



NEWSLETTER

Volume 9, Issue 3

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Quantiferon vs Tuberculin skin testing in TB Screening , Mayo Clinic Study

A one year study of pre employment screening for Mayo clinic employee's compared the Tuberculin Skin Testing (TST) with Quantiferon (gamma interferon release assay), the results were 92.5% in agreement. TST had more false positive's (82% of these were known to have received BCG) and it was recommended that both tests be used.

Up to one third of the world population are infected with TB (Latent TB) and up to 10% of those infected will develop clinical TB during their lifetime. Quantiferon has been licenced since 2001 and has the advantage of requiring only one visit (for blood test) and it will detect proteins secreted by all Tuberculosis strains including Mycobacterium Bovis, and it is not affected by prior vaccination with BCG. Quantiferon is sometimes used to persuade tuberculin positive patients to accept anti tuberculosis treatment.

4 of 611 had a positive Quantiferon result but negative Tuberculin skin test result. The authors suggest using Tuberculin skin testing initially followed by Quantiferon to exclude positives due to BCG which would result in less Chest X rays and less needless TB treatments. More studies need to be done to determine if annual Quantiferon blood tests can predict the likelihood of TB reactivation.

Zitterkopf Khoury N, Binnicker M, Nancy J:
Preemployment Screening for Tuberculosis in a large healthcare setting: Comparison of the Tuberculin Skin Test and A whole Blood Interferon Gamma Release Assay. JOEM Vol 53, March 2011

New Zealand Conferring 2 September 2011

The Academic Registrar, Dr Paul Guéret, travelled to Wellington New Zealand to present Fellowship diplomas and to award the Dean's Medal to one new MFOM, Dr Christopher Chalkley. Dr Guéret spoke about the development of the Faculty overseas, and particularly in Malaysia, in his address. There were 40 people in attendance at the dinner, including Honorary Fellows, Fellows,

Members and Licentiates, along with partners and invited guests.



Seated Dr Paul Guéret, Dr Bill Glass
Standing L-R Dr Sivapatham Tharmalingam FFOM,
Dr David Waite FFOM, Dr Mark Floyd FFOM, Dr
Chandra Sekanan Raman FFOM, Dr N Vijayalakshmi
FFOM, Datuk Dr P Krishnan FFOM, Dr Ravindran
Naidu MFOM

Professorship awarded to past Dean



Dr Ken Addley FFOM

Dr Ken Addley, past Dean of the Faculty has been awarded an Honorary Visiting Professorship by the Ulster Business School, University of Ulster. This is in recognition of his work in the field of

organisational and employee health wellbeing and engagement. Ken says that it represents an acknowledgement of the important role occupational health and occupational physicians play in promoting health and wellbeing within organisations and businesses for the mutual benefit of employees and employers.



26 May 2011 Conferring Ceremony in the UAE

Pre Hypertension: Disease Prevention – are we calling fit people sick?

The definitions of some common conditions are being broadened in an effort to intervene earlier with disease modifying drugs, but are we in danger of defining the entire adult population as having at least one chronic disease as a result. Some of the decision makers on panels of experts who redefine diseases so that intervention thresholds are being lowered are themselves connected with companies that will benefit from the proposed interventions. All but one of a panel of 12 experts who created “Pre Hypertension” in 2003 had affiliations with drug companies. A similar panel in 2009 who advocated a very low target blood glucose level in type 2 diabetes were heavily conflicted. Similar concerns have been expressed about connections between drug companies and those who are designing diagnostic tests and treatments for women “suffering from low desire”. In the field of psychiatry the chairperson of the taskforce for the DSM-IV edition voiced concerns about the explosion of unnecessary diagnoses in the area of attention deficit, autism and bipolar disorders and temper problems which could lead to a new “false positive epidemic”. Against this trend a panel of independent interested parties proposed in 2009 to change the name of “ductal carcinoma in situ” to remove the word carcinoma as it resulted in anxiety

and in some cases overly aggressive treatment for a condition which is non invasive in nature and has a favourable prognosis. Based on Page 1054 BMJ 14th May 2011 Vol 342

Monitoring work-related ill-health in Ireland

In Ireland, as elsewhere, it is important to have systems in place to monitor the incidence and trends in incidence of occupational disease and other work-related illness (WRI). The Health and Occupation Research network in the Republic of Ireland (ROI-THOR) is a network of physician led voluntary surveillance schemes set up to achieve this objective. Its origins in THOR UK date back to 1989 while in the Ireland it started in 2005. This work is partly funded by the Irish Health and Safety Authority and is encouraged by the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland as well as by relevant Irish Specialist Societies.

Three groups of physicians currently report to ROI-THOR: dermatologists, chest physicians and occupational physicians (OPs), with a total of 1047 cases reported (as of June 2011), the majority of which (60%) have been reported by OPs, with smaller proportions reported by dermatologists (31%) and chest physicians (9%). Cases reported by OPs were predominantly mental ill-health (49%) or musculoskeletal (37%) with lesser proportions of skin (9%) and respiratory (1%), and the health and social care sector was the most frequently reported industry (84% of cases). Other work stress and back pain were the most frequently reported mental ill-health and musculoskeletal diagnoses reported by OPs whilst skin and respiratory diagnoses were predominantly contact dermatitis, asthma and rhinitis. Comparisons with data reported in Great Britain and in Northern Ireland are ongoing and will be reported on in the peer review literature in due course.

The benefits to physicians participating in THOR are numerous. Participants are provided with free regular updates in the form of quarterly and annual reports as well as responses to relevant queries from them about the cases which are reported. Recent consultation with participants indicated that ‘benefit’ in time saved through access to THOR information and other educational material far outweighed the ‘cost’ in time of reporting to THOR. Importantly, it has recently been decided to

accelerate the development of an online educational initiative which will be offered in due course at no cost to occupational physicians in the ROI who participate in OPRA. This resource is called "Electronic Experiential Learning Audit & Benchmarking" (EELAB), which is described in: <http://www.medicine.manchester.ac.uk/oeh/eelab>

In the UK, EELAB has been made available to 250 GPs reporting to THOR. The GP version was successfully demonstrated at the Society of Occupational Medicine Annual Scientific Meeting, Belfast in June 2011. It needs further development before being made available to OPs. Since OPRA physicians in the ROI all report electronically (whereas in the UK most still report 'on paper') this resource will be piloted with ROI OPs first. After that, endorsement will be sought for the purposes of Continuing Professional Development (CPD).

Any occupational physicians in the ROI who wish to participate in THOR or who require further information should contact Dr Melanie Carder Melanie.carder@manchester.ac.uk or Dr Peter Noone (noone.p@hse.ie). More information about THOR is available from:- <http://www.medicine.manchester.ac.uk/oeh/thor/>



Datuk Dr Krishnan with Dr Edwin Whiteside at the ANZOM meeting in Wellington New Zealand

Tinnitus and Ototoxic Exposures in Australian Soldiers

A recent paper in **MILITARY MEDICINE**, 176, 4:461, 2011 described a study of Australian soldiers who were deployed abroad and who reported tinnitus and also exposures to chemicals (ototoxic). Personnel who went to Bougainville and East Timor were asked to self-report recent occurrence and severity of "ringing in the ears," and identify any chemical and environmental exposures

during their tour of duty. In addition to reporting on tinnitus they were asked to report exposure to loud noises, heavy metals, intense smoke, engine exhaust, solvents and degreasing agents, and chemical spills. Concurrent exposure to chemicals increased the risk of self-assessed moderate or severe tinnitus. Daily exposure to 4 or more ototoxic factors was associated with 2- to 4-fold increase in the risk. In addition to loud noises, chemical exposures may also play a role in the development of tinnitus among Australian Defence Force personnel serving overseas.

A number of chemical compounds are known or suspected to have the ability to induce ototoxic effects, including solvents, heavy metals and compounds of heavy metals, pesticides, and asphyxiants such as carbon monoxide. Although many occupational studies indicate a possible or likely relationship between chemical exposures and hearing impairment, the exact nature of any effect in humans has proved difficult to establish. In particular, the impact of non-work factors such as the ageing process and noisy recreation activities is difficult to assess. Tobacco smoking is a further confounding factor as cigarette smoke contains a number of known or suspected ototoxic chemicals, including hydrogen cyanide, carbon monoxide, cadmium, and lead. A substantial body of research demonstrates that smoking behaviours impact negatively on hearing, particularly at high frequencies, although there is no clear relationship between smoking and tinnitus. When exposure to noise is accompanied by exposure to 1 or more ototoxic substances, the impact on hearing has been demonstrated in several studies to be greater than that predicted by the sum of the individual effects. The European Agency for Safety and Health at Work recently concluded that "more attention is required to the combined risks for workers exposed to high level noise with work-related substances."

In this study the potential exposures investigated included proximity to loud noises, contact with or use of heavy metals, exposure to intense smoke (e.g., from fires), exposure to engine exhaust causing eye irritation, use of solvents or degreasing agents, pesticides (from treatment of clothing or equipment or living/working in a recently treated area), and other chemicals (from chemical spills, chemically contaminated sites, or chemical clean-up activities). Pesticides used by the Australian Defence Forces (ADF) for treatment of clothing,

uniforms, sleeping bags, tents, or mosquito nets are primarily pyrethroid based.

CONCLUSIONS: This study indicates that in addition to exposure to loud noises, a variety of chemical exposures may impact the development of tinnitus among serving ADF personnel. It also demonstrates the potential for multiple types of ototoxic exposure to simultaneously impact the health of individuals, with self-reported daily exposure to 4 or more types of chemicals found in this study to be associated with a 2- to 4-fold increase in the risk of self-reported moderate or severe tinnitus. Further research is required to clarify the relationship between exposure to ototoxic factors and the development of tinnitus among military personnel. Ensuring that personnel apply appropriate protective measures when working with or exposed to chemicals (such as wearing personal protective equipment and staying upwind of smoke plumes) has the potential to reduce ototoxic effects in addition to other more commonly considered health effects.

SpR Study Day - Millipore Co Cork 27 May 2011



L-R Faculty Specialists Registrars Haji Muhammad, Miriam Deneher, Sharon Lim, Fiona Kevitt and Nuala Kelly, with Dr Brian Gallagher and Frances Studdert (EHS Engineer – Millipore)

Antipsychotics are better than Mood stabilisers in Acute Mania (Lancet 2011 doi 10:1016)

Haloperidol, risperidone and olanzapine are better in acute mania than Gabapentin, lamotrigine and topiramate. Haloperidol however is not as good for depression and had a lower compliance rate after three weeks according to this study. Those treated

by Haloperidol should be changed to lithium after the episode of acute mania is controlled.

Obituary



Dr Bryan Jones, FFOM; 1928 – 2011

Dr Bryan Jones was born in Colwyn Bay in 1928, and qualified in medicine in 1952 from the Welsh National School of Medicine, Cardiff. In 1957 he was appointed medical officer of the Northwestern Gas Board and later became Chief Medical Officer of British Gas, North Western Region. He retired in 1993 after 36 years in the gas industry.

Dr Jones received his Membership of the Faculty of Occupational Medicine, RCPI in 1980, and was elevated to Fellowship in 2001. He was also a Fellow of the Faculty of Occupational Medicine in the UK. As well as being a Commander of the Order of St John, he was a member of the St John Ambulance Aero Medical Service, Theatre Medical Officer for the Davenport Theatre and Tatton Group of Cinemas, Stockport.

Interests included classic cars, ornithology, cinema and ballroom dancing.

Dr Jones is survived by his wife Morwena, whom he married in 1953, his two daughters and five grandchildren.

RCPI European Masterclass on Rheumatology

The RCPI European Masterclass on Rheumatology will be held on Friday, October 21, 2011 from 9:30 a.m. to 3:30 p.m. at the Royal College of Physicians of Ireland, No 6 Kildare Street, Dublin 2.

This Masterclass is aimed at highlighting recent advances and updates in the specialty and to facilitate continuing professional development. The meeting will focus on management of conditions based on current best evidence.

Registration for this meeting is free to RCPI Trainees, Fellows and Members of the College, Faculties and Institute, however booking is essential. Please see www.rcpi.ie to register

Faculty Dates for your diary

7 October Autumn Scientific Meeting
RCPI No.6 Kildare Street

2 December
AGM, Smiley Lecture,
Admission Ceremony &
Annual Dinner, to be held in
RCPI No.6 Kildare Street

20 April Spring Conference
RCPI No.6 Kildare Street

See www.rcpi.ie for further
information, nearer the dates

2011 / 2012 Dates of Board meetings

12 October
09 November

07 December
11 January
07 March
09 May
06 June
12 September
10 October
07 November

(all on Wednesdays at 2pm in RCPI
unless otherwise advised)

Society of Occupational Medicine

The SOM Autumn Meeting 2011 will take place on 12 October in the Royal College of Physicians, London Meeting the Education Need – Topical issues for the Occupational Health Professional
See <https://www.som.org.uk/> for further information



Dr Paul Guéret addressing the Conferring Ceremony on 26 May 2011 in Al Ain, United Arab Emirates



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Irish Society of Occupational Medicine (ISOM) 2011 meetings

14 Oct Annual Dinner, *date & location tba.*
17 Nov AGM, Stephen's Green Hibernian
Club.

www.isomirl.com