

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 Raymond Agius, June 2017

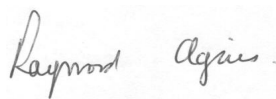
INTERIM REPORT, covering the reporting period: Jan 2017 to March 2017

Dear colleague,

Thank you for your continuing support of THOR in the Republic of Ireland (ROI). As this report and previous ones show, your data is helping in the provision of very useful information on the risks to health from work in the ROI. We have been discussing with our counterparts in the Health and Safety Authority, and with key physicians in the ROI regarding the need to enlist the recruitment of more physicians (occupational, chest, skin, or GPs with OM training). If you can persuade appropriate colleagues of yours to enlist, this would be much appreciated. As stated below, our EELAB resource available for reporters such as yourself, is accredited up to 5 CPD points by the Faculty of Occupational Medicine (RCP Ireland). Moreover if you require material to assist you in a presentation you might consider giving, please contact Dr Annemarie Money (Annemarie.money@manchester.ac.uk) or myself (Raymond.agius@manchester.ac.uk)

We are going through various staff changes this year. Dr Louise Hussey (who worked on THOR-GP) is now working in academic primary care; Prof Martie van Tongeren has joined us as a proleptic chair in Occupational and Environmental Health, whilst I shall be becoming an Emeritus in September. Our schemes will continue to function seamlessly, and I hope to meet some of you when I next speak in Dublin (around the time of ICOH2018).

Best wishes



Raymond Agius
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 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 March 2017).

OVERVIEW OF CASE REPORTS

OPRA-ROI

The 27 occupational physicians currently reporting to OPRA-ROI returned 16 case reports during the first quarter of 2017, taking the total number of cases returned by OPs since the scheme commenced in 2007 to 1530. Figure 1 provides the proportion of work-related ill-health cases by main diagnostic category.

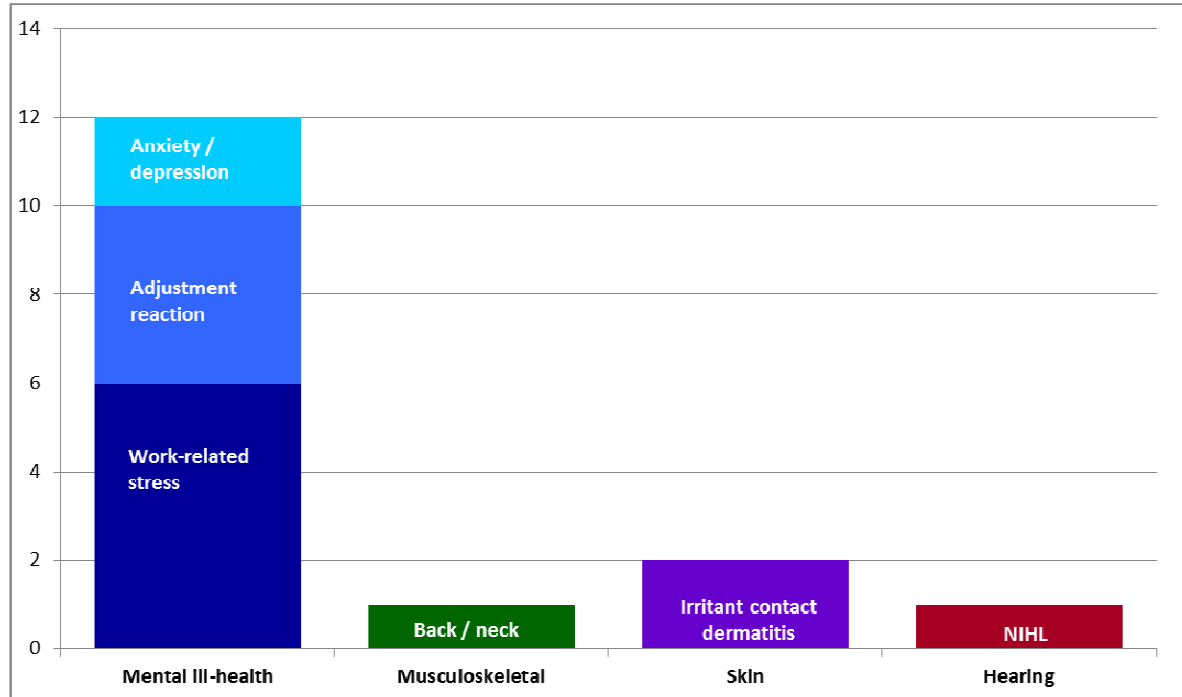


Figure 1 Cases of work-related ill-health by main diagnostic category and sub-categories reported to OPRA-ROI (Jan-March 2017)

63% of the cases reported to OPRA-ROI this quarter were reported in males and the age range (all cases) was 34 to 64 years (mean age = 50 years).

The majority of the cases (12/16 = 75%) were reported under the mental ill-health category and comprised 6 cases of work-related stress, 4 cases of 'other' work-related mental ill-health diagnosed as adjustment reaction and 2 cases of anxiety and depression. The most frequently reported industries were land transport 31%, health and social care (20%) and public administration and defence (20%). The precipitating events (as recorded by the physicians) associated with the mental ill-health cases included bullying, traumatic events, work load excess and lack of management support / change.

OPs reported a further 4 cases of work-related ill-health this quarter: 2 skin cases, both diagnosed as irritant contact dermatitis, 1 reported in a nurse attributed to wet work and glove use, and 1 reported in a cleaner attributed to cleaning agents and detergents; 1 case of musculoskeletal disorders, specified as neck soft tissue injury in a care worker attributed to patient handling incident; and 1 case of hearing loss in a surveyor attributed to noise.

EPIDERM-ROI

The 13 dermatologists currently reporting to EPIDERM-ROI returned 1 case of work-related skin disease for the first quarter of 2017 (total ever cases = 454).

The case was recorded as allergic contact dermatitis in a male process worker attributed to UV cured acrylates.

SWORD-ROI

8 cases of work-related respiratory disease were reported by the 12 participating chest physicians between January and March 2017 (total ever cases reported = 172).

All cases were reported in males with an age range of 55 to 86 years (mean age = 70 years). The cases were reported under the following categories: 6/8 (75%) non-malignant pleural disease attributed to asbestos exposure (5 reported in labourers in woodworking and building trades, 1 in a metal working maintenance fitter); 1 case diagnosed as pneumoconiosis reported in a labourer; 1 case of asthma attributed to oil mists reported in a welder.

THOR-GP-ROI

General practitioners have been reporting to THOR-GP in ROI since January 2015. To date, 18 cases of work-related ill-health have been reported to the scheme. In the first quarter of 2017, 1 case of work-related skin disease was reported; the case was diagnosed as irritant contact dermatitis in a hairdresser attributed to hairdressing agents.

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 2017.

BECK REPORT

Healthcare featured prominently in the cases reported by occupational physicians this month with 9 of 11 reports being women employed as nurses or therapists. All had irritant dermatitis variably attributed to wet work and hand hygiene measures (hand wash and alcohol gel). It continues to surprise me that more preventative measures aren't taken to try to reduce the incidence of irritant hand dermatitis¹. In the environment in which I work, emollient is conspicuous by its absence, I assume a consequence of the potential cost of making it available. Hopefully, the results of the SCIN trial² will soon be available and give economic data to underpin what we trust will be a favourable outcome of the intervention.

Amongst the cases of irritant dermatitis seen in healthcare reported by dermatologists, there are cases of contact allergy to methylisothiazolinone and fragrance present in hand washes etc. Choice of products for healthcare use doesn't always seem to be given the importance it deserves. When fragrance, for instance, isn't needed for function it is perverse that we still purchase fragranced products knowing that 2% of the general population has a fragrance allergy³. I was surprised to find that in my workplace, all 3 brands of skin cleansing foam used by the organisation were perfumed – not surprising to find that the nurse referred by occupational health was allergic to fragrance in the product and that there were anecdotal reports of patients reacting to it!

Allergic cheilitis as a consequence of occupational exposure and sensitisation to essential oils was an unusual presentation this quarter. An aromatherapist had become sensitised to fennel, absinthe, star anise and hyacinth essential oils. She then used a toothpaste containing anethole the main allergenic constituent of these oils!

Dr Mark Wilkinson, Leeds General Infirmary

¹ The three moments of skin cream application: an evidence-based proposal for use of skin creams in the prevention of irritant contact dermatitis in the workplace. Hines J, et al. J Eur Acad Derm Venereol 2017; 31: 53-64

² A behavioural change package to prevent hand dermatitis in nurses working in the national health service (the SCIN trial): Study protocol for a cluster randomised controlled trial. Madan, I et al. Trials 2016; 17:145

³ Prevalence of fragrance contact allergy in the general population of five European countries: a cross-sectional study. Diepgen TL et al. Br J Dermatol. 2015;173:1411-9.

NEWS

Annual Advisory Committee Meetings (AACMs)

Dr James Hayes and Dr Peter Noone attended the SWORD (Thursday 23rd March) and OPRA (Tuesday 6th June) annual advisory committee meetings respectively, held at the Centre for Occupational and Environmental Health; presentations of the 2016 ROI summary statistics were given at each meeting.

EELAB

A reminder that the CPD resource for occupational physicians and general practitioners in ROI - EELAB (Electronic, Experiential Learning, Audit and Benchmarking) – is now live.

<http://www.population-health.manchester.ac.uk/epidemiology/COEH/eelab/>

EELAB has been accredited for CPD purposes (for up to 5 CPD points) by the Faculty of Occupational Medicine-RCP Ireland. In due course we plan to extend this CPD facility to all THOR reporters i.e. chest physicians (SWORD) and dermatologists (EPIDERM).

If you have any comments or suggestions regarding the updated EELAB resource, please contact us either via the web form, or by emailing Annemarie.money@manchester.ac.uk (as our Web Developer is currently on maternity leave).

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 to THOR. Please feel free to contact us (Table 1) if you have any queries.

Table 1 THOR-ROI Contact details

SCHEME	email	phone
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