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ESTIMATION OF IMPACTS OF PNEUMOCONIOSIS: A 15-YEAR NATIONWIDE COHORT STUDY IN TAIWAN

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Introduction Few studies estimated life years lost and lifetime costs resulted from pneumoconiosis. We aimed to assess the expected life years lost (EYLL) and lifetime healthcare expenditures (LTHE) in patients with pneumoconiosis in Taiwan.

Methods A cohort of patients with pneumoconiosis was established by recruiting new cases aged 25 or older from the National Health Insurance (NHI) reimbursement dataset. The case was defined by at least 3 times of outpatient clinic visits or hospitalisation with disease diagnosis using ICD-9-CM codes 500–505 for the period 1998–2012. The cohort was linked with National Mortality Registry to verify survival status. Using a semi-parametric method, we extrapolated lifetime survival function under the assumption of constant excess hazard. For each patient, we simulated gender-, and age-matched referents based on the life table from national statistics to estimate the EYLL for the cohort. The LTHE were estimated by multiplying the survival probability with mean monthly costs paid by the NHI for diagnosis and treatment and summing this for the expected lifetime.

Results A total of 34 749 pneumoconiosis patients during the 15 years period, approximating an average of 2482 cases per year, were identified through NHI scheme in Taiwan. We estimated that the EYLL due to overall pneumoconiosis was 2.45 ± 0.1 years. The average EYLL resulted from asbestosis, silicosis, and coal workers' pneumoconiosis were 3.32 ± 0.7 years, 4.29 ± 0.41 years, 2.66 ± 0.2 years, respectively. The LTHE for pneumoconiosis was NT\$708,114 $\pm$ 10,859, higher in females than males (749,200 vs 694,518). Asbestosis ranked top among different types of pneumoconiosis.

Conclusion The accumulated disease burden in terms of total EYLL for pneumoconiosis was estimated more than 90 000 life years. The disease burden for pneumoconiosis is substantial. We recommend appropriate measures should be taken for prevention of pneumoconiosis.

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NIGHT SHIFT WORK: WHAT ARE THE HEALTH REPERCUSSIONS OF NURSES IN MOROCCO?

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Introduction night work (NW) is neither natural, in terms of chronobiological rhythms, nor without risks to the health and quality of living conditions. He is suspected of having a role in various health problems (cardiovascular diseases, diabetes, psychosocial risks). WHO sees it as a probable carcinogen (breast cancer +++).

Methods This is a descriptive quantitative study of a sample of 69 nurses from a regional hospital. The aim is to assess the repercussions of night work on the physical, mental, family and social levels of nurses.

Result more than 61% of nurses are over 40, with female predominance (56%). 52% have more than 10 years of professional experience. Gastro-intestinal complaints were revealed in the majority of nurses (bloating 53%, epigastralgia 40%). 97% say that NW is a mental load (stress 82%). 77% were victims of violence. 54% have difficulty falling asleep. 77% have never received medical surveillance.

Discussion several studies reports that NW is more common in women, and this is also noted in our study (56%). They show the negative impact of NW on health, namely digestive and sleep disorders which agrees with our study (bloating 53%, difficulty falling asleep 54%). Moreover, with regard to medical surveillance, only 23% of the nurses in our study benefited from it, whereas the NW is considered as a real public health issue in the developed countries.

Conclusion the NW is recognised as a factor of painfulness. In addition to medical follow-up of the employees concerned, appropriate preventive measures must be introduced, while improving the conditions and organisation of work, providing specific information and training on the risks involved, acting on the lifestyle and sleeping hygiene, improve artificial light.

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CHALLENGES IN EARLY DETECTION OF NEW AND EMERGING OCCUPATIONAL RISKS -THE CASE OF SPAIN

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Introduction Different systems and methodological approaches have been developed internationally for the early identification of new and emerging occupational risks as well as for the monitoring of work related diseases. In Spain, a variety of them have been implemented at national and regional levels. This study is not only aimed to provide an up to date comprehensive perspective of all of them, but also to identify current challenges and barriers in their practical implementation and potential solutions.

Methods Literature review and in-depth description of existing systems at local and National levels in Spain through interviews of National experts (n=17) and qualitative analysis. Adding to that, professionals involved in those systems were invited to complete a questionnaire (participants: General Practitioners, Medical Doctors from the Spanish National Health System, Occupational Physicians, experts and Occupational Health workers from Mutual Societies and private companies; n=306).

Results Spanish existing systems at National and local levels are described and compared. The exception to the regional fragmentation is the nationwide system of epidemiological health surveillance of workers exposed to asbestos. Furthermore, one of the main limitations to the early identification of new and emerging occupational risks is the lack of dissemination of the existence of these systems among professionals responsible for the Occupational Health within private companies. In fact, only 36% of these professionals have been