

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>

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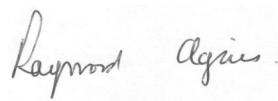
INTERIM REPORT, covering the reporting period: April to June 2016

Dear colleague,

Thanks to your continuing support and that of colleagues in the United Kingdom, the THOR programme continues to be of great benefit to the health of workers through the dissemination of the analyses of our data both in the peer-reviewed literature, and in official national statistics, as well as in response to specific requests for information.

Moreover participation in THOR provided physicians with the opportunity to obtain free Continuing Professional Development (CPD), and we encourage doctors to avail themselves of this opportunity as detailed in the report which follows. Also as stated below if we can help you by providing relevant data, we are here to help.

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, with data collection commencing in January 2015. This document provides a brief update of the cases reported during the inclusive period April to June 2016. 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 2016).

OVERVIEW OF CASE REPORTS

OPRA-ROI

The 27 occupational physicians currently reporting to OPRA-ROI returned 51 case reports (53 diagnoses) during the second quarter of 2016, taking the total number of cases returned by OPs since the scheme commenced in 2007 to 1475. Figure 1 provides the number and proportion of work-related ill-health cases by major diagnostic category.

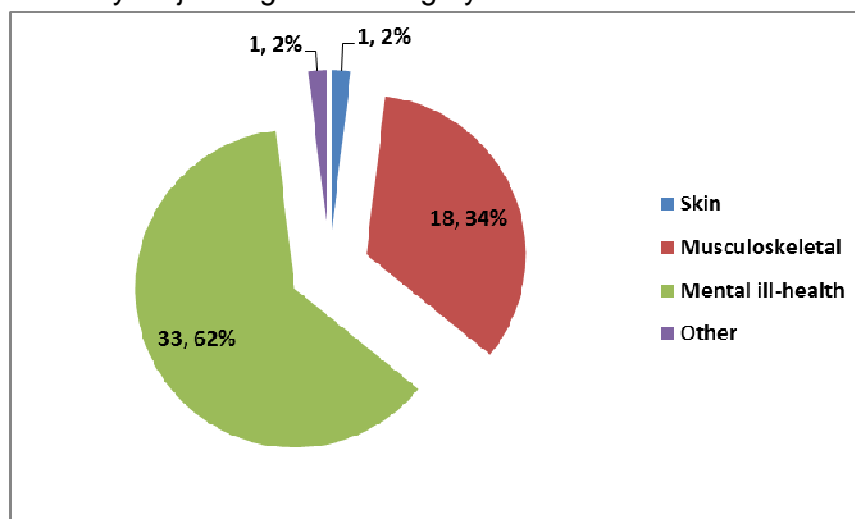


Figure 1 Work-related ill-health diagnoses by major diagnostic category reported to OPRA-ROI (April-June 2016)

71% of cases were reported in females and the age range (all cases) was 25 to 65 years (mean age = 46 years).

The largest proportion of cases were reported under the mental ill-health category (62%) and comprised 26 diagnoses of work-related stress, 4 diagnoses of anxiety and depression, 2 diagnoses of post-traumatic stress disorder (PTSD) and 1 of 'other' psychiatric problems, specified as adjustment disorder. The precipitating events (as recorded by the physicians) associated with the mental ill-health cases included bullying, work load excess, assault, interpersonal relationships, traumatic events at work, and disciplinary processes.

A further 18 cases reported by OPs this quarter were musculoskeletal disorders. 9 cases of upper limb disorders, 5 cases of back and neck disorders, 2 cases of hip / knee disorders, and 2 ankle / foot disorders. The tasks and movements associated with the musculoskeletal cases (as recorded by the physicians) included accident, assault, driving, kneeling, lifting and carrying.

There was 1 skin case reported by OPs this quarter, diagnosed as irritant contact dermatitis attributed to wet work and glove use. A further case was reported under the 'other' work-related ill-health category and specified as 'shift work intolerance'.

Figure 2 provides the cases reported by industry sector, the majority of the cases 26/51 (51%) were reported in the health and social care sector, with a further 5 in transport and storage, 4 in education, 3 each in public administration and defence, manufacturing and financial services, 2 each in real estates & business activities and hotels & restaurants, and 1 in each of the remaining; other service activities, retail and construction. Occupations reported this quarter included nurses, care assistants, teachers, office assistants, and hospital managers.

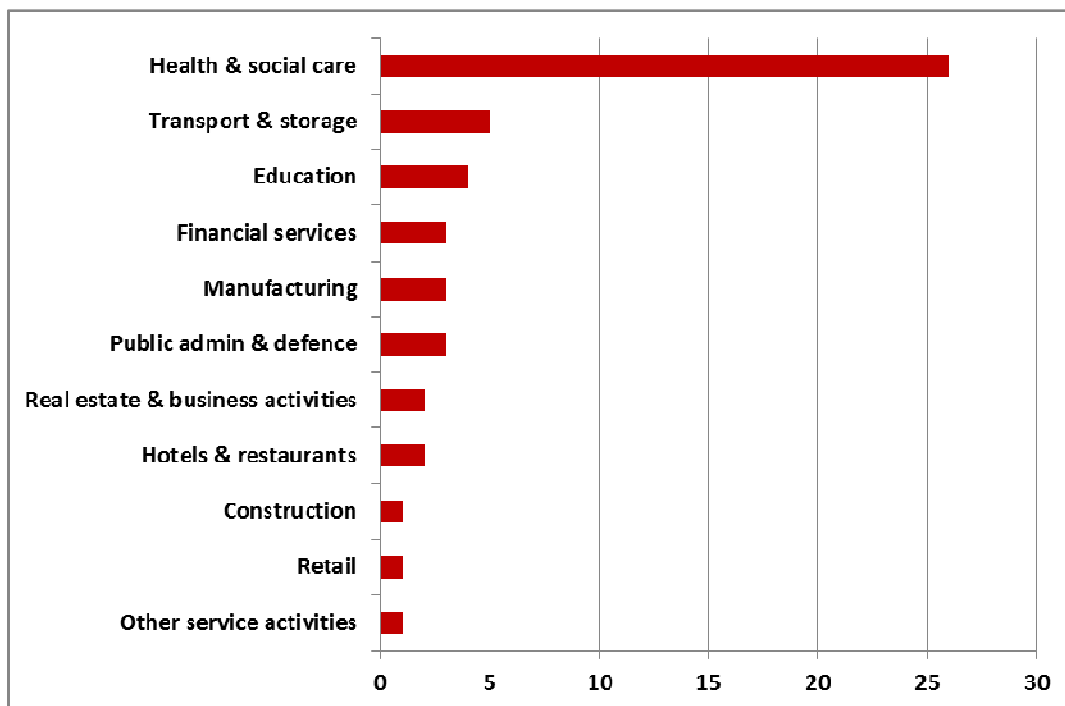


Figure 2 Proportion of cases of work-related ill-health by industry sector reported to OPRA-ROI (April-June 2016)

EPIDERM-ROI

The 13 dermatologists currently reporting to EPIDERM-ROI returned 6 cases of work-related skin disease for the second quarter of 2016 (total ever cases = 442).

3 of the cases were diagnosed as allergic, and 3 diagnosed as irritant. The allergic cases were reported in beautician (1 case), retail staff and hairdresser and the suspected agents listed were compositae in flowers, acrylates and PPD. The 3 irritant cases were reported in cleaners (2 cases) and a medical scientist and the suspected agents were listed as wet work and antiseptics.

SWORD-ROI

7 cases of work-related respiratory disease were reported by chest physicians between April and June 2016 (total ever cases reported = 153). 6/7 (86%) of cases were reported in males with a mean age of 61 years (age range 35-79 years).

The cases were diagnosed as asthma (4 cases), mesothelioma (2 cases) and 1 case of non-malignant pleural disease (predominantly plaques).

The industries reported were food and manufacture (3 cases), construction (2 cases), coal mining (1 case) and merchant navy (1 case). The suspected

agents recorded by physicians for the 7 cases of work-related respiratory disease were coal / rock / shale dust; chemical fumes, glutaraldehyde, asbestos and sodium hypochlorite.

THOR-GP-ROI

The 22 general practitioners enrolled into the GP reporting scheme in ROI returned no cases of work-related ill-health during the second quarter of 2016.

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

Looking at the reports from occupational physicians this month I was struck by the numbers that were exposed to potential work-related allergens but where the diagnosis was given as either irritant dermatitis or dermatitis but allergy wasn't mentioned. Four of 16 reported cases were exposed to epoxy or other sensitising resin based systems. In a dermatology clinic we have easier access to the patch test investigation, whereas in an occupational setting, I suspect, a more pragmatic approach is often taken. None-the-less, UK guidelines¹ suggest that if there is no improvement in the dermatitis after 12 weeks of irritant avoidance, referral for investigation should be made. I know from personal experience that even if a referral is desired, the willingness of the company to fund, or a GP to refer on, are barriers to prompt investigation. A requirement to refer may be of benefit in this respect.

The German system, where there is separate health insurance for occupational disease, highlights the differences in practice that can result as a consequence of the different frameworks within which we work. I was amazed 3 years ago to visit a German dermatology department where it is a routine to admit patients with severe occupational hand dermatitis for 2 weeks for a period of assessment, advice and treatment. This would be unthinkable in the UK. So what's the difference? In Germany, health insurers cover the costs² of the initial occupational illness and subsequent management as a result of inability to work. Cost benefit analysis has shown that the initial investment

¹ Adisesh A, Robinson E, Nicholson P et al. UK Standards of Care for Occupational Contact Dermatitis and Occupational Urticaria. Br J Dermatol 2013; 168: 1167-1175

² Diepgen TL, Scheidt R, Weisshaar E et al. Cost of illness from occupational hand eczema in Germany. Contact Dermatitis. 2013; 69: 99-106.

results in lower overall costs and a sustained improvement in the skin, with 83% still in work after enrolment in the program³.

Cases this quarter also highlight the importance of non-glove PPE in causing skin problems. In a 20-year-old builder, in-growing toe nails were attributed to prolonged wearing of safety boots. A young nurse was also found to be allergic to disperse blue textile dyes present in her uniform. This emphasises that whilst most occupational disease affects the hands, other body sites can be affected and an occupational cause shouldn't be excluded when a less typical site is involved. Affecting the face, an army cadet developed an irritant dermatitis from his camouflage paint. A red face is something to be avoided when trying not to get shot at!

NEWS

EELAB – NEW FEATURES

CPD Library



We have recently updated and revamped our CPD resource - EELAB (Electronic Experiential Learning, Audit and Benchmarking), <http://www.population-health.manchester.ac.uk/epidemiology/COEH/eelab/>

As many of you will be aware, 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. In due course we plan to extend this CPD facility to all THOR reporters i.e. including chest physicians (SWORD) and dermatologists (EPIDERM).

Occupational physicians and general practitioners who currently use the resource will notice the changes from June 2016; in addition to more 'triggers' for auditing and benchmarking data, there is now the opportunity for reflective learning.

³ Brans R, Skudlik C, Weisshaar E et al. Multicentre cohort study 'Rehabilitation of Occupational Skin Diseases - Optimization and Quality Assurance of Inpatient Management (ROQ)': results from a 3-year follow-up. Contact Dermatitis. 2016 Jun 29. doi: 10.1111/cod.12614.

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

Annual Advisory Committee Meetings (AACMs)

Dr James Hayes and Dr Peter Noone attended the SWORD (Thursday 31st March) and OPRA (16th June) annual advisory committee meetings respectively, held at the Centre for Occupational and Environmental Health; presentations of the 2015 ROI summary statistics were given at each meeting.

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
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