

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 Melanie Carder, Dr Annemarie Money & Prof Raymond Agius

September 2017

INTERIM REPORT, covering the reporting period: April to June 2017

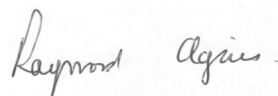
Dear colleague,

Thanks to your support, the schemes continue to generate useful information. The main challenge is to recruit participating physicians to generate enough data reports to ensure continuing viability of the schemes beyond the end of next year. I would encourage you to use our EELAB resource (see reminder details below) and in so doing earn up to 5 CPD points at no cost to yourself.

As some of you may know, later this month I shall become an Emeritus Professor. The overall academic management of the surveillance schemes will now come in the hands of my successor Professor Martie van Tongeren who is an exposure scientist and epidemiologist. Martie was a senior lecturer in our Centre until about ten years ago and I have been handing over to him since the start of this year to help him take over smoothly. It is also hoped to appoint a part time clinical lecturer to continue to fulfil the occupational medicine specialist needs of the schemes.

As an Emeritus Professor I shall continue to support the schemes and their academic output. Moreover I look forward to meeting some of you again in person around the time of the ICOH Congress in Dublin next year.

Best wishes



Raymond Agius

Professor of Occupational and Environmental 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. The THOR-GP scheme in the ROI enables general practitioners with an interest in occupational medicine to report, and its data collection commenced in January 2015. This document provides a brief update of the cases reported during the inclusive period April to June 2017. The practice within all the THOR schemes is to work on an approximate 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 June 2017).

OVERVIEW OF CASE REPORTS

OPRA-ROI

The 27 occupational physicians currently reporting to OPRA-ROI returned 18 case reports during the second quarter of 2017, taking the total number of cases returned by OPs since the scheme commenced in 2007 to 1575

Eight (44%) of cases were reported in males and the age range (all cases) was 27 to 65 years (mean age = 45years).

The largest proportion of cases were reported under the mental ill-health category 14/18 (78%) and comprised 7 diagnoses of work-related stress, 3 diagnoses of anxiety and depression, 1 diagnosis of post-traumatic stress disorder (PTSD) and 3 of 'other' psychiatric problems, specified as adjustment disorder (2) and traumatic event. The precipitating events (as recorded by the physicians) associated with the mental ill-health cases included bullying, work load excess, assault, interpersonal relationships, demand and control imbalance, changes at work, traumatic events at work, and disciplinary processes.

A further 3 cases reported by OPs this quarter were musculoskeletal disorders; 1 case of back pain, 1 case of sciatica and 1 case of rotator cuff tendinitis. The tasks and movements associated with the musculoskeletal cases (as recorded by the physicians) included accident, lifting and carrying, and awkward posture.

There was 1 skin case reported by OPs this quarter, diagnosed as 2nd degree burn to forearm in a kitchen porter attributed to hot food spillage.

Figure 1 provides the cases reported by industry sector, the majority of the cases 8/18 (44%) were reported in the health and social care sector, with a further 5 in transport, storage and communication, 3 in financial and insurance activities, and 1 each in education and retail trade (except motor vehicles). Occupations reported this quarter included nurses, nursing auxiliaries, bus and coach drivers, software professionals, sales related occupations, kitchen porters, clerical workers, forklift operators, general operatives and bankers.

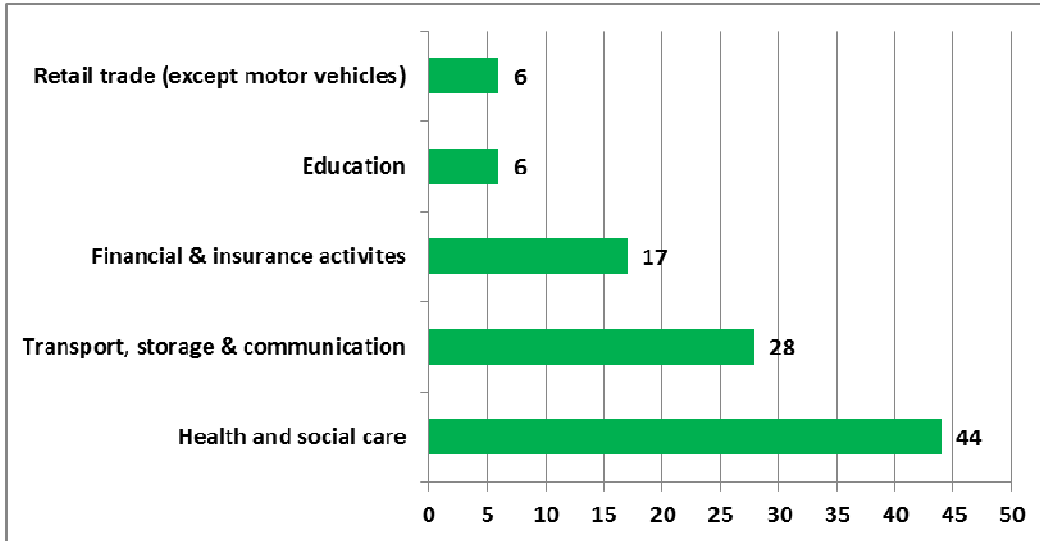


Figure 1 Proportion of cases of work-related ill-health by industry sector reported to OPRA-ROI (April-June 2017)

EPIDERM-ROI

The 13 dermatologists currently reporting to EPIDERM-ROI returned 6 cases of work-related skin disease for the second quarter of 2017 (total ever cases = 460).

All of the cases were diagnosed as contact dermatitis; 5 reported as allergic and 1 as irritant. 5/6 (83%) of the cases were reported in females and the mean age (all cases) was 36 years (age range = 22-55 years). The industry sectors reported were health and social care (2 cases), other personal service activities (2 cases), wholesale and retail trade of motor vehicles (1 case); the industry was not recorded for 1 case. The suspected agents associated with the reported allergic cases were rubber chemicals and materials (2 cases), hairdressing chemicals (1 case), nickel sulfate (1 case) and colophony (1 case), the suspected agent for the irritant case was not recorded by the physicians.

SWORD-ROI

6 cases of work-related respiratory disease were reported by chest physicians between April and June 2017 (total ever cases reported = 178). All of the cases were reported in males with a mean age of 66 years (age range 55-82 years).

The cases were diagnosed as bronchitis / emphysema (4 cases, 1 with a co-diagnosis of asthma), non-malignant pleural disease (1 case with a co-diagnosis of asbestosis) and 1 case of asthma.

The industries reported were mining and quarrying (3 cases), construction (1 case), manufacture of paper and paper products (1 case) and agriculture, fishing and forestry (1 case). The suspected agents recorded by physicians for the 6 cases of work-related respiratory disease were coal / rock / shale dust, ill-defined fumes / gases, asbestos, animal feed and fungi / moulds.

THOR-GP-ROI

The 22 general practitioners enrolled into the GP reporting scheme in ROI returned 5 cases of work-related ill-health during the second quarter of 2017 (total cases reported to date = 23). All of the cases were reported in females with a mean age of 36 years (age range = 19-56 years).

The cases were reported under the following categories of WRIH: musculoskeletal (3 cases) recorded as ankle pain, knee pain and back pain; all employed in the retail sector, and all attributed to prolonged standing: skin (2 cases) recorded as contact dermatitis, 1 with a co-diagnosis of paronychia, both cases reported in the accommodation and food services sector and both attributed to water / wet work.

BECK REPORT

We are most grateful to Dr Mark Wilkinson for this quarter's 'Beck Report', which provides a commentary for cases of work-related skin disease reported to THOR and THOR-GP UK this quarter

THE BECK REPORT

Reports this quarter give an interesting snapshot of problems experienced by agricultural and horticultural workers. 7 of 73 cases reported to EPIDERM were from these industries with 2 developing skin cancer presumably from a lifetime of outdoor work. 3 had developed dermatitis from contact with plants. 1 had an irritant

dermatitis and 2 were found to be allergic to the Compositae (daisy) family of plants. 1 was a gardener and the other worked in a factory making flower bouquets and handled chrysanthemums. The other classic presentation not represented is of florists allergic to Alstroemeria (the Inca lily) with hand dermatitis after stripping leaves from the stem in making flower arrangements. The other cases were a landscape gardener allergic to chromate – presumably in cement used in hard landscaping and a farmer allergic to acrylates – the source wasn't mentioned but we can speculate that they were used as an adhesive to keep their machinery together!

Cases of allergy to methylisothiazolinone continue although there may be light at the end of the tunnel. The European Union has now legislated and MI has been banned from sale in leave on products (hand creams etc.) since February 2017. Similar legislation will prevent its sale in rinse off products (e.g. hand wash) above a concentration of 15ppm from April 2018. Finally, there will be a requirement for labelling of MI in industrial chemicals above a concentration of 1.5ppm. I do wonder what will happen if a similar outbreak occurs post Brexit and what systems will replace the European which have taken roughly 4 years to regulate the chemical after the problem was highlighted in late 2013. This does leave industry trying to find an alternate preservative to use – interesting to see the case of allergy to the preservative iodopropynyl butylcarbamate in paint used to distress furniture. The cycle continues?

To finish, there were a couple of jobs that at first glance looked as though they'd be fun. A play therapist allergic to a blue clothing dye potentially in their navy work trousers – easily solved. But not so easily, the engineer test driving cars in the desert who developed irritant dermatitis from the heat and dust!

Dr Mark Wilkinson, Consultant Dermatologist, Leeds General Infirmary

NEWS

Electronic Experiential Learning Audit & Benchmarking – EELAB - a novel resource for education and continuing professional development in occupational health

A reminder that OPRA-ROI and THOR-GP ROI reporters can access our CPD resource - EELAB (Electronic Experiential Learning, Audit and Benchmarking), <http://www.population-health.manchester.ac.uk/epidemiology/COEH/eelab/>



EELAB is delivered electronically and is based on the actual patient in front of the doctor, providing:

Learning which is interactive and case-based;

Audit against good practice standards such as evidence based guidance;

Benchmarking actual practice or intent against that of our database built from physician peers.

EELAB has been accredited for CPD purposes (for up to 5 CPD points) by the Faculty of Occupational Medicine of the Royal College of Physicians, Ireland.

If you have any comments or suggestions regarding the updated EELAB resource, please contact us either via the web form, or by emailing our Web Developer, Nazia Zarin: nazia.zarin@manchester.ac.uk

A peer reviewed paper evaluating this online resource has just been published in the journal Occupational Medicine –

Zhou Y, Dodman J, Hussey L, Sen D, Rayner C, Zarin N, Agius RA. Electronic, Experiential, Learning, Audit and Benchmarking (EELAB): An innovative educational resource in occupational medicine. 2017 Jul 1; 67(5):363-370

The paper can be accessed here: - <https://www.ncbi.nlm.nih.gov/pubmed/28521065>

REMINDER OF HOW WE CAN HELP YOU

We would again like to take this opportunity to encourage THOR-ROI reporters to contact us if they would like to present THOR-ROI or THOR-UK data at future meetings; simply email Annemarie.money@manchester.ac.uk

THOR CONTACTS

Many thanks for your continued support of THOR-ROI, please contact us (Table 1) if you have any queries or data requests.

Table 1 THOR Contact details

Scheme	email	Phone
EPIDERM and SWORD	Christina.O'Connor@manchester.ac.uk	+44 (0)161 275 7103
OPRA and THOR-GP	Susan.taylor@manchester.ac.uk	+44 (0)161 275 5531
Data Requests / Enquiries	Annemarie.money@manchester.ac.uk	+44 (0)161 275 8491