Abstracts

challenge lies in educating maximum employees in shortest time thereby reducing musculoskeletal ailments and promoting safer working by exploring effective communication methods.

Methodology A cross-sectional study encompassing Unilever
Global Corporate Office Employees’ is being undertaken
[2013–2017] in India, Dubai(U.A.E), Nairobi (Africa), Durban
(South Africa) and South East Asian countries [Philippines,
Vietnam, Indonesia, Singapore, Malaysia, Thailand and Sri
Lanka] n=Total 2646.

Employees were grouped into two, to study following interventions;

- Lecture training including a forty-minute power point
presentation & demonstration on a mock office workstation
educating employees on maintaining ideal work postures,
back & eye protection, taking rest breaks, performing desk
stretches & arranging workstations ergonomically to their
body dimensions'; n = 1546.
- Short demonstrations (ten minutes) on each office floor on a
live workstation educating employees on same parameters'.
n = 1100.

Results Forty minute Lecture training enhances awareness in
>92% employees'. However, few employees attend this training,
due to hectic work schedules.

Short ten minute live demonstrations undertaken in above
countries appears to be an excellent tool enhancing awareness in
>90% employees. When both above interventions were
tested for statistical significance, 40 min lecture was superior
only in Indonesia (p<0.05).

Discussion As few employees attend 40 min lecture training
though superior) on office ergonomics, the ten minute live
demonstration is a promising practical novel intervention as it
is comprehensive, undertaken at the workstation, enhancing
awareness in maximum employees in a short-time, instilling a
feeling of caring and bonding which is vital for a successful
and robust office ergonomics control program. A reminder
card with tips on chair adjustments, ergonomic arrangement
of workstations and a link on desk stretches serves as handy
desk-reminder emphasising safer work postures.

449 REPEATED BACK PAIN AND ROUTES OF EXIT OUT OF
PAID EMPLOYMENT AMONG BRITISH CIVIL SERVANTS:
A FOLLOW-UP STUDY 1985–2013

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Introduction Pain is a risk factor for work disability, however,
oroutes of exit out of paid employment among those with
chronic pain have not been examined in detail. We aimed to
examine the contribution of chronic back pain to subsequent
transitions out of paid employment, accounting for covariates.

Methods We included participants of the Whitehall II study
cohort (n=8445, 69%) men, aged 35–55 at baseline), with
measurements of back pain between phases 1 and 3 (1985–
1994). Exit from paid employment (health-related, retirement
not related to health, unemployment, other) was observed
between 1995–2013 (phases 4–11). Those remaining in paid
employment served as the reference group. Sex, age, parental
and own socioeconomic position, job demand, job control,
and body mass index were controlled for. Repeated measures
logistic regression models were fitted.

Result Altogether 10% of the participants exited paid employ-
dent due to health-related reasons, 2% due to unemployment
and further 6.5% due to other reasons. After full adjustments,
reporting back pain at one time point (26%) was unassociated
with exit due to health reasons, whereas reporting repeated
pain (18%) was associated with such exit (OR 1.53, 95% CI:
1.17 to 2.00), when compared to those who did not report
pain during phases 1–3 (56%). Associations were somewhat
stronger among middle or lower class employees, and non-
existent among high class employees. Otherwise differences e.
g. by age, working conditions or obesity were small. The risk
of exit due to other routes than health-related did not vary
between participants with or without pain.

Discussion These results highlight the need for early detection
of chronic pain to prevent the risk of health-related early exit
out of paid employment. The results further emphasise the
importance of identification of high risk groups and their
modifiable risk factors, such as adverse working conditions.

485 THE TRENDS AND DETERMINANTS OF WORK-RELATED
MUSCULOSKELETAL DISORDERS (MSD) IN IRELAND
BETWEEN 2002 AND 2013

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Introduction In Ireland between 2002–2013, Musculoskeletal
Disorders (MSD) accounted for 50% of self-reported work-
related illnesses. Moreover the average number of days absent
(15.9 days) was higher than the average of 12.8 days for all
other illnesses (except stress, anxiety and depression).

Methods This paper examines trends and determinants for
work-related MSD between 2002 and 2013, using annual
cross-sectional data from the Quarterly National Household
Survey (QNHS).

Results Rates of MSD were strongly linked to the economic
cycle. Rates per 1000 workers ranged from 11 in 2002 to 19
during the economic boom before falling to 7 during the
recession (2009). The 2013 rate in a recovering economy was
14 per 1000 workers.

This pro-cyclical pattern remained when characteristics of
workers and their workplace were held constant using logistic
regression. Furthermore, within sectors, rates were higher
when the annual percentage change in employment was positive.

We also found that certain worker and workplace factors
influenced the risk of MSD independently. Workers aged 35–
64 had the highest risk of MSD (2.5 times more than workers
<25 years). Construction sector workers, followed by those
working in agriculture and health, had the greatest risk of
MSD. Rates in education and all other services sectors were
much lower. The self-employed, those working 40 to 49 hours
per week (compared to <30 hours), shift workers, and new
recruits (with <6 months job experience) also had a higher
risk of MSD.