

FACULTY OF OCCUPATIONAL MEDICINE



NEWSLETTER

Royal College of Physicians of Ireland

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Dr Denis D'Auria



It was with great sadness that I learnt of the recent, sudden and unexpected passing of one of the great contributors to occupational medicine in our time, Dr Denis D'Auria. Denis took up the post of Academic Registrar to the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland in 2007. At the time of this appointment he was also the senior lecturer in Toxicology and Occupational Medicine in the University of Wales, College of Medicine and honorary consultant physician in occupational medicine to the Cardiff and Vale NHS Trust.

Denis immediately set about reviewing the rules governing our exams and appeals structure. Within a short time Denis brought about significant change to the structure and methods by which our exams had been run for many years. This required considerable persuasive ability, accepting the new is never easy- and the huge change that Denis was suggesting required considerable belief and passion on his behalf to bring about this transformation, but he was successful and our new revitalised examination system is a tribute his belief, his energy and his passion.

Last year I travelled to Kuala Lumpur with Denis and his wife, Eithne. I found Denis and Eithne to be excellent travelling companions, both were warm, easy, relaxed and always interesting. Both clearly had friendly connections across the globe and it seemed to me you could not go far with Denis or Eithne without them bumping into friends. Denis has had a most fascinating life and career, of which I only glimpsed part during my time with him. Born of Italian parents in London, Denis told me that there were few other D'Aurias, other than close family members in the UK. Indeed strangely he was to meet another large D'Auria clan in Ennis. That clan turned out to be distant relatives, from the same small village as his family, Ravello, South of Naples on the Amalfi coast.

Denis was offered a place in medical school in Trinity in 1964 and thus began his links with Ireland. He trained in 'Paddy Dunnes' - Sir Patrick Dun's Hospital- beside the Boland's Mills. In his turn, as did many if not all the medical students of that renowned Federated Dublin Voluntary Hospital he put his moniker (nickname) on the Dun's Table- that wonderful relic of medical times' past. You may be aware that the two parts of this table are still on view

FACULTY OF OCCUPATIONAL MEDICINE NEWSLETTER
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in our College in Kildare Street. The part of the table that Denis signed, now hangs on the wall in the stairwell.

Denis qualified with honours in toxicology - a predictor of things to come. He later submitted his MD to Trinity and this was accepted in 1976. After qualifying Denis worked in a series of hospital and later laboratory and research posts in the UK before moving to Italy where he became the Medical Officer and Head of Laboratories for the European Commission at Ispra in the Northern Italy.

In 1977 he took up a post with the UKAEA (the body responsible for decommissioning nuclear reactors in the UK) on the Harwell campus, Oxfordshire. Denis was responsible for toxicology, radiation dosimetry and management of the occupational hygiene section. During his time there he developed a particular expertise in the radiation hazards to human health.

In the early 1980s he sat and successfully obtained diplomas in Industrial Health, Toxicology, the AFOM and the MFOM. Later he did a Master in Laws and completed a diploma in Medical Education. In 1992 became a Fellow of the FOM in the UK and in 2002 he was made a Fellow of our Faculty.

In 1984 he became a consultant occupational physician for the South West Thames region, and in 1992 became the CMO of the Midland Bank in the UK. In 1997 he returned to the health service, becoming a consultant occupational Physician, In Barts and the London NHS trust. During his time there he designed and developed special study modules in toxicology for medical students. In 2003 he took up his most recent post in Cardiff, where he was responsible for undergraduate occupational medicine and toxicology training, had responsibility for the toxicology clinic and was course designer and

organiser for the innovative web-based MSc in Occupational Health.

Denis was perhaps best known to most as the honorary editor of the Yellow Journal- 'Occupational Medicine'. His work in changing the circulation of the journal, of significantly increasing its subscriptions and its publication run from a quarterly journal to 10 publications a year will be remembered gratefully by all occupational physicians. Indeed Denis brought his experiences of this editorial role to his teaching, and only recently the Faculty completed a recording of a one day seminar given by Denis on how to critically appraise medical articles. This recording will be available to all shortly on the Faculty website.

Denis never stopped learning and expanding horizons- recently he had become an accredited mediator and hoped to use this as a professional tool in his career. He played a significant contribution in strengthening our links with the Emirates and was largely responsible for bringing our examinations to Al Ain for the first time, later this year. I count Denis as a friend and close colleague and a loyal and enthusiastic supporter of our Faculty. The Trojan work he has done for the Faculty in the last few years will stand the test of time.

Denis will be dearly missed by his many friends and colleagues in Ireland, but most particularly by the love of his life, Eithne and his children Colum and Deirdre and his new grandson Enzo.

Leaba imeasc na naomh go raibh agat
(May you rest in the company of the saints)

Dr Paul Guéret, Dean

Monocular Lorry Driver – Kills pedestrian

Irish Independent 5/3/10 P11, A lorry driver who knocked down and killed a pedestrian after going through a red light was blind in one eye from birth, Galway criminal circuit court was told. A doctor (not named in court) had given him a letter in the mid 90's stating that he was perfectly capable of driving. The Road Safety Authority indicates that a driver of Class 2 (trucks) shall not meet the visual standard if they have a restricted field of vision or defective binocular vision.

Alcohol And Drug Screening For Preventing Injury Among People Whose Job Involves Driving

Workplace alcohol and drug testing is a common intervention to improve road safety, especially in developed nations, but it is costly and its use is controversial. This systematic review aimed to assess the effects of alcohol and drug screening among occupational drivers for preventing injury.

A systematic search of the literature on the effects of alcohol and drug screening among occupational drivers for preventing injury was done and the results assessed. Two time-series studies were conducted in the USA. One was conducted in five large transportation companies, and it examined the effects of two interventions of interest: implementation of legislation for mandatory random drug testing and mandatory random and for-cause alcohol testing. The other study was conducted using national injury data.

There is limited evidence that in the **long term mandatory drug-testing interventions can be more effective than no intervention in reducing injuries** in occupational drivers. For mandatory **alcohol testing there was evidence of an immediate effect only**.

Given the widespread practice of alcohol and drug testing and the paucity of evaluation studies found, more evaluation studies are needed. Interrupted time-series is a feasible study design for evaluating interventions that

aim at preventing alcohol and drug related injuries. However, time-series studies of higher quality and of long duration are needed to increase the level of evidence. A cluster-randomised trial would be the ideal study design to evaluate the effects of interventions for injury prevention in this occupational setting.

Cashman CM, Ruotsalainen JH, Greiner BA, Beirne PV, Verbeek JH. Alcohol and drug screening of occupational drivers for preventing injury. Cochrane Database of Systematic Reviews 2009, Issue 2. Art. No.: CD006566. DOI: 10.1002/14651858.CD006566.pub2



At the RCPI Hypertension Clinical Updates Meeting on 2nd March were Dr Nuala Kelly and Dr Declan Whelan

Low Dose Rate, Moderate-Dose (LDRMD) Radiation May Be More Dangerous Than Currently Thought

Occupational exposures to ionising radiation mainly occur at low-dose rates and may accumulate effective doses of up to several hundred milligray.

A recent study evaluated the evidence of cancer risks from such low-dose-rate, moderate-dose (LDRMD) exposures. Relevant publications from 2002 to 2007 and the UK National Registry for Radiation Workers study were used. For each (LDRMD) published study, the risk for the same types of cancer among the Japanese atomic bomb survivors with the same gender, radiation dose, age and mean age at exposure were compared. A combined estimator of the ratio of the excess relative risk per dose from the LDRMD study to the corresponding value for the atomic bomb survivors was 1.21 (90% CI 0.51 to 1.90). This analysis indicates that the current assumption that LDRMD exposures is less likely to cause cancers than for the atomic bomb survivors who got the same dose but in one acute (Nagasaki/Hiroshima) exposure is incorrect.

The Life Span Study of Japanese atomic bomb survivors provides risk estimates that are used widely as the basis for judgements about cancer risks following exposure to penetrating forms of ionising radiation, such as x rays and gamma rays. Interestingly, it is common practice in radiation protection to divide the risk estimates for cancers (other than leukaemia) by 2 when applying them to occupational settings of protracted, low-dose-rate exposures, this paper calls into question this practice.

Occupational & Environmental Medicine 2009 Dec, P789

Work-Related Mental Ill-Health And 'Stress' In The UK (2002–05)

Work-related mental ill-health and 'stress' within the UK continues to be a source of concern. This study set out to provide a measure of the incidence of work-related mental ill-health reported by specialist psychiatrists and occupational physicians to UK voluntary reporting schemes during the period 2002–05 using THOR data from 2002 to 2005. Additionally, an investigation of determinants, notably factors identified by

reporters as precipitants in cases of work-related mental ill-health was undertaken. The study found annual average incidence rates and 95% confidence intervals of work-related mental ill-health diagnoses reported to THOR between 2002 and 2005 by psychiatrists were 89 (78-101) per million and by occupational physicians were 1589 (1443-1735) per million. **For both groups of reporting, anxiety and depression continued to make up the largest proportion of diagnoses. The majority of cases were attributed to factors such as workload and difficulties with other workers. There was some suggestion that the type of factors associated with the mental ill-health case reports varied between industrial sectors.** The study concluded that work-related anxiety and depression and stress continue to constitute a significant proportion of all work-related mental ill-health diagnoses in the UK. Workload and interpersonal relationships were reported as significant risk factors. Further investigations may determine whether guidance for employers and employees on work-related mental ill-health would benefit from being more industry specific.

Melanie Carder et al. Occupational Medicine 2009, 59 (8): 539-544



At the RCPI Masterclass in Cardiology 3rd March, in No 6 Kildare Street were Dr Declan Whelan, Dr Dermot Halpin and Dr Tom Donnelly

Perceptions Of Illness And Their Impact On Sickness Absence

This cross-sectional study compared perceptions of illness, fitness to return to work and time to return to work among employees with those of their occupational physicians (OPs). Employees off sick for >2 weeks, with the return to work date ascertained at 3 months were recruited and employees and their OPs completed similar questionnaires that included the Brief Illness Perception Questionnaire.

84 employees (76% response rate) and nine OPs participated. Employees reported a greater impact on their life ($P < 0.01$), a longer duration of illness ($P < 0.01$), more symptoms ($P < 0.01$), more concern about their illness ($P < 0.01$), more emotional impact of their illness ($P < 0.01$) and that their illness was more serious ($P < 0.01$) than did the OPs. **They attributed their illness to work more often than their OPs ($P < 0.05$) and predicted more accurately when they would be fit to return to work ($P < 0.01$).** Employees who returned to work believed that their illness was shorter lasting ($P < 0.01$), more treatable ($P < 0.01$), more controllable ($P < 0.05$), less serious ($P < 0.01$), had less emotional impact ($P < 0.01$), perceived fewer symptoms ($P < 0.05$) and had less concern ($P < 0.05$) than those who failed to return to work. The study found that employees had more negative perceptions about their illness than OPs. **Positive employee perceptions were associated with an earlier return to work. OPs should seek to explore and address unhelpful negative beliefs about illness.**

Prosenjit Giri et al. Occupational Medicine 2009, 59 (8): 550-555

Attitudes And Barriers To Evidence-Based Guidelines (Ebg) Among UK Occupational Physicians

This study examined the attitudes of occupational physicians (OPs) in the UK towards EBG and what prevents them from

practising evidence-based medicine (EBM) and their access to the Internet in the workplace. 259 of 357 OPs returned questionnaires.

A selection of statements from the respondents on **barriers to using EBGs** is noted - *Accredited specialists* - 1. 'They are not tools for every occasion. They limit scope or clinical acumen. However, they are useful as a "coat-hanger". There are insufficient topics as yet covered by guidance.' 2. 'Time pressures in clinical work make it difficult to access evidence at the time of a consultation which is when it may be most helpful.'

Specialist registrars - 'Time to thoroughly research questions/problems, knowing which EBM resource to use/trust, and keeping EBM/critical reading skills practised.'

GPs - 'Pressure of time when dealing with clients, clinics generally fully booked. Experience of general practice EBM has been too rigid not allowing for flexibility of individual circumstances.'

Other occupational physicians (staff grades, associate specialists) - 'Guidelines need to be easily accessible, not too long, very practical and presented on one Website. Having to order a booklet or find various Websites takes too long.'

The study found that OPs in the United Kingdom appear to have a generally positive attitude towards EBGs. GPs seem to be less positive towards EBGs than other groups of OPs.

Lack of time and limited availability of EBGs relevant to occupational health practice are the main barriers that prevent occupational physicians in the United Kingdom from practising EBM.

Adenrele Adeodu et al. Occupational Medicine 2009, 59 (8): 586-591

Quality Of Life In Health Care Workers With Latex Allergy

Exposure to latex gloves and glove powder makes health care workers (HCWs) more susceptible to developing allergy to latex. This study assessed the impact on the quality of life

(QOL) of HCWs who developed allergy to latex products before they were removed from latex exposure and after removal from exposure. 39 latex allergic HCWs from the Health & Services Executive (HSE) South were identified. 29 attended for an assessment with the occupational physician (OP) and filled out a questionnaire. Spirometry, immunoglobulin E levels and latex RAST levels were measured. All participants had Type 1 allergy to latex. All reported a significant improvement of symptoms once latex was removed from their working environment. 86% reported skin complaints pre-removal; post-removal 96% of these reported that their condition no longer had an impact on their QOL. 52% reported eye symptoms pre-removal but post-removal, only 7% reported eye symptoms that affected their QOL. Pre-removal, 52% reported respiratory symptoms that affected their QOL but post-removal, only 14% still reported symptoms. Overall, 45% of the respondents had changed jobs: 61% of this group changed to a completely non-clinical post. In employees who are latex allergic/sensitized, taking latex avoidance measures results in cessation or diminution of symptoms.

Susan Power et al. Occupational Medicine 2010, 60(1): 62-65

Working Hours And Risk Of Gestational Hypertension And Pre-Eclampsia

This study carried out in Taiwan sought to evaluate potential associations between maternal shift work and long working hours during pregnancy and gestational hypertension or pre-eclampsia. 24,200 post-partum women from the Taiwan national birth registration database in 2005 were recruited using multistage stratified systematic sampling. Subjects underwent home interview 6 months after their deliveries by structured questionnaire to obtain characteristics of maternal employment and potential confounders. Diagnosis of gestational hypertension and pre-eclampsia was obtained from the birth registration. **No association**

between employment status and gestational hypertension or pre-eclampsia was established. In addition, no significant association between gestational hypertension or pre-eclampsia and maternal shift work or long working hours during pregnancy was found in all or primiparous women. While further research is recommended there was no convincing evidence that maternal shift work or long working hours had a higher risk of gestational hypertension or pre-eclampsia.

Pei-Jen Chang et al. Occupational Medicine 2010, 60(1): 66-71

Predictors Of Employees' Early Retirement Intentions: An 11-Year Longitudinal Study

Adjusting work life and encouraging older employees to continue at work has become a common challenge as the workforce ages. This study explored which personal and work-related psychological factors predict early retirement intentions among older women and men and investigated the stability of these predictors through use of longitudinal data. The study utilised data from an 11-year follow-up study of ageing Finnish municipal employees. Data on 1101 employees' early retirement intentions were analysed with binary logistic regression analysis in separate longitudinal and cross-sectional models. The findings showed gender differences in early retirement intentions at baseline and at follow-up. **Negative perceptions about work and low work and general life satisfaction were associated with early retirement intentions among women.** For men, good self-rated work ability and perceived good health were negatively associated with early retirement intentions. **Negative perceptions about work predicted early retirement intentions among men.**

Monika E. von Bonsdorff et al. Occupational Medicine 2010 60(2):94-100

Laser Tx Is Good For Neck Pain

Low Level **Laser** tx is useful for non specific neck pain. A literature review indicated that there is a short/ medium term reduction in pain (20mm reduction on a 100mm analogue line subjective pain score) when low level laser light is used in cases of neck pain.

Lancet 5th Dec 09 p1875:

Smoking Cessation

It is never too late for people to give up smoking, even when they have lung cancer. Meta – analysis of observational studies found that for patients with early stage non-small cell lung cancer and limited stage small cell lung cancer, quitting smoking was associated with an improved prognosis

BMJ 30th January 2010 pg 251.

Radiation Linked To Increased Risk Of Heart Disease And Stroke

High dose **radiation is linked to increased risk of heart disease and stroke**, according to a Japanese study of 86,000 survivors of the atomic bombs in Hiroshima and Nagasaki. However, there is uncertainty about risk when the exposure is below 0.5 Gy. Above this level of exposure, a dose response relationship exists

BMJ 23^d January 2010 pg 193.

Quality of Work/Health and Retirement: **Early retirement is affected by three main factors: (1) Pension incentives (2) Social Welfare Regulations (3) Health status**, this study looked at the French national gas company (GAZEL) where employees can retire at 55. They studied subjects for 7 years prior to retirement and 7 years after, those that had high job satisfaction showed little change in the subjective health status in the year after retirement but those with little job control and

high demand showed a rise in the health status after retirement - **Lancet 5th Dec 09**

Working in a **sewage treatment** plant does not result in increased prevalence of antibodies to **Hep A**, antibody prevalence was associated with increased age and shell fish consumption
Occupational Medicine – Oct 09 P506 :

Occupational Injury in the UAE

The incidence of hospitalised occupational injuries was 136/100k workers, falls 51%, falling objects 15%, machines 11%, animals 7% (camels), burns 6%. This rate is higher than developed countries particularly in migrant workers, general population is 80% migrant and injured migrant workers accounted for 96% of occupational injuries. Child camel jockeys are now being replaced by robots! (see photo below)

Occupational Medicine Oct 09 P493



Respirator And Mild Respiratory Disease

Subjects used N95 dual cartridge filter type face masks and suffered from mild asthma, COPD, rhinitis or normal lungs. Those suffering from Asthma had more difficulty using the RPE than COPD or Rhinitis subjects
Journal of Occupational and Environmental Medicine (JOEM) Feb 2010 P155

Cardiovascular Evaluation Of Police Officers Exposed to TASERS

Cardiovascular Evaluation of Police officers who were subjected to TASER shock during training. There was no change in cardiac enzymes, ECG or muscular enzymes after trainee police officers were shocked for up to 5 seconds with TASER (electronic control device) in the course of their training
JOEM Feb 2010, P 197



Dates for the remain 2010 Board are		
May	Wednesday	12
June	Wednesday	9
September	Wednesday	8
October	Wednesday	6
November	Wednesday	3



OCCUPATIONAL HYGIENE SOCIETY OF IRELAND

Hosts the Eustace Lecture 2010

Thursday 8th April 2010 in the Westbury Hotel,
Grafton Street, Dublin 2

18:30

Registration and Tea/Coffee/Wine
Reception

19:30

Eustace Lecture Presented by Dr. Martin Hogan

Biological Monitoring: Its Role In 2010.
The Legal And Ethical Implications, Its
Place In A Safety Management System
And As Part Of Health Surveillance.

The newsletter is produced in
electronic format only.

If you have not already submitted
your current
e-mail address to the Faculty,
kindly do so by e-mailing
fom@rcpi.ie

2010 Faculty Dates for your diary

9 April	Spring Conference "Maximising Workability"
1 October	Autumn Scientific Meeting "Doctors in difficulty" (joint meeting with UK FOM, Newry)
19 November	AGM, Smiley Lecture, Admission Ceremony & Annual Dinner

See www.rcpi.ie for further information



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