neurodegenerative disease (n=103,969). Correctness of every candidate pair and prevalent non-candidate pairs was checked using occupational coding manuals of FINJEM and F-ISCO88, including occupational titles. Final list of accepted pairs was agreed by the authors.

The number of verified F-ISCO-88–FINJEM conversion pairs was 835, including 88 pairs from non-candidates. In total, 397 (34.7%) candidate pairs were incorrect. We could solve FINJEM occupation for 84 252 (81.0% from total population) persons with direct conversions or verified conversion pairs. Occupation of the remaining 19 717 persons changed between 1990 and 1995. Direct conversions totaled 27 716 (26.6%) solutions and split F-ISCO-88 codes 56 536 (54.4%) solutions. The resulting F-ISCO-88–JEM comprises original FINJEM exposure estimates for direct conversions and estimates for split F-ISCO-88 codes, calculated using proportions of corresponding FINJEM codes as weights.

A quarter of F-ISCO-88 codes can be converted to FINJEM codes in data with F-ISCO-88 occupational codes. This proportion could be tripled in a dataset including FINJEM and F-ISCO88 codes in consecutive censuses, resulting in more accurate exposure estimates.

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O5E.1 DATA ON ACKNOWLEDGMENT AND COSTS OF WORK-RELATED MENTAL DISEASES IN FRANCE

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Objective To report data concerning the reality of work-related mental diseases (WRMD) in France, their acknowledgment as occupational diseases and some socio-economic data.

Methods Data were collected from the French National Health Insurance Fund (NHIF) and from the database of the French national occupational surveillance and prevention network (rnv3p). Rnv3p collects data from French Occupational Disease Centers to identify and describe risks and/or emerging work-related diseases.

Results Data from NHIF indicate that the number of requests for acknowledgment of WRMD has increased significantly from 2012 to 2017 (200 to 1500). About 50% are acknowledged and compensated as occupational diseases. Within these affections, the share of depressions is the majority. Durations of work stoppages (more than 400 days on average) were much longer than for other occupational diseases.

Mental disorders related to psychosocial risk factors may also be compensated as work injuries. In 2016, NHIF compensated over 10 000 mental disorders as work injuries, mostly caused by external events or inadequate working conditions. The proportion of people with permanent disability was 4.6%. Finally, the management of WRMD acknowledged will have represented 230 million for the Work Injuries-Occupational Diseases branch of the NHIF.

Rnv3p data are globally consistent with NHIF concerning compensated occupational mental diseases, highlighting the increase of WRMD in some sectors such as public

administration, health and social action, retail business and education. Over 18000 WRMD (33% men, 67% women; mean age=46.08.9) were recorded in the database between 2010 and 2016, and 1833 cases of burnout situations currently non acknowledged as occupational diseases by the NHIF. Rnv3p data also illustrate the importance of under-reporting of WRMD as occupational diseases.

Conclusion Then, RNV3P provides important data to assist in the acknowledgment of WRMD and to carry out preventive actions in the sectors and enterprises most concerned.

O5E.2 A HOSPITAL OCCUPATIONAL DISEASES UNIT: AN EXPERIENCE TO INCREASE THE RECOGNITION OF OCCUPATIONAL DISEASE

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Background Under-reporting and recognition of occupational diseases is a problem in countries with workers' compensation schemes.

Aims To describe the role of a public hospital Occupational Disease Unit (ODU) in Barcelona that resulted in improved reporting and official recognition of occupational diseases from 2010 to 2017.

Methods Hospital physicians referred possible cases of work-related disease to the ODU, where in-depth medical evaluations were then performed, and a detailed report addressing causation was generated. Patients with confirmed cases of occupational disease were counselled and followed while pursuing official recognition and benefits claims by the Spanish Social Security System.

Results Between 2010 and 2017, 149 cases were referred to the ODU for evaluation. Of these, 80 (53.7%) were confirmed to have an occupational disease, 54 (67.5%) patients pursued official recognition, and to date 26 (48.1%) were accepted by the Social Security System. The predictive positive value varied by diagnosis group (p=0.003), and was highest for skin diseases (71.4%) and cancer (66.7%), and lowest for hearing loss (29.4%) and musculoskeletal disorders (16.7%).

Conclusions A hospital ODU can improve reporting and official recognition of occupational diseases, that otherwise might not have been recognized. Expanding this experience to other Spanish and European hospitals could improve the efficiency of workers' compensation schemes and better support preventive policies.

O5E.3 OCCUPATIONAL DISEASES AMONG WORKERS IN DIFFERENT SOCIOECONOMIC POSITIONS

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Introduction To determine differences between workers in lower and higher socioeconomic positions (SEP) in: i)