

occurs. In attempts to bridge this gap, high-quality, relevant and up-to-date systematic reviews and evidence-based guidelines are both important tools. The processing of a systematic review and the development of an evidence-based guideline show a lot of similarities in undertaking research syntheses, developing methods for identifying, appraising, and synthesising evidence, and in translating research evidence into practice and policy. International organisations like Cochrane Collaboration and Guidelines International Network (G-I-N) collaborate in the development and adoption of tools like GRADE to rate the quality of evidence and to grade the strength of recommendations.

However, also differences can be identified. While systematic reviews investigate and summarise the scientific literature on effects of exposures, interventions, or diagnostic procedures in a systematic and methodologically rigorous way, it is clear that decision making in the field of OSH will seldom be based on research evidence alone but will incorporate professional expertise of professionals, ethical considerations, preferences and values of workers, and the policies of governments, companies and other stakeholders. Guidelines are defined as 'documents with recommendations to assist healthcare practitioners and healthcare users, intended to optimise quality of care, based on a systematic review of evidence and an assessment of the benefits and harms of the various care options, supplemented with expertise and experiences of both practitioners and users'. In particular when high quality evidence is not available, contradictory, or inappropriate, experiential and contextual knowledge may help guideline makers to formulate sensible recommendations.

### 1710e INTERVENTIONS TO INCREASE THE REPORTING OF OCCUPATIONAL DISEASES BY PHYSICIANS

<sup>1</sup>S Curti, <sup>2</sup>R Sauni\*, <sup>3</sup>D Spreeuwiers, <sup>4</sup>A de Schryver, <sup>5</sup>M Valenty, <sup>6</sup>S Rivière, <sup>1</sup>S Mattioli.  
<sup>1</sup>Department of Medical and Surgical Sciences, University of Bologna, Bologna, Italy;  
<sup>2</sup>Department for Occupational Safety and Health, Ministry of Social Affairs and Health, Finland; <sup>3</sup>Free University Medical Centre, Amsterdam, Netherlands; <sup>4</sup>Epidemiology and Social Medicine, University of Antwerp, Antwerpen, Belgium; <sup>5</sup>Département Santé Travail, Institut de Veille Sanitaire, Saint Maurice, France

10.1136/oemed-2018-ICOHabstracts.363

**Introduction** Under-reporting of occupational diseases is an important issue worldwide. The collection of reliable data is essential for prevention programmes. Little is known about the effects of interventions for increasing the reporting of occupational diseases.

**Methods** We searched the Cochrane Occupational Safety and Health Group Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (PubMed), EMBASE, OSH UPDATE, Database of Abstracts of Reviews of Effects (DARE), Open-SIGLE, and Health Evidence until January 2015. We also checked reference lists of relevant articles and contacted study authors.

**Results** We included 12 studies. Six studies evaluated the effectiveness of educational materials alone; one study evaluated the effectiveness of educational meetings; and four studies evaluated a combination of the two in increasing the reporting of occupational diseases by physicians. A further study evaluated the effectiveness of a complex educational campaign acting at society level. We found that the use of educational materials did not considerably increase the number of physicians reporting occupational diseases, but a legal obligation

reminder message did. Furthermore, we found that the use of educational materials did not considerably increase the rate of reporting occupational diseases. Similarly, we found that the use of both educational materials and meetings did not considerably increase the number of physicians reporting occupational diseases or the rate of reporting. The same holds for the use of educational meetings alone. The use of an educational campaign appeared to increase the number of physicians reporting occupational diseases, although this was based on very low-quality evidence.

**Discussion** The studies provide evidence that educational materials, educational meetings, or a combination of the two do not considerably increase the reporting of occupational diseases. The use of a reminder message on the legal obligation to report might provide some positive results. We need high-quality RCTs to corroborate these findings.

### 1710f EMPTY REVIEWS: HOW, WHY OR WHY NOT?

D FitzGerald. *Medmark Occupational Healthcare, Cork, Ireland*

10.1136/oemed-2018-ICOHabstracts.364

**Introduction** Where no studies relevant to the scientific question being examined meet the pre-specified inclusion criteria, a systematic review becomes an 'empty review'. As such, no robust evidence based conclusions can be drawn from the findings of these reviews. It may be that such reviews have been undertaken where there is not yet a sufficient body of knowledge to allow for a systematic review being undertaken. In such circumstances, the publication of an empty systematic review may prompt the funding for and development of studies to answer the relevant scientific question. Also, in is much as there is a benefit in knowing what evidence based recommendations can be made in clinical practice, it is also useful to know what commonly used treatments are prescribed based on generally accepted standard practice rather than proven clinical benefit. It may also be, however, that the question being examined is too narrow or too focused, with excessively broad exclusion criteria, to be of relevance in a typical clinical setting. The development of such systematic reviews may be regarded as wasteful in resource limited circumstances.

### 1720 OVERVIEW OF EPICOH SPECIAL SESSION FOR ICOH 2018 – HIGHLIGHTED ISSUES IN OCCUPATIONAL EPIDEMIOLOGY

Leslie London. *School of Public Health and Family Medicine, University of Cape Town, South Africa*

10.1136/oemed-2018-ICOHabstracts.365

**Professors:** <sup>1</sup>Leon Guo, <sup>2</sup>Po-Chin Chu, <sup>3</sup>R Mendes, <sup>4</sup>O Dumas, <sup>5</sup>AM Neophytou

<sup>1</sup>National Institute of Environmental Health Sciences, National Health Research Institutes, Taiwan

<sup>2</sup>Environmental and Occupational Medicine, National Taiwan University College of Medicine and NTU Hospital, Taipei, Taiwan

<sup>3</sup>National Association of Occupational Medicine (ANAMT), São Paulo – SP, Brazil