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

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.

TRENDS IN DISABILITY RETIREMENT DURING ECONOMIC GROWTH AND RECESSION

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.
ESTIMATING DISEASE BURDENS AND HEALTH CARE COSTS OF WORK-RELATED MUSCULOSKELETAL DISORDERS IN TAIWAN

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Introduction
Musculoskeletal disorders (MSDs), encompassing low back pain, inter-vertebral disc disorders, carpal tunnel syndromes, disorders of muscle ligament and fascia, sprains and strains of joints and adjacent muscles, are common among working people. While many occupational factors are known to increase the risks for MSDs, there is little information about the disease burden and healthcare costs of work-related MSDs.

Methods
Healthcare utilisation data was extracted from the database of National Health Insurance (NHI), which is a compulsory healthcare insurance program covering up to 99% of residents of Taiwan. Numbers of outpatient visits and hospitalisation with a primary diagnosis of MSDs and their healthcare costs among the beneficiaries aged 20–65 years old were analysed. Prevalence of self-reported MSDs and exposure prevalence of major ergonomic risk factors by employment sectors were derived from a national representative survey of working people conducted in 2013.

Results
The one-year prevalence of self-reported MSDs among working men and women were 58.9% and 65.9%, and exposure prevalence rates of any type of ergonomic risk factors among working men and women were 41.2% and 35.4%, respectively. Annual healthcare expenditures for MSDs were over 158 million USD. Preliminary analyses of disease burden estimated that up to 8500 men and 7000 women developed work-related MSDs that required outpatient treatments or hospitalisation in one year. In contrast, only 434 cases of MSDs were identified among working people. While many occupational factors are known to increase the risks for MSDs, there is little information about the disease burden and healthcare costs of work-related MSDs.

Discussion
Work-related MSDs constitutes a major occupational health concern with substantial disease burden and healthcare costs. While it is important to prevent work-related MSDs, it is equally important to readjust financing strategies to ensure that employers take responsibility for healthcare costs due to occupational factors.

OCCUPATIONAL EXPOSURE TO MERCURY IN A SMALL SCALE GOLD MINING WORKERS AND FAMILIES IN HANDENI, TANZANIA

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Introduction
Mercury is a highly dangerous neuro-toxicant. High exposures in artisanal gold mining have significant health and environmental impacts. We aimed to determine mercury exposure levels and to assess the health effects among the artisanal gold miners and their families.

Methods
A cross sectional descriptive study was conducted on 292 miners and their families. Interviews and medical examinations were conducted. A sample of 30 participants with history of mercury use had mercury analysis performed on their hair, urine and blood by Inductively Coupled Plasma Optical Emission Spectrometry. Data analysis was done using Epi-Info.

Results
The mean mercury levels in urine and blood were 46.3 μg/L and 14.5 μg/L respectively, with a maximum of 74.7 μg/L for urine and 56.7 μg/L for blood. Out of 21 urine samples, 10 (47.6%) exceeded the maximum World Health Organisation (WHO) acceptable level of 50 μg/L. Out of 25 blood samples, 13 (52%) exceeded the WHO normal range of 5–10 μg/L. All hair samples were below the detection limit of 0.01 ppm. Miners engaged in amalgamation and burning of amalgam had higher mean mercury levels in urine (54 μg/L, p=0.03) and blood (14.3 μg/L, p=0.9) than others. Tremor of the eyelid (30%) was significantly higher (p<0.005) in miners than non-miners. Miners recorded blue line in gums (34%),