

Result A total of 2498 (64%) respondents completed the follow-up questionnaire; 43% were men; average age was 42 years old. Interpersonal conflict and ERI significantly and positively correlated with the increased total cost ($p < 0.001$, 8,278 JPY and 11,047 JPY, respectively, for 1SD change); coworker support significantly and negatively correlated ($p = 0.001$, -10,583 JPY for 1SD change). These three factors significantly correlated with lost labour cost ($p < 0.001$). ERI significantly and positively correlated with medical cost ($p = 0.030$).

Discussion Poor psychosocial work conditions well predicted excess labour and medical cost at one-year follow-up. Improving interpersonal conflict, ERI, or coworker support by 1SD of the score would benefit for saving the total cost of 8000 to 11,000 JPY per month.

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DURATION OF RETURN TO WORK AFTER MYOCARDIAL INFARCTION AND THE ASSOCIATED FACTORS AT NATIONAL CARDIOVASCULAR CENTRE HARAPAN KITA

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Introduction Myocardial infarction as a cardiac disease that has the highest fatality rate in Indonesia occurs in many working age population and causes temporary disability for work. Approximately 90 million working days are lost every year due to myocardial infarction. Many research showed that the unemployed condition is associated with a relative risk of mortality and increases the risk of death by almost 50%. However, Indonesia that has more than fifty million workers, has no reference to the duration of return to work after myocardial infarction.

Methods This cross-sectional study was conducted at National Cardiovascular Centre Harapan Kita. 130 employed out-patients were involved to this study by consecutive sampling method. The required data was gathered from general data questionnaires, DASS 42, Job Satisfaction Survey and medical records.

Results The median for the subjects' age was 55. 93,2% subjects were male and 6,8% were female. 74,2% subjects had sedentary job and 25,8% had an active job. Among them, 45,5% had PCI and 54,5% had conservative treatment. The median duration for return to work was 14 days. Based on linear regression analysis, subjects with active job have longer return to work duration ($p = 0.004$), those with EF $< 40\%$ have longer return to work duration ($p = 0.02$), and those with longer hospitalisation duration also have longer return to work duration ($p = 0.004$). Depression, anxiety, and job satisfaction did not associated with return to work duration.

Conclusion The successful of return to work after myocardial infarction needs a precise evaluation on type of job, left ventricular ejection fraction, and hospitalisation duration by an occupational medicine specialist and cardiologist. Different from another country, psychologic factors is not associated to return to work duration after myocardial infarction in Indonesia, thus the prevention for longer disability after myocardial infarction should be focusing on clinical and occupational factors.

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DEVELOPMENTAL EVALUATION: A FRUITFUL STRATEGY FOR IMPLEMENTING AND EVALUATING A WORK REHABILITATION PROGRAM FOR WORKERS WITH COMMON MENTAL DISORDERS

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Introduction In Canada, few early work rehabilitation services are offered to prevent long-term work disability due to common mental disorders (CMD), despite population-level needs. Our study aimed to support and evaluate the implementation and effects of an innovative program designed to promote post-CMD return-to-work (RTW) in primary healthcare.

Methods A developmental evaluation approach (Patton, 2011) was retained. Main implementation strategies consisted of periodically revising the program's logic model and discussing its underlying theory of change with clinicians. Data collection tools included: dashboards of activities conducted with participants ($n = 41$); interviews with participants upon discharge ($n = 26$) and 6 months post-discharge ($n = 24$); questionnaires completed by attending physicians ($n = 18$). Quantitative data underwent descriptive statistical analyses, while qualitative data underwent thematic analysis. Results were presented and discussed periodically with clinicians to ensure their credibility.

Result The implemented program included group interventions, one-on-one interventions, and concerted actions with partners. Participants began the program after 5 months of sick leave on average, and participated for 10 ± 2 weeks. 80% of cases included concerted actions, usually with insurers and rarely attending physicians. However, virtually all the physicians saw the program as meeting needs and promoting RTW. Active components identified by participants concerned primarily the interventions' group format, but also activities, and clinicians themselves. In terms of the program's final expected outcome, 69% of the participants returned to work upon discharge and 79% were at work 6 months post-discharge.

Discussion The program studied is based on the best scientific evidence and is feasible in a primary healthcare context. Results suggest that it facilitates a sustainable RTW of workers with a CMD and that it supports physicians in their interventions with this population. While additional work is required to demonstrate its effectiveness, current results suggest that a group format is an important intervention component for this target population.

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WHAT ARE THE ACTIVE COMPONENTS OF A WORK REHABILITATION PROGRAM ACCORDING TO WORKERS SICK-LISTED FOR A COMMON MENTAL DISORDER?

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Introduction Common mental disorders (CMDs) are highly prevalent and a leading cause of work disability. Although specialised programs are now offered to prevent these workers from developing long-term work disability, little is known