

FACULTY OF OCCUPATIONAL MEDICINE

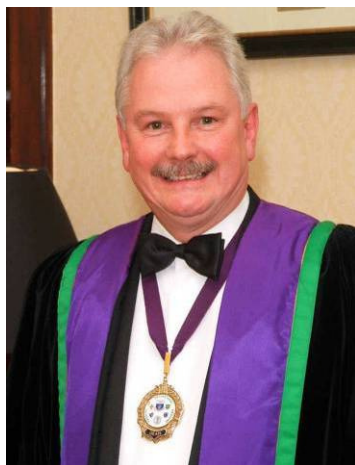


NEWSLETTER

Royal College of Physicians of Ireland

Volume 6, Issue 4

October 2008



Dean's Report

As my term of office as Dean of the Faculty draws to a close, I thought it would be useful at this time to report on the main issues that have been dealt with during the last 12 months or so as follows:

Chief Examiner and Academic Registrar – the Faculty had invited applications for the combined post of Chief Examiner/Academic Registrar and appointed Dr Denis D'Auria to succeed Dr David Courtney in November 2007. The Faculty are grateful to Dr Courtney for the sterling work he has put into the examinations over the past decade and wish Denis well for the future.

Meeting with the Officers of the Irish Society of Occupational Medicine [ISOM] – the Faculty Officers met with the officers of the ISOM in September 2007. Agreement was reached to co-host the Malaysian Conference in May 2008; prepare a joint submission to the organising committee of the International Congress of Occupational Health to host their world congress in Dublin in 2015; and, to collaborate in planning future educational events.

Videoconference with the University of Al Ain, United Arab Emirates – the Faculty held a videoconference with doctors training in occupational medicine in UAE [Department of Community Medicine] and our own SpR's. Short papers and interesting cases were presented. A further video-conference was held in February 2008 and another is planned for November 2008.

Chief Executive Officer attends Faculty Board Meeting – Mr Leo Kearns, College CEO, attended the Faculty Board Meeting in January 2008. He provided an update on the various initiatives and developments currently underway within the College and all those present found this very beneficial.

Past Dean's Meeting – the Dean hosted a meeting of past Deans on 23rd January 2008 to inaugurate a new chain of office for the Dean of the Faculty. It was agreed that this would become an annual event allowing past Dean's to be updated on Faculty business and share views and comments.

Occupational Medicine Conference in Malaysia – the Faculty hosted a joint Faculty of Occupational Medicine/Irish Society of Occupational Medicine conference in Malaysia 23 – 25 May 2008. The Vice President, Dr. Michael Molloy represented the College. This was a two-day conference and one day of worksite visits with over 100 delegates attending. It was agreed that an international event would be held on a three year cycle. Great credit goes to the Malaysian Committee of the Faculty and in particular the chairman, Dr Krishnan

Faculty Examinations – the Faculty LFOM and MFOM examinations took place in Dublin and Kuala Lumpur on the 19th and 20th May 2008.

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Successful candidates in Kuala Lumpur were conferred on 24 May, at an Admission ceremony presided over by Dr Molloy, Vice-President, RCPI. The Regulations for the LFOM and MFOM examinations are being revised by the Examinations Committee. Changes to the format will be announced in due course.

International Commission on Occupational Health [ICOH] Conference 2015 in Ireland - The Faculty organising committee have appointed a professional conference organiser to assist in the compilation of a bid to host the International Commission on Occupational Health [ICOH] world conference in Dublin in 2015. The conference is a major medical educational event attracting around 2500 delegates. The Dublin Convention Centre has been provisionally booked and work is underway to compile a bid document by the end of December 2008. The committee will then travel to South Africa in March 2009 to lobby ICOH delegates who vote at that time for the 2015 event location. The bid will have the support of government, tourist industry and a range of medical bodies including the RCPI. In South Africa, support has been obtained from the Irish Ambassador – it is intended to hold a number of Irish themed events to support our bid in Capetown. This is a joint venture between the faculty, ISOM and others.

Memorandum of Understanding with University of the United Arab Emirates - a Memorandum of Understanding between the Faculty and the Faculty of Medicine, United Arab Emirates University has been agreed and will be formally signed on 20th November in the College. In attendance and representing the College will be the President, Vice President and the CEO; the Faculty will be represented by the Dean and Officers; and, UAEU will be represented by the Dean of the Medical Faculty, Professor George Carruthers, and Head of the Department of Community Medicine, Professor Ching Aw. The MOU will allow opportunities for collaborative working in the areas of education,

training and research as well as exchange visits, examinations and accreditation.

James Smiley Lecture 2008 - the 21st Annual James Smiley Lecture will be held on Friday 21st November – after the Faculty AGM and before the evening Conferring ceremony and annual dinner. This years Smiley Lecturer is Professor Cary Cooper, the world renowned organisational psychologist and broadcaster. The title of the lecture is “The Disposable Workforce – future workplace stressors”.

New Faculty Officers – at the Faculty AGM in November, my tenure as Dean will come to a close. The new Dean will be Dr Paul Guéret with Dr Martin Hogan as incoming Vice Dean. Best wishes go to them for a successful term.

As outgoing Dean, it should be recorded that our Faculty has been served exceptionally well by our Faculty Administrator, Anne McMonagle. In addition, we have received enormous support from all the College administration staff [too many to mention by name], Mr Leo Kearns [CEO] and the President, Dr John Donohoe and College Officers. I thank all those who have served on the Faculty Board both as Officers and Members and also those who gave their time and commitment to the various committees and special interest groups. To all those mentioned above – I wish them well and every success in the future.

**Dr Ken Addley,
Dean**

Autumn Scientific Meeting 3/10/08

“Mens Sana in Corpore Sano” Does ‘Mind’ Matter in Occupational Health Practice?

This conference was organised by the Faculty’s Education Committee (Dr. Blánaid Hayes, Chair; Dr. John McDermott, Dr. Denis D’Auria, Dr. Fiona Donnelly, Dr. Tom Donnelly, Dr. Susan Power and Dr. Andrée Rochfort) and was sponsored by Claymon Laboratories and Glaxo Smithkline – Vaccine Direct.

Dr Addley, the Dean, and Dr Guéret, Vice-Dean, chaired the morning sessions.



Ms Wren, Ms Smyth, Dr Eustace, Dr Addley, Dr McHale, Dr Canavan and Dr Hayes

Dr. Dermot Canavan, Past-president of the Irish Pain Society, and current President of the Metropolitan Branch of the Irish Dental Association gave a talk entitled:-

“Facial Pain And Headache Problems”

Traditional views of headache and facial pain suggests that each pain syndrome is defined by specific diagnostic criteria. Furthermore it is suggested that each condition has a specific underlying mechanism and individual therapies should be applied to each diagnostic entity. Recent

evidence suggests that headache and facial pain forms a unified spectrum of painful activity, with underlying mechanisms varying over time. The physical manifestation of these common pain conditions might more accurately be classified as ‘disorders of the pain signaling system’. No current therapeutic approach is entirely successful. Novel therapies were discussed.

Dr. Andrew Eustace, an Old Age Psychiatrist at Highfield Hospital in Dublin, gave a talk entitled:-

“Cognitive Impairment and Work”

Occupational health physicians are accustomed to managing young and middle age workers and their health. Early onset dementia can present in the context of work. Also due to a contracting workforce and possible extension of retirement ages occupational physicians will be more involved with late onset dementia. The talk will discuss the aetiology and prevalence of mild cognitive impairment, and early onset dementia. It will review the evaluation of someone with early onset dementia. Finally the position of employment will be discussed in the context of mild cognitive impairment and dementia

Dr Siobhan MacHale, consultant liaison psychiatrist in the Beaumont Hospital, Dublin gave a talk entitled:-

“Medically unexplained symptoms and physical manifestations of psychological distress”

Ms. Rosemary Smyth, who has been with the Mental Health Commission since 2004, gave a talk entitled:-

“A review of the new Mental Health Act”

The Mental Health Act 2001 has been described as the most significant legislative change for mental health services in Ireland for over 60 years. The 2001 Act, as its full title states, provides for the independent review of involuntary admissions. In

addition, the 2001 Act provides for the establishment of the Mental Health Commission and the appointment of an Inspector of Mental Health Services. The 2001 Act has undoubtedly introduced radical reform within Irish mental health services. It has introduced comprehensive human rights protections for those admitted involuntarily, thereby leading to a high level of accountability and external scrutiny. The presentation focused on the role of the registered medical practitioner as per Section 10 of the Mental Health Act 2001

In the afternoon, Dr Hayes introduced two parallel workshops:-

Suicide Intervention and Triage with Mr Gareth Phelan, qualified as a Criminologist and Psychologist from Middlesex University in 2000. Gareth gave an interesting interactive presentation covering many aspects of suicide including exploring attitudes of the audience; early signs and behaviours; and, how to intervene.

Psychotherapeutic Approaches to Medical Conditions with Barbara Wren who is a Chartered Health and Occupational Psychologist and has worked at the Royal Free Hampstead NHS Trust in London since 1999. Barbara lead a brief workshop on Chronic fatigue Syndrome and provided an overview of the psychological characteristics common to sufferers of CFS and a summary of evidence-based psychological treatments. There was an interactive session when those attending had the opportunity to discuss their own views on CFS and its management in the context of their current practice.



Attendees at the 2008 Autumn Scientific Meeting

Faculty board meeting in Limerick, 17th September 2008



The Faculty Board held its annual out of town meeting recently in Limerick. The out of town meeting has become a regular feature of the Board calendar. It was suggested that consideration be given to holding a brief educational event for local doctors at future away meetings to raise awareness about the Faculty and give an opportunity for Board Members to meet local affiliates to the Faculty and others. Thanks go to Dr Pat and Mary Lee for their hospitality in Limerick.

Consultation document from the Road Safety Authority on fitness to drive guidelines

The ability to drive safely can be seriously impaired by certain medical conditions and disabilities. Drivers, and prospective drivers, are accordingly subject to medical review which strives to strike a balance between ability, mobility, risk and safety. In some cases this can mean restricting or placing certain restrictions on the driving of individuals or in certain cases to disallow further driving. The medical assessment of drivers and the advice given by doctors to their patients in this regard can make a significant contribution to road safety. The current procedures regarding the timing and format of medical assessment have been in place for some years, so it is considered opportune at this stage to review them in the light of current road safety

circumstances. The review relates solely to procedures and not to the actual medical standards which drivers have to meet.

The document can be downloaded at the RSA website:-

<http://www.rsa.ie>

Diagnosis-specific sickness absence as a predictor of mortality: the Whitehall II prospective cohort study

This prospective cohort study of 20 civil service departments in London (6478 civil servants aged 35-55 years) was established in 1985-8.

Sickness absence records including diagnoses were obtained from computerised registers and correlated with all cause, cardiovascular, and cancer mortality until 2004 (average follow-up 13 years).

After adjustment for age, sex, and employment grade, employees who had one or more medically certified spells of sickness absence (>7 days) in a three year period had a mortality 1.7 (95% CI 1.3 to 2.1) times greater than those with no medically certified spells. Inclusion of diagnoses improved the prediction of all cause mortality (P=0.03). The hazard ratio for mortality was 4.7 (2.6 to 8.5) for absences with circulatory disease diagnoses, 2.2 (1.4 to 3.3) for surgical operations, and 1.9 (1.2 to 3.1) for psychiatric diagnoses. Psychiatric absences were also predictive of cancer mortality (2.5 (1.3 to 4.7)). Associations of infectious, respiratory, and injury absences with overall mortality were less marked (hazard ratios from 1.5 to 1.7), and there was no association between musculoskeletal absences and mortality.

The authors conclude that major diagnoses for medically certified absences are associated with increased mortality, with the exception of musculoskeletal disease. Data on sickness absence diagnoses may provide useful information to

identify groups with increased health risk and a need for targeted interventions.

Head J. et al., BMJ 2008;337:a1469

“Mental health and work”

Professor Dame Carol Black, UK National Director for Health and Work recently published a review of the health-related factors that influence working life in Great Britain, “Working for Health”, making a number of recommendations.

The Review Team commissioned a supplementary report concerning mental health problems in particular as these have a greater impact on people’s ability to work than any other group of disorders. Mental ill health affects the productivity of those in work by impairing their ability to function at full capacity and it causes about 40% of all days lost through sickness absence (Sainsbury Centre for Mental Health, 2007). It also accounts for 40% of those claiming Incapacity Benefit and 23% of new claimants of Disability Living Allowance in the UK.

The report, from the Royal College of Psychiatrists, is downloadable from the following link:-

<http://www.workingforhealth.gov.uk/documents/mental-health-and-work.pdf>

Abstracts July 2008

Effects of PCBs, p,p'-DDT, p,p'-DDE, HCB and β -HCH on thyroid function in preschool children

A Spanish study suggests that even at background levels of exposure, organochlorine compounds (OCs), may affect the thyroid system, particularly total T3 levels.

Several studies have shown that some OCs can interfere with the thyroid system. As thyroid hormones (THs) are essential for normal brain

development, it is important to study the association between THs and OCs during pregnancy and childhood. Children from a general population birth cohort in Menorca (n = 259), Spain were assessed at the age of 4 years. Concentrations of THs (free T4 and total T3), thyrotropin (TSH) and a range of OCs were measured in peripheral blood.

Blood levels of dichlorodiphenyl trichloroethane (p,p'-DDT), β -hexachlorocyclohexane (β -HCH), polychlorinated biphenyls (congeners PCB-138, PCB-153 and PCB-118) were related to lower total T3 levels (p<0.05). In addition, free T4 was inversely associated with PCB-118, while no relationship was found between TSH and any of the measured OCs.

M. Álvarez-Pedrerol et al. *Occupational and Environmental Medicine* 2008;65:452-457

Abstracts August 2008

Prevalence of work-related musculoskeletal disorders in Brazilian hairdressers

The occupational risks inherent to the activities of professional hairdressers are not frequently studied.

A cross-sectional epidemiological study of 220 hairdressers from beauty parlours in São Paulo (Brazil) has been carried out. Each hairdresser completed a self-administered questionnaire which included information on socio-demographic characteristics, working conditions and health-related musculoskeletal system complaints. Ergonomic analyses were also performed in six parlours.

The prevalence of WRMDs was 71%. Risk factors were associated with psychosocial factors and factors related to discomfort and work fatigue such as lack of acknowledgement of work and uncomfortable posture at work [odds ratio (OR) = 3.54; 95% confidence interval (CI) 1.51–8.30], not feeling comfortable with body/neck/shoulders while

working (OR = 2.78; 95% CI 1.40–5.54) and having >15 years of professional activity (OR = 3.04; 95% CI 1.17–7.91).

Occupational risk factors associated with the development of WRMDs in hairdressers are related to biomechanical, organizational and psychosocial work factors. The authors make recommendations regarding suitable furniture, equipment and work tools, environmental conditions, size of workplace, work organization and psychosocial work factors.

Mussi G. and Gouveia N. *Occupational Medicine* 2008 58(5):367-369

Reduced fertility among shoe manufacturing workers

Fertility is reduced among female shoe manufacturing workers exposed to organic solvents.

A retrospective study was conducted on time to pregnancy (TTP) among 250 Portuguese shoe manufacturing workers exposed to solvents and 250 unexposed women working in stores of food units and storehouses. Data on TTP and related factors were collected by face-to-face interviews. The participation rate was 92%, and 81% of the workers (197 exposed women and 209 unexposed women) provided data for the analyses. Exposure assessment was based on hygiene measurements in the workplaces. TTP data were analysed with discrete proportional hazards regression.

Female exposure to solvents was associated with reduced fertility (adjusted fecundability density ratio (FDR) 0.55, CI 0.40 to 0.74 for low exposure, and FDR 0.70, CI 0.52 to 0.94 for high exposure). The findings were robust in different sensitivity analyses. A slightly stronger association was found among women with regular menstrual cycles. Exposure for less than 6 years was more strongly associated with reduced fertility (FDR 0.50, CI 0.30 to 0.83 and FDR 0.50, CI 0.28 to 0.90 for low and high exposure, respectively) than at least 6 years of exposure (FDR 0.60, CI 0.39 to 0.92 and FDR 0.86, CI 0.57 to 1.29 for low and high exposure,

respectively). There was an interaction between solvent exposure and female smoking or use of coffee, the exposed women who smoke or use coffee being highly fecund.

The findings provide further evidence that exposure to organic solvents is hazardous for female reproduction. The observed association may be related to any of the following solvents commonly used in shoe manufacturing: *n*-hexane and hexane isomers, toluene, methyl ethyl ketone, acetone, ethyl acetate and dichloromethane.

Sallmén M. et al. Occupational and Environmental Medicine 2008;65:518-524

Abstracts September 2008

Quality of occupational health provision: two rating scales and their determinants

An Oxford based study has developed quality scales for occupational health services (OHSs) and describes and explains variation in quality across the UK university sector.

Data from a national survey, to which 93 of 117 (79%) UK universities responded, and from the Higher Education Statistics Agency was analysed.

Two quality scales were generated, one from the 1985 International Labour Organization recommendations on OHSs and one from clinicians' perceptions (good, adequate, poor) about their OHS. The determinants examined were number of university staff, type of OHS (in-house, contracted, none/other), number of full-time equivalent occupational health doctors and nurses and OHS leadership (doctor, nurse, other).

There was wide variation in quality and a correlation ($r = 0.65$) between scales. In-house service, increasing service size and leadership by a doctor or nurse were determinants of higher quality;

size of the university was not statistically significant after taking account of these factors.

Venables K. and Allender S. Occupational Medicine 2008 58(6):439-442

The validity of Raynaud's phenomenon symptoms in HAVS cases

Raynaud's phenomenon, a common manifestation of the hand–arm vibration syndrome (HAVS), is typically diagnosed by a subjective history provided by employees. A study in British Columbia evaluated the validity of the subjective history of Raynaud's phenomenon provided by individuals applying for compensation for HAVS.

Thirty-six workers with a history of occupational hand–arm vibration exposure who were labelled as having Raynaud's phenomenon were asked to photographically document their finger symptoms before undergoing a detailed clinical assessment. Each individual was provided with a disposable camera and instructions. Returned photographs were reviewed for signs of Raynaud's phenomenon. The reliability of photograph interpretation was tested with three physicians and a non-physician.

Inter and intra-rater reliability was very good, Kappa coefficient >0.80. Six individuals (17%) did not return cameras. Thirty individuals provided photographs and underwent a clinical evaluation. The photographs of 13 individuals (43%) did not show Raynaud's phenomenon and for four of these the diagnosis was not supported by careful symptom history. Seventeen individuals (57%) had photographic evidence of Raynaud's phenomenon.

The author concludes that a presenting history of Raynaud's phenomenon in workers seeking compensation for HAVS may not be accurate since approximately half the cases are unable to provide objective photographic evidence of Raynaud's phenomenon.

Youakim S. Occupational Medicine 2008 58(6):431-435

Hypertension in noise-exposed sawmill workers: a cohort study

Another British Columbia study followed a cohort of 10,872 sawmill workers from 1991 to 1998. Subjects were linked with provincial hospital discharge, outpatient and vital status databases.

Cases were males who died, had at least one hospital admission, or who had three doctor visits within 70 days, for hypertension (ICD-9 codes 401–405). Four exposure metrics were used: cumulative exposure, and duration of exposure above thresholds of 85 dBA, 90 dBA and 95 dBA. Relative risks were estimated using Poisson regression with the low-exposure group as controls and adjusting for age, ethnicity and calendar period.

828 cases were identified. The results showed a monotonic increase in hypertension incidence with cumulative exposure. The risk in the highest exposed population was 32% higher than baseline. Similar results were found using duration of exposure metrics. The highest relative risk was 1.5 in workers exposed for more than 30 years at 85 dBA. Exposure-response trends were statistically significant.

The authors conclude that the risk of hypertension is positively associated with noise exposure above 85 dB.

Sbihi H. et al. Occupational and Environmental Medicine 2008;65:643-646

FACULTY DATES FOR YOUR DIARY

2008

Friday 21 November - AGM, Smiley Lecture, Admission Ceremony and Annual Dinner -

2009

Friday 24 April - Spring Conference

Friday 2nd October - Autumn Scientific

Friday 20 November - AGM, Smiley Lecture, Admission Ceremony and Annual Dinner

2010

Friday 9 April - Spring Conference

Friday 1 October - Autumn Scientific

Friday 19 November - AGM, Smiley Lecture, Admission Ceremony and Annual Dinner

Since January 2007, the newsletter has been produced in electronic format only.

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