance was used along with national registers for hospitalised persons combined with national registers of individual data on occupational and industry. We also compared the epidemiology of serious with fatal incidents.

On average 50 fatalities happened per year, i.e. around 1 per 1 00 000 persons in the work force. Around two of three fatalities involved a vehicle related incident or a fall from height. There was a weak association between fatal and serious incidents. Codes about occupational factors in hospital diagnoses were very often missing (60%–70%) and linkages between hospital registers, death registers and other medical data registers had limited use to find strategies for prevention.

Conclusions Small numbers hampers the possibility to follow trends in fatal occupational incidents. The epidemiology of serious incidents is a rather poor ground for prioritising measures for preventing fatal injuries. Traditional variables in registers of fatal incidents as sex, age, industry and job has limited information for prioritising preventive measures. There are already a lot preventive measures undertaken. However, much more could be done e.g. with focus on vehicle related injuries and falls from high level. We think that an additional prioritising factor in the injury reducing work would be to address how well we know, or can find, suitable preventive strategies should be included.

Poster Presentation Working Conditions

0148 WORKING CONDITIONS AS RISK FACTORS FOR ILL-HEALTH RETIREMENT: FINDINGS FROM THE KOREAN LONGITUDINAL STUDY OF AGEING (2006–2014)

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Purpose To investigate the difference of IHR (ill-health retirement) across occupational groups and to identify work-related factors in Korea

Methods Data were collected from a sample from the first to fourth phases of the Korean Longitudinal Study of Ageing (KLoSA) which conducted in 2006, 2008, 2010, 2012, and 2014. IHR were defined as those who retired due to their health problems before their scheduled or regular retirement age in one of the follow-up surveys. Three broad subdomains of working conditions were examined, namely work arrangements, physical working conditions and psychosocial working conditions. Cox proportional hazard models were used to evaluate the effects of working condition characteristics on IHR for each gender, after adjusting for age, household income and property.

Results Female, older, manual workers, and day labourer were more likely to experience IHR. In adjusted Cox proportional hazard models, risk for IHR of male workers was significantly higher among those with the following conditions: high physical demanding (HR=1.84), awkward posture (HR=1.76), dissatisfaction about working environment (HR=1.73), and no industrial compensation insurance (HR=1.79) nor retirement benefits (HR=1.80). However no significant association found among female subjects.

Conclusions Occupational class, physical and psychological working conditions, and work arrangement are potential risk factors for IHR among male workers in Korea. Moreover, our results revealed gender differences in the risk of IHR. Further and more specific studies are needed to identify which additional factors determine IHR according to different occupation and different disease groups.

Poster Presentation Musculoskeletal

0149 PAIN AT OTHER ANATOMICAL SITES IS A MAJOR PREDICTOR OF SUBSEQUENT SICKNESS ABSENCE FOR LOW BACK PAIN

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Background Using longitudinal data from the Cultural and Psychosocial Influences on Disability (CUPID) study, we have previously shown that disabling low back pain (LBP) was strongly predicted by the earlier extent of pain at other anatomical sites. However, this could have occurred simply because some individuals had a lower threshold for reporting pain and associated disability.

Methods To explore whether the association extended to sickness absence because of LBP, we analysed further data on 8,610 CUPID participants from 45 occupational groups in 18 countries. A baseline questionnaire assessed potential risk factors, including general propensity to pain, which was characterised by the number (from 0 to 9) of anatomical sites other than low back that had been painful in the past year. Logistic regression was used to assess the associations of these factors with sickness absence for LBP in the month before a follow-up questionnaire some 14 months later.

Results Absence at least partially due to LBP was reported by 439 participants, and after allowance for potential confounders, was strongly associated with baseline pain propensity (ORs up to 2.6, 95% CI 1.7–4.0). For absence attributed entirely to LBP (235 participants), risk estimates were somewhat lower, but still significant (ORs up to 1.8, 95% CI 1.0–3.2).

Conclusions After adjustment for other known and suspected risk factors, sickness absence because of LBP is importantly determined by propensity to musculoskeletal pain more generally. This reinforces the need to identify the drivers of general propensity to musculoskeletal pain, which shows large international variation.