

## THOR ROI

The Health and Occupation Research network in the Republic of Ireland

Centre for Occupational and Environmental Health  
The University of Manchester

<http://www.medicine.manchester.ac.uk/oeh/research/thor/schemes/ireland>

**Dr Annemarie Money, Dr Melanie Carder & Prof Martie Van Tongeren, June 2018**

**INTERIM REPORT, covering the reporting period: Jan 2018 to March 2018**

Dear colleague,

We are pleased to present the latest interim report for the THOR-ROI schemes covering the period from January 2018 to March 2018. I hope that you will find this report useful.

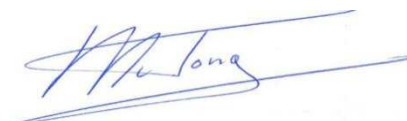
In total, 54 cases were reported across the different schemes during the first quarter of 2018, the majority of which were within the OPRA scheme. This compared to 45 cases last quarter (Oct-Dec 2017) and 31 cases the same quarter last year (Jan-March 2017).

We are pleased to report that the number of occupational physicians has increased from 27 to 30, one of whom will start reporting next month.

We had a very useful meeting during the ICOH Congress in Dublin which resulted in a number of actions that require further follow up. We are very keen to work with all of you to present the results of THOR-ROI in a manner that is most useful for all stakeholders and to develop materials that can be used for dissemination brochures, such as the one produced by HSA earlier this year.

I believe that there may be an opportunity to meet again in the autumn of this year and present the THOR-ROI results at the Occupational Health Risks conference being organised by the HSA for the 21<sup>st</sup> November in Dublin, we look forward to meeting you there.

With Best Wishes



Martie Van Tongeren  
Professor of Occupational Medicine

## BACKGROUND

Chest physicians and dermatologists in the Republic of Ireland (ROI) have been reporting voluntarily to The Health and Occupation Research network (THOR-ROI) since January 2005, whilst occupational physicians have been reporting since January 2007. THOR-GP is the newest ROI scheme enabling general practitioners with an interest in occupational medicine to report, data collection commenced in January 2015. This document provides a brief update of the cases reported during the inclusive period January to March 2018. The practice within all the THOR schemes is to work on a three month lag to enable thorough data cleaning procedures to be carried out. This should not be viewed as a 'stand-alone' document but as a supplement to previous interim quarterly reports and 'substantive' annual reports (the most recent of which was submitted in March 2018).

## SUMMARY

Reporters to THOR-ROI returned 54 cases and 8 nil returns (nil return = a physician tells us that they did not see any cases of work-related ill-health in their reporting month). The number of cases, nil returns and participating physicians for the quarter Jan – March 2018 compared to the same quarter in 2017 are provided in Table 1.

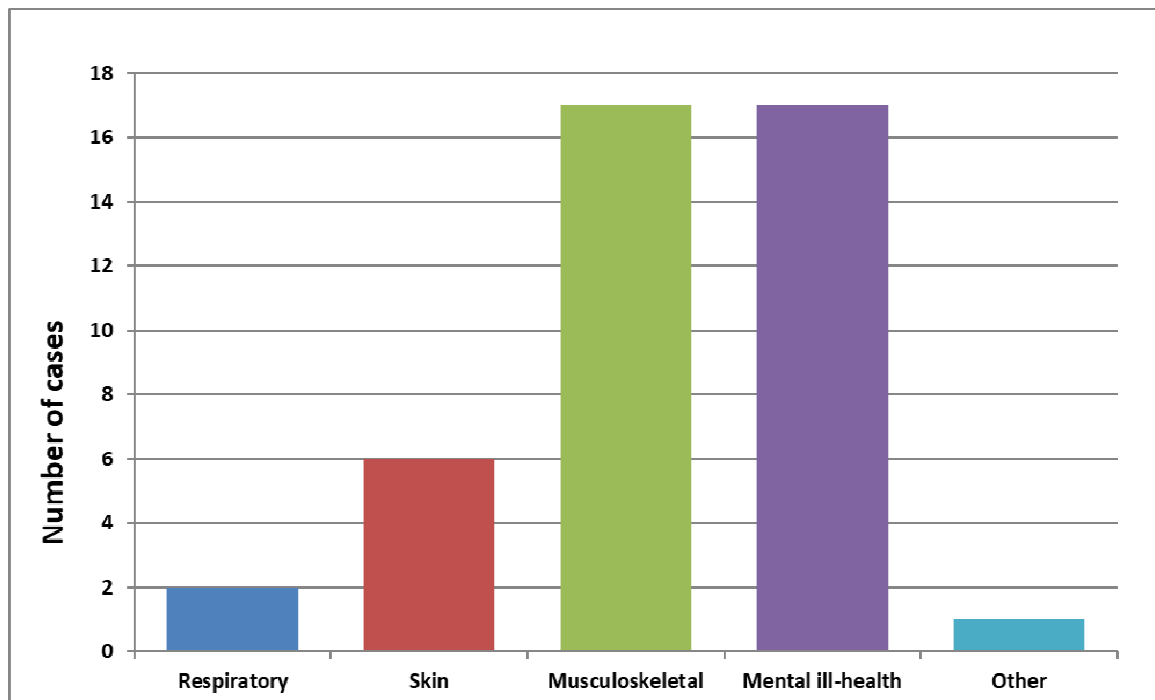
**Table 1 Number of physicians, cases and nil returns reported by scheme Jan-March 2018 and Jan-March 2017**

	Jan-March 2018			Jan-March 2017		
	Physicians	Cases	Nil returns	Physicians	Cases	Nil returns
<b>OPRA</b>	29	43	4	27	20	6
<b>EPIDERM</b>	12	7	3	13	1	3
<b>SWORD</b>	11	4	0	12	9	0
<b>THOR-GP</b>	22	0	1	21	1	0

## OVERVIEW OF CASES BY SCHEME

### OPRA-ROI

The 29 occupational physicians currently reporting to OPRA-ROI returned 43 case reports and 4 nil returns during the first quarter of 2018, taking the total number of cases returned by OPs since the scheme commenced in 2007 to 1690. Figure 1 provides the number of cases of work-related ill-health cases by main diagnostic category.



**Figure 1 Cases of work-related ill-health by main diagnostic category reported to OPRA-ROI (Jan-March 2018)**

#### **Diagnostic sub-categories:**

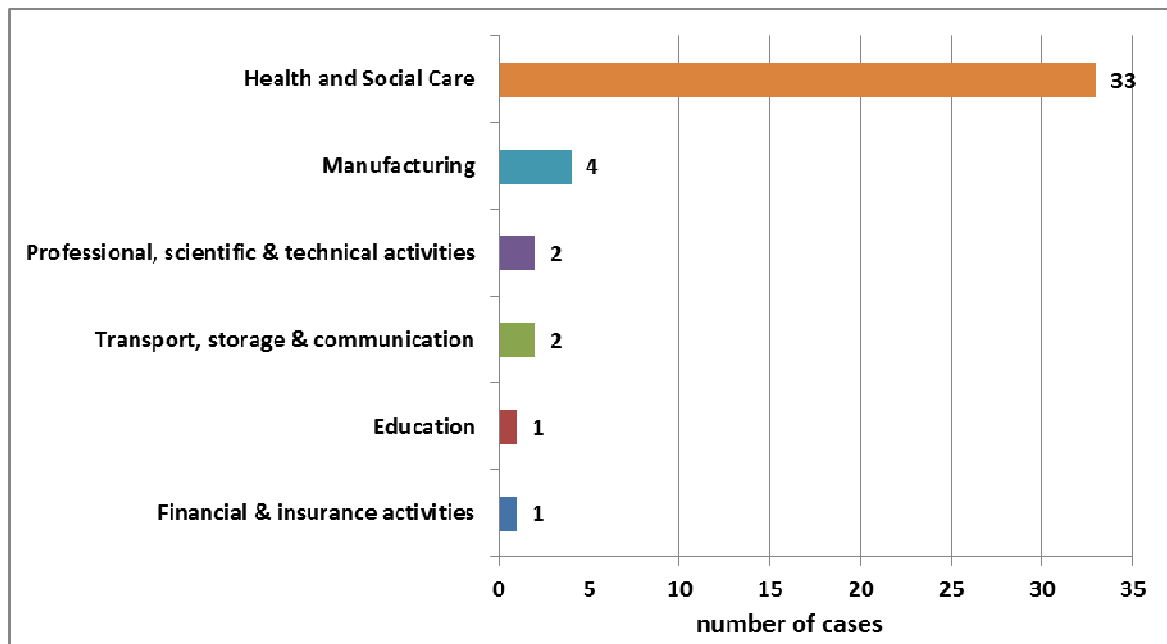
- 17 musculoskeletal disorders were reported this quarter under the following anatomical sites; hand/wrist/arm (6), shoulder (3) and back/neck (8).
- 17 mental ill-health cases were reported, covering the following 21 diagnoses (a case may be assigned more than one diagnosis); work-related stress (11), anxiety/depression (6), and 'other' work-related mental ill-health (4) (reported as adjustment disorder with anxiety (2) sleep disturbance; bullying).
- 6 cases of skin disease reported this quarter were diagnosed as irritant contact dermatitis.
- 2 cases of work-related respiratory disease were reported – occupational asthma; dry cough symptoms.
- 1 case of 'other' work-related disease reported, diagnosed as TB infection.

#### **Age and gender:**

54% of the cases reported to OPRA-ROI this quarter were females and the age range (all cases) was 20 to 63 years (mean age = 44 years).

#### **Industry and occupation:**

Figure 2 presents the cases by industry sector. The majority of cases were reported in the health and social care sector, and the most frequently reported occupations within this sector were nurses and care assistants (17/33 = 52%). A further 4 cases were reported in the manufacturing industry (process operatives); followed by 2 cases each in professional, scientific and technical activities (laboratory assistants) and transport, storage and communication (train driver; ticket checker). One case each was reported in financial and insurance activities (insurance sales) and education (clinical psychologist).



**Figure 2 Cases of work-related ill-health by industry sectors reported to OPRA-ROI (Jan-March 2018)**

#### **Suspected agents / precipitating events / tasks and movements:**

Physicians can report up to 3 precipitating events for cases of work-related mental ill-health reported to OPRA-ROI. The most frequently reported event for cases this quarter were interpersonal relationships which includes difficulties working with colleagues / clients / managers, and bullying and harassment (7 cases) followed by traumatic events, including violence / assaults / accidents (6 cases); factors intrinsic to the job, e.g. work overload, shift patterns (3 cases); and personal reasons (cited as a severe event, e.g. death of a relative/friend (1 case)).

For the musculoskeletal disorders, the physicians report the tasks and movements involved; these included materials manipulation (6 cases); lifting/carrying/pushing/pulling (4 cases); accidents (4 cases); keyboard work (2 cases); and guiding or holding tool (1 case).

Up to 6 agents can be reported for each skin case. Suspected irritants were reported as follows: sterilising and disinfecting agents (cited 3 times); wet work (cited twice) and each of the following cited once – glues and adhesives, protective equipment (PPE), formaldehyde, hypochlorites, unspecified irritants, other specified substances.

The agents reported for the 2 respiratory cases were enzymes and sterilising agents and disinfectants.

#### **EPIDERM-ROI**

The 12 dermatologists currently reporting to EPIDERM-ROI returned 7 cases of work-related skin disease and 3 nil returns for the first quarter of 2018 (total ever cases = 480).

All cases were reported as contact dermatitis. Four allergic contact dermatitis cases were reported as follows: a production supervisor attributed to soap; a waitress attributed

to plants (specified as limonene); a nursing auxillary attributed to rubber chemicals and glove use; a hairdresser attributed to P-Phenylene diamine and ammonium persulphate. Two irritant contact dermatitis cases were reported, a health care assistant attributed to nickel and cobalt and a food process worker attributed to food (specified as rennet and whey). Finally, 1 case of mixed allergic and irritant contact dermatitis was reported in a dog groomer attributed to plants (specified as linalool).

## **SWORD-ROI**

The following 4 cases of work-related respiratory disease (bringing the total ever cases reported to 190) were reported by the 11 participating chest physicians between January and March 2018: 1 case of allergic alveolitis in a factory worker attributed to fungi; 1 case of bronchitis/emphysema in a coal miner attributed to coal dust; 1 case of pneumoconiosis in a carpenter attributed to asbestos; 1 case of mesothelioma in a labourer attributed to asbestos.

All cases were reported in males.

## **THOR-GP-ROI**

There have been no cases of work-related ill-health and 1 nil return reported by the 22 general practitioners to THOR-GP-ROI this quarter.

## **BECK REPORT**

We are most grateful to Dr Mark Wilkinson for providing the Beck Report, which provides a commentary for cases of work-related skin disease reported to the UK THOR and THOR-GP schemes throughout January to March 2018.

### **BECK REPORT**

I was surprised at a report from OPRA detailing a generalised eruption in a paediatric nurse after wearing a protective gown in an isolation room. This resulted in 3 months sick leave! It raised the question in my mind of what might be expected following such an exposure and what we know of the prognosis of occupational dermatitis. During the quarter, there was also a report of occlusion from a theatre cap resulting in symptoms. Typically, I'd expect an acute irritant or allergic response to settle over 6-8 weeks, perhaps longer if severe. A gown is an unlikely cause, not being irritant and unlikely to contain potent allergens. In any situation where the features don't fit, a re-evaluation may be helpful to exclude other diagnoses or coincidental events. The precise clinical situation may have been different from what I imagined and the outlook becomes less good as exposure continues. Following persistent disease, the term post occupational dermatitis<sup>1</sup> has been coined for situations where dermatitis persists long after relevant exposures have been removed. It is said to occur in up to 10% of cases. This leaves us with a very variable prognosis but the potential for permanent disease. Consequently, there is a strong argument for investigating and treating suspected

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<sup>1</sup> Persistent post-occupational dermatitis. Sajjachareonpong P, Cahill J, Keegel T, Saunders H, Nixon R. Contact Dermatitis. 2004; 51: 278-83.

occupational dermatitis promptly<sup>2</sup>; delayed diagnosis having been shown to be associated with chronicity<sup>3</sup>.

With the current good weather, I'd almost forgotten how cold it was earlier in the year with snow in March. A report of cold panniculitis in a young female stable groom was a classic presentation of this condition. Typically, tender subcutaneous inflamed nodules develop on the lateral thighs of young women following horse riding in tight fitting clothing in the cold. The low temperature results in crystallisation of fat and cell rupture. The condition of cold panniculitis is commoner in young children who have a higher level of saturated fats which solidify at a higher temperature than unsaturated fats. Consequently, a smaller reduction in temperature can precipitate fat necrosis. A recognised complication of letting children suck on ice lollies is fat necrosis on the cheeks and chin; so-called 'popsicle panniculitis'

**Dr Mark Wilkinson, Leeds General Infirmary**

## **NEWS**

### **Annual Advisory Committee Meetings (AACMs)**

Dr Peter Noone attended the THOR Annual Advisory Committee meeting held here at the Centre for Occupational and Environmental Health on Thursday 10<sup>th</sup> May; presentations of the 2017 ROI summary statistics were given at the meeting.

Professor Martie van Tongeren, Dr Annemarie Money and Professor Raymond Agius attended ICOH 2018 which was held in Dublin this year. Prof Raymond Agius received a lifetime achievement award from the Faculty of Occupational Medicine for his exceptional contribution to the Faculty and science and practice of occupational medicine on the 1<sup>st</sup> May; Prof Agius gave his talk 'Anticipating new risks to health from work' at the Royal College of Physicians of Ireland. We took the opportunity to meet with representatives from the Health and Safety Authority and other interested parties to discuss the THOR-ROI schemes. It was an extremely fruitful meeting in which we discussed plans for the future content of THOR outputs to the HSA and ways in which to promote THOR in the ROI. THE HSA has produced an information brochure all about the THOR schemes which is available via the following link

[http://www.hsa.ie/eng/Topics/Illness\\_Reports/THOR\\_Information\\_Sheet\\_2018.pdf](http://www.hsa.ie/eng/Topics/Illness_Reports/THOR_Information_Sheet_2018.pdf)

### **REMINDER OF HOW WE CAN HELP YOU**

Please let us know if you have any questions in relation to the data presented in this quarterly report or any other related matter. In addition, we would welcome any comments or suggestions in relation to recruitment of new physicians and improvements for presenting our data. In addition, we are very keen to collaborate with anyone who is interested in using the THOR-ROI or THOR-UK data to investigate a particular area of interest. Furthermore, please let us know if you would like to present THOR-ROI or

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<sup>2</sup> The prognosis of occupational contact dermatitis in 2004. Cahill J, Keegel T, Nixon R. Contact Dermatitis. 2004; 51: 219-26

<sup>3</sup> Prognosis of occupational chromate dermatitis. Halbert AR, Gebauer KA, Wall LM. Contact Dermatitis. 1992; 27: 214-9.

THOR-UK data at any future meetings; simply email [Annemarie.money@manchester.ac.uk](mailto:Annemarie.money@manchester.ac.uk).

### **STAFF CHANGES / THOR CONTACTS**

Laura Byrne is now in post as Project Assistant for the EPIDERM and SWORD schemes; see Table 2 for contact details. Please feel free to contact us if you have any queries.

**Table 2 THOR-ROI Contact details**

<b>SCHEME</b>	<b>email</b>	<b>phone</b>
<b>EPIDERM / SWORD</b>	<a href="mailto:laura.byrne@manchester.ac.uk">laura.byrne@manchester.ac.uk</a>	+44 (0) 161 275 7103
<b>OPRA / THOR-GP</b>	<a href="mailto:Susan.taylor@manchester.ac.uk">Susan.taylor@manchester.ac.uk</a>	+44 (0) 161 275 5531
<b>DATA REQUESTS</b>	<a href="mailto:Melanie.carder@manchester.ac.uk">Melanie.carder@manchester.ac.uk</a>	+44 (0) 161 275 5636
<b>GENERAL ENQUIRIES</b>	<a href="mailto:Melanie.carder@manchester.ac.uk">Melanie.carder@manchester.ac.uk</a> <a href="mailto:Annemarie.money@manchester.ac.uk">Annemarie.money@manchester.ac.uk</a>	+44 (0) 161 275 5636 +44 (0) 161 275 8492