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SE; F00-F99) 64.9% in women and 48.8% in men, for musculoskeletal disorders (M00-M99) 91.1% and 90.0%, respectively.

The prevalence of premature age pension increased between 2004 and 2011: men 2.5% to 6.4%, women 1.7% to 5.5%. Blue collar occupations were most affected.

Conclusions The socioeconomic divide in lost years of working life between white and blue collars prevailed. There was an apparent flow from disability to premature age pension, in particular in female blue collars. The findings indicate the budgetary savings of disability pensions transferred the economic burden of disease to individuals, and mainly to female blue collar workers.

03D.6 INVENTORY OF OCCUPATIONAL, INDUSTRIAL AND POPULATION COHORTS IN SWITZERLAND

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Context Given the importance of harmonization in occupational epidemiology (OE) research, an European network, OMEGA-NET, is developing an inventory of occupational, industrial and population cohorts in Europe. We inventorized existing cohorts in Switzerland and assessed their relevance for OE.

Methods We identified cohorts based on the review of data repositories and publications of the leading occupational and public health institutions in Switzerland. Cohorts were considered relevant for OE if data on occupation were available. The quality of these data was assessed critically.

Results In Switzerland, we found no industrial cohort, one retrospective occupational cohort exposed to magnetic fields [20,141 Swiss Federal Railway workers, cancer morbidity follow-up=1972–2002] and four population-based cohorts relevant for OE: the census-based Swiss National Cohort (SNC) [5.8 million adult residents in Switzerland, mortality by cause follow-up=1990–2014], the Study on Air Pollution And Lung Disease In Adults (SAPALDIA) [n=9,561, lung function and morbidity follow-up=1991-present], CoLaus|PsyCoLaus [6,700 35–75 year-old residents of Lausanne, cardiovascular and mental morbidity follow-up=2003-present], the Swiss Kidney Project on Genes in Hypertension (SKIPOGH) [1134 residents of Lausanne, Geneva and Berne, kidney and metabolic morbidity follow-up=2009-present].

Occupation was coded using the International Standard Classification of Occupations (ISCO) only in the SNC (ISCO-68 and ISCO-88) and SAPALDIA (ISCO-88). In SKIPOGH, the Belgian Classification of occupations was used. In CoLaus|PsyCoLaus, occupation remains uncoded. Noteworthy, the percentage of missing occupations is 43%, non-reported, 65% and 61%, respectively.

Conclusion Having detailed high-quality data on multiple health outcomes, the identified Swiss cohorts may represent a valuable contribution to OE research. However, in absence of standardisation in collecting and coding of occupational data in these cohorts, their use in OE is still challenging. Planned harmonization efforts in frame of OMEGA-NET will be beneficial for improving the quality of these data and OE research in Switzerland and abroad.

03D.7 CONSTANCES: A POPULATION-BASED COHORT FOR OCCUPATIONAL EPIDEMIOLOGY

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The CONSTANCES general-purpose population-based cohort is intended to serve as an epidemiological research infrastructure accessible to the epidemiologic research community. CONSTANCES also provides useful public health information to the public health authorities. CONSTANCES was designed as a randomly selected sample of French adults aged 18–69 years at inception; 2 00 000 subjects will be included over a six-year period. At inclusion, the selected subjects are invited to complete questionnaires, including a lifetime job history, and to attend a Health Screening Centre (HSC) for a comprehensive health examination. A biobank is being set up. The follow-up includes a yearly self-administered questionnaire, and a periodic visit to an HSC. Social and health data are collected from the French national administrative databases. Data collected for participants include social and demographic characteristics, socioeconomic status, life events, and behaviours. Regarding occupational factors, a full job history and a wealth of data on employment and organizational, chemical, biological, biomechanical and psychosocial lifelong exposure are collected at inception and during the follow-up. The health data cover a wide spectrum: self-reported health scales, reported prevalent and incident diseases, long-term chronic diseases and hospitalizations, sick-leaves, handicaps, limitations, disabilities and injuries, healthcare utilization and services provided, and causes of death. To consider non-participation at inclusion and attrition throughout the longitudinal follow-up, a cohort of non-participants was set up and will be followed through the same national databases as participants.

Inclusion began in 2012 and more than 1 80 000 participants were enrolled by July 2018. Several projects on occupational risks are already in progress, and an Occupational Health Users Club was established. This platform and its potential contributions will be described, as well as the means for international investigators to access it.

03D.9 PSYCHOSOCIAL CONTEXT, SOMATIC COMPLAINTS, WORK ABILITY, AND JOB SATISFACTION IN ANAESTHESIA HEALTH PROFESSIONALS. SETTING UP A PROSPECTIVE COHORT STUDY

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Background Psychosocial context, characterized by the levels of job demands, shift/night work, burnout, and teamwork, as well as presence of certain somatic complaints (chronic respiratory, skin, and musculoskeletal symptoms) and health disorders could affect the work ability and job satisfaction of health professionals (HPs).