Method: Five cross-sectional telephone surveys were conducted triennially in 1997–2009 among representative samples of working Finns (n=2000–2400/survey year, total N=11 000). The risk of reduced work ability related to musculoskeletal pain and mental symptoms was estimated with log-binomial regression for each survey year separately. Current work ability was assessed with a scale from 0 to 10 (reduced ability: 0–7). Musculoskeletal pain concerned prolonged or recurrent pain in the neck, shoulders/arms, wrist/fingers, low back, or hips/lower extremities. Mental symptoms included feelings of depression, tiredness, irritability, difficulties to concentrate, and sleep problems. Models were adjusted for age, gender, education, BMI, smoking, chronic illnesses, physical and psychosocial work exposures, accidents at work, threat of unemployment, and family problems.

Results: One-month prevalence of co-occurring pain and mental symptoms as well as that of self-perceived work ability remained stable in 1997–2009. The adjusted prevalence ratios of reduced work ability related to having both pain and mental symptoms increased from 2.7 (95% CI 1.7 to 4.2) in 1997 to 4.7 (95% CI 2.9 to 7.8) in 2009 (Abstract P2-452 figure 1). Changes in the risk of reduced work ability associated with musculoskeletal or mental symptoms only were less marked.

Conclusions: The considerable increase that occurred during 12 years in the risk of reduced work ability implies that workers with co-occurring musculoskeletal and mental symptoms presently experience less ability to work than before, irrespective of assessed changes in for example, physical or psychosocial work exposures.

P2.454 ASSOCIATION BETWEEN HIV/AIDS RELATED ADULT DEATHS AND MIGRATION OF HOUSEHOLD MEMBERS IN RURAL RUFIJI DISTRICT, TANZANIA

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Introduction: The dramatic increase in adult mortality attributable to HIV/AIDS in Sub-Saharan Africa may increase the number of households that do not survive as a functional unit in the years to come. This report describes the extent at which these impacts are weathered by a rural community using data from the Rufiji HDSS in rural Tanzania.

Objectives: The study describes adult mortality patterns in the area with an emphasis on the HIV/AIDS related adult deaths and the proportion of household members migrating following these deaths.

Methods: A total of 32 787 households and 4603 adult deaths from 4019 households were recorded over the study period. Mortality trends and migration rates were computed while the association between adult mortality and out-migration of members assessed using Cox proportional Hazard model.

Results: Adult deaths increase by about 9% the chance of a child to migrate within or without the DSA while HIV/AIDS adult deaths increase by a further 19 percentage point the risk of the child to migrate out of the DSA. Non-HIV/AIDS adult deaths also enhance the risk for female internal migration by 5% albeit hardly significantly (adj. HR 1.05; 95% CI 1.0 to 1.10, p value 0.05) but decreases the chance of male internal migration by 15% (adj. HR 0.85; 95% CI 0.81 to 0.89, p-value 0.01). HIV/AIDS adult death is strongly associated with out-migration of adults. The deaths females out-migration to 19% (adj. HR 1.19; 95% CI 1.09 to 1.30, p value <0.001) and male migration to 30% increased risk (adj. HR 1.30; 95% CI 1.16 to 1.45, p value <0.001).

P2.455 SLEEP DURATION AND RISK OF WEIGHT GAIN AND OBESITY: THE OHSAKI COHORT STUDY

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Introduction: Several studies from Western countries have reported that sleep duration is associated with weight gain or obesity. We examined the association between sleep duration and risk of weight gain or obesity in Japan.

Methods: We combined data from two cohort studies. In 1994, we delivered a questionnaire to all individuals aged 40–79 years who lived in the catchment area of Ohsaki Public Health Center. Of