

1000. 83% of the services did not have an audiometer or spirometer, 86%. Only 56% of the services met the threshold of audibility during the pre-occupational evaluation. 76.6% of workers who moved weights had a lumbar X-ray. A significant proportion could not maintain professional secrecy, due to company requirements. The opinion of the workers contrasted with the opinion of the medical services. Only 19% of the services delivered the results of the evaluations to the workers. 52.38% considered that the medical service kept professional secrecy.

Conclusions There was a low detection and notification of occupational diseases, little equipment of services for preventive activities, and it is necessary to ensure that the medical service has the power to keep medical secrecy.

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SUCCESS OF REHABILITATION AMONG 185.385 EMPLOYEES UNDERGOING MEDICAL REHABILITATION FROM 2010 TO 2012 IN GERMANY.

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Introduction In Germany the statutory pension insurance fund covers the cost of rehabilitation treatment for employees whose working capacity is endangered due to health problems.

Objectives We aimed to describe success of medical rehabilitation (work ability at discharge, return to work in the year after rehabilitation, early retirement within seven years after rehabilitation) with special consideration of potential sociodemographic determinants among employed persons undergoing medical rehabilitation from 2010 to 2012 in Germany.

Methods Analysis based on Scientific Use Files of administrative pension records from the Research Data Centre of the German Federal Pension Insurance, which include 20 percent random samples of all cases of medical rehabilitation. Risk of low work ability at discharge (LWA) and failed return to work in the year after rehabilitation (FRW) was estimated using logistic regression models, risk of early retirement during seven years after rehabilitation (ER) was estimated using cox proportional hazard models. Age, sex, citizenship, school and vocational education, annual income before rehabilitation and medical diagnosis were considered as potential risk factors.

Results We included 185.385 employed persons aged 18 to 60 years undergoing medical rehabilitation from 2010 to 2012. Low work ability at the end of rehabilitation was reported among 7.9%, 26% showed insufficient return to work one year after rehabilitation, and 9.7% received disability pension during 7-year follow-up, respectively. In fully adjusted models, non-German citizenship, older age, low educational level, as well as low annual income were risk factors for each outcome of work ability. For example, adjusted risk among persons with low annual income (1st quartile vs. 4th quartile, OR/HR [95%-CI]) was 2.3 [2.2;2.4] for FRW, 4.8 [4.5; 5.1] for LWA, and 2.5 [2.3; 2.6] for ER.

Conclusions These results continue to show that success of medical rehabilitation is lower in deprived social groups in Germany.

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RETURN TO WORK AFTER ACUTE MYOCARDIAL INFARCTION: A COMPARISON BETWEEN YOUNG ACTIVE WOMEN AND MEN

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Background Return to work (RTW) after an acute myocardial infarction (AMI) is an important outcome particularly relevant to young and active patients. Women may be at a greater risk for not returning to work given evidence of their worse recovery after AMI than similarly aged men. However, sex differences in return to work after AMI has not been studied extensively in a young active population (≤ 65 years). This study aimed to assess return to work among patients after an AMI and evaluate the role of gender.

Methods We prospectively followed patients with a first time AMI, employed at the time of the index hospitalization between June 2018 and December 2019, in the Cardiology department in a Public hospital in the central region of Tunisia. Data were obtained by medical record abstraction and patient interviews. Data collected were related to socio-demographic characteristics, clinical characteristics and the validated MacNew Questionnaire.

Results Fifty patients were enrolled aged 35 to 65 years. The study group was made up of 45 (90%) male and 5 (10%) female. Patients who did and did not return to work did not differ in gender distribution ($p=0.79$). Women returned to work later than men (respectively after 65 and 75 days) without statistically significant difference ($p=0.87$). Eighty four percent of the study population returned to work within six months. Smoking, left ventricular ejection, Killip class, in-hospital complications, global physical activity and Quality of Life were found to be significantly associated with return to work in independent univariate analyzes. A stepwise multivariate regression analysis identified only the Quality of Life and the number of children in charge as predictors of RTW.

Conclusion This study revealed a higher probability of RTW in males among a young active population. This difference is explained by disparities in demographic, occupational and health characteristics.

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USING A CLINICAL DATABASE TO INFORM PREVENTION OF OCCUPATIONAL SKIN DISEASE WITH A FOCUS ON THE HEALTH CARE SECTOR.

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Introduction Clinical databases provide useful information on occupational diseases including occupational skin diseases. Patch testing is an important tool in the diagnosis of occupational contact dermatitis. Patch test databases not only contain specific diagnostic information but also identify affected occupations and workplace characteristics allowing comparisons across industries and jobs. Additional workplace information can be added to gain insight into prevention activities.