

655

WORK-RELATED MENTAL DISORDERS: DATA FROM THE FRENCH NATIONAL OCCUPATIONAL DISEASE SURVEILLANCE AND PREVENTION NETWORK

^{1,2}Lasfargues Gérard, ³Durand-Moreau Quentin, ¹Faye Serge, ¹Vanrullen Isabelle, ¹Bloch Juliette, ³Dewitte Jean-Dominique, The Members of RNV3P Group. ¹ANSES, Maisons-Alfort, France; ²Paris-Est Créteil University, France; ³CHRU de Brest, France

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Introduction Even though the number of recognised cases by the national health insurance system is improving in France (number of yearly recognised cases >300 since 2014), it is far from reflecting the reality of psychosocial risk at work. Data issued from health monitoring networks help to bring out these occupational health issues and to set priorities for prevention.

Our aim was to describe the main characteristics of work-related mental diseases (WRMD) from data provided by the French national occupational disease surveillance and prevention network (RNV3P).

Methods The RNV3P is constituted by 31 occupational disease centres in French university hospitals and 10 occupational health services. Cases were collected from the RNV3P database between 2001 and 2015. The classifications used were ICD-10 for diseases, ISCO-88 for occupations and NAF93 (edited by the French National Institute for Statistics) for occupational sectors. For exposure, we used a specific thesaurus adapted for psychosocial risk factors. Cases included are mental disorders for which the causal link between work and disease was estimated at least possible.

Results Between 2001 and 2015, 28 697 cases of WRMD (32% men, 68% women) were collected. The disorders most frequently diagnosed were anxiety disorders (38.4%), depressive episode or recurrent depressive disorders (33.3%), reaction to severe stress and adjustment disorder (17.2%). The main occupational risk factors were factors related to management and work organisation, experienced bullying, violence, conflict and relational difficulties in work, and low decisional latitude. Consulting women worked mainly in health and social sector (20.2%), services (17.3%), trade (14.8%) and administration (10.8%); consulting men mainly in industries (19.7%), services (16.0%), trade (14.6%), and administration (8.7%). Significant temporal trends will be presented.

Discussion The RNV3P provides important data to assist in the recognition of work-related mental illnesses and to carry out preventive actions in the sectors and enterprises most concerned.

662

TRENDS IN DISABILITY RETIREMENT DURING ECONOMIC GROWTH AND RECESSION

S Solovieva*, T Leinonen, K Husgafvel-Pursiainen, E Viikari-Juntura. *Finnish Institute of Occupational Health, Helsinki, Finland*

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Introduction Musculoskeletal diseases and mental disorders have remained the two leading causes of disability retirement in the Western countries for decades. Some evidence exists on the detrimental effect of economic recession on mental health. Previous findings suggest considerable differences in morbidity between occupational groups. Whether the economic recession widens occupational differences in work disability retirement due to the leading causes is largely unknown.

Methods We used nationwide register data on Finnish residents aged 30–64 years. We examined occupational differences in full disability retirement due to musculoskeletal diseases (MSD) and mental disorders during 2005–2013.

Result Between 2005 and 2013, the one-year cumulative incidence of full disability retirement due to MSDs and mental disorders decreased in both genders across all occupational groups. Occupational differences in disability retirement due to MSDs widened during the economic recession among women but not among men. However, the magnitude of excess risk for disability retirement due to co-occurrence of MSD with mental disorder (as compared to professionals as a reference group) for men in lower non-manual and manual occupations tended to increase. Occupational differences in disability retirement were reduced after controlling for occupational restructuring, the changing of employment patterns and sociodemographic factors during the follow-up period.

Discussion Occupational differences in disability retirement due to MSDs and mental disorders, that are widened during economic recession, could be attributed to occupational restructuring and changes in employment patterns.

664

OCCUPATIONAL CLASS, INDUSTRIAL SECTOR, AND CAUSE-SPECIFIC SICKNESS ABSENCE TRENDS IN 2005–2013 IN FINLAND

T Leinonen*, E Viikari-Juntura, K Husgafvel-Pursiainen, S Solovieva. *Finnish Institute of Occupational Health, Helsinki, Finland*

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Introduction Low occupational class predicts work disability, but less is known of changes in the cause-specific associations over time or of further variation between industrial sectors. We examined trends in cause-specific sickness absence by occupational class and industrial sector.

Methods We used large representative register data on Finnish wage-earners aged 25–59 years and repeated logistic regression to estimate the annual risk of sickness absence (\geq two weeks).

Result Between 2005 and 2013, the proportion of employees with sickness absence decreased. The change was smallest among lower non-manual employees and the overall level highest among manual workers. In musculoskeletal diseases and injuries, the level differences between the occupational classes were particularly large, but decreased over time. In mental disorders, the level was highest among lower non-manual employees with an increasing difference between the occupational classes over time. Among the non-manual classes, the overall absence levels were highest in the health and social work sector. Among manual workers and particularly in musculoskeletal diseases, the level was highest in the manufacturing sector, where a temporary decrease in absences nevertheless occurred during the economic recession in 2009. Among the lower occupational classes, the decreases in absences due to musculoskeletal diseases and/or injury were smallest in the trade sector. Overall, socioeconomic and employment factors, particularly education, income, and employment sector (public vs private), somewhat explained the level differences in sickness absence.

Discussion Particular attention should be paid to both mental and physical work ability among lower non-manual employees in the health and social work sector and to physical work