

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, Dr Louise Hussey & Prof Raymond Agius
June 2016

INTERIM REPORT, covering the reporting period: Jan 2016 to March 2016

Dear colleague,

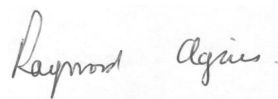
My co-workers and I thank you for your continuing support of The Health and Occupation Research Network in the Republic of Ireland. The results of this are reflected in the following interim report.

By way of other news – we have had mixed responses regarding funding. We were pleased that the Health and Safety Authority (HSA) has awarded us funding for further data collection throughout 2016, with a final report in 2017. However, unfortunately the HSA is not minded to allocate further funds for data collection from THOR in the Republic of Ireland in 2017.

As stated below, please avail yourself where appropriate of the EELAB (Electronic, Experiential Learning, Audit & Benchmarking) CPD facility online.

If you have any queries or you feel that we can help you please contact my colleague Dr Money (as detailed below) or myself.

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 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 March 2016).

OVERVIEW OF CASE REPORTS

OPRA-ROI

The 26 occupational physicians currently reporting to OPRA-ROI returned 35 case reports during the first quarter of 2016, taking the total number of cases returned by OPs since the scheme commenced in 2007 to 1425. Figure 1 provides the proportion of work-related ill-health cases by major diagnostic category.

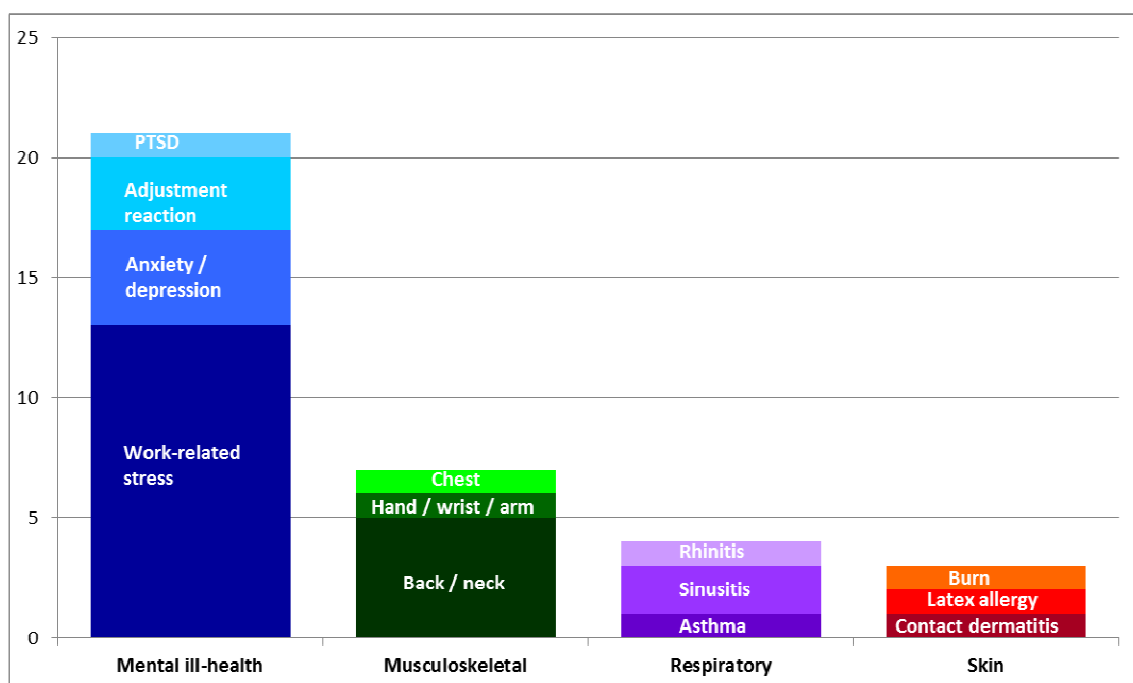


Figure 1 Number of cases of work-related ill-health by main diagnostic category and sub-categories reported to OPRA-ROI (Jan-March 2016)

The majority of the cases reported to OPRA-ROI this quarter were reported in females (71%) and the age range (all cases) was 21 to 63 years (mean age = 40 years).

The majority of the cases (21/35 = 60%) were reported under the mental ill-health category and comprised 13 diagnoses of work-related stress, 4 diagnoses of anxiety and depression, 3 diagnoses of other psychiatric disorders (reported as adjustment reaction) and 1 diagnosis of post-traumatic stress disorder. The most frequently reported industries were health and social care (8/21 = 38%) followed by transport (5/21 = 24%) and financial services (3/21 = 14%). The precipitating events (as recorded by the physicians) associated with the mental ill-health cases included bullying, interpersonal conflict, traumatic events, work load excess and travel / commute.

A further 7/35 (20%) of cases reported by OPs this quarter were musculoskeletal disorders. These comprised 5 cases of back pain, 1 reported under hand/wrist/arm (diagnosed as extensor carpi ulnaris injury) and 1 case reported under 'other musculoskeletal disorders' presenting as chest pain. The tasks and movements associated with the musculoskeletal cases (as recorded by the physicians) included body posture, accidents and manual handling.

Occupational physicians reported 4 cases of work-related respiratory disease this quarter; 1 diagnosed as asthma and 3 as 'other respiratory disease' and diagnosed as sinusitis (2 cases) and rhinitis. All 4 cases were reported in administrative workers and attributed to 'sick building'.

3 cases of work-related skin disease were reported by occupational physicians, 1 case diagnosed as irritant contact dermatitis (in a nurse - attributed to wet work, cleansers, glove use) 1 case diagnosed as latex allergy (reported in a student midwife) and 1 case of a burn (maintenance worker).

EPIDERM-ROI

The 13 dermatologists currently reporting to EPIDERM-ROI returned 6 cases of work-related skin disease for the first quarter of 2016 (total ever cases = 435).

All cases were reported as contact dermatitis (1 with a co-diagnosis of onycholysis of finger) with 4 diagnosed as allergic (3 x beauticians attributed to shellac nail polish, methacrylate; 1 reported in a plasterer attributed to rubber, cement) and 2 diagnosed as irritant (food retail staff attributed to wet work).

All but one of the five cases were females, the age range for cases was 25 to 44 years (mean age = 32 years).

SWORD-ROI

1 case of work-related respiratory disease was reported by chest physicians between January and March 2016 (total ever cases reported = 143). The case was diagnosed as bronchitis/emphysema and pneumoconiosis in a coal miner, the suspected agent was recorded as coal rock shale dust, blast fumes, oil smoke, etc.

THOR-GP-ROI

General practitioners have been reporting to THOR-GP in ROI since January 2015. To date, 10 cases of work-related ill-health have been reported to the scheme. In the first quarter of 2016, 1 case of work-related skin disease was reported; the case was diagnosed as irritant contact dermatitis in a kitchen worker / cleaner in the health care industry attributed to cleaning 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 THOR and THOR-GP throughout January to March 2016.

BECK REPORT

I was surprised at a report of allergy to shellac in a baker. I've got so used to thinking of acrylate nails that are called gel or shellac by the public. True shellac is a resin secreted by the female lac bug, in the forests of India and Thailand¹. The word lakh means 100,000 and presumably reflects the numbers of insects that swarm on host trees. Shellac is scraped from the bark of trees. The insects suck the sap of the tree and excrete the resin to form a tunnel-like tube. It is sold as dry flakes and dissolved in ethanol used as a brush-on colorant, food glaze and wood finish. 'Cooks.com' lists the uses of shellac predominantly as a coating for pastry ornaments on food.

A case of paronychia in a hairdresser this quarter emphasises another complication of wet work. Acute paronychia, most often due to Staphylococcal infection follows a break between the nail fold and cuticle as a consequence of trauma caused, for example, by nail biting, habit tick and manicure. Chronic paronychia occurs in those undertaking wet work and the cause is often multifactorial with dermatitis, Candida and Pseudomonas complicating the picture. It frequently results in nail dystrophy. Treatment of the chronic condition is aimed at reversing any predisposing factors such as wet work, with improved hand care and treatment of any complicating factors – frequently with a combined topical steroid/antifungal/antibacterial. Without correction of predisposing factors, the problem is frequently persistent.

Whilst we associate allergy to p-phenylenediamine with hairdressers, allergy to isophorone p-phenylene diamine (IPPD) in a car mechanic is another classic presentation of allergy to phenylenediamines. A case was reported this quarter from exposure in car tyres. I see allergy to this black rubber antioxidant much less often than in the past. Although related to p-phenylene diamine, IPPD does not typically cross react with an odds ratio of 10.3 (95% CI 7.6-13.8) in comparison to patients allergic to thiuram and carbamate rubber accelerators where the odds ratio for a cross reaction is 99.4 (95% CI 61.0-166.3)². Paradoxically, most patients allergic to IPPD react to PPD but not vice versa³

¹ <https://en.wikipedia.org/wiki/Shellac>

² Warburton KL, Bauer A, Chowdhury MM, et al. ESSCA results with the baseline series, 2009-2012: rubber allergens. Contact Dermatitis. 2015; 73: 305-312

³ Schnuch A, Lessmann H, Frosch PJ, Uter W. p-phenylenediamine: the profile of an important allergen. Results of the IVDK. Br J Dermatol 2008; 159:379-86.

Although we infrequently see reports of dermatitis from friction there were 2 this month: one from paper trauma in a printer, the other a sheep farmer from the manual handling of sheep by the horns - an unexpected consequence of budget cuts and lack of a sheep dog perhaps?

Dr Mark Wilkinson, Leeds General Infirmary

NEWS

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.

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. including 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 our Web Developer, Nazia Zarin: nazia.zarin@manchester.ac.uk

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