FACULTY OF PUBLIC HEALTH MEDICINE
NEWSLETTER
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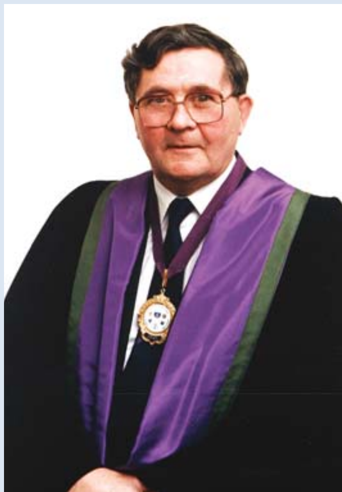
An Appreciation of Leo Mc Elearney



Leo, the Third Foundation Dean and the First Honorary Secretary of the Faculty sadly died on 31st Aug two days before his 80th birthday. His influence as Honorary Secretary allowed him to have a major input into the direction and shape of the Faculty of Occupational Medicine.

The two deans before him both 19 years his senior relied on his well known energies for hard work to write and edit the Faculty's Constitution and Rules and Regulations for the inaugural Committees. He was the longest standing Member of the Board, last serving in 2003.

He was born in Castleblaney and qualified in UCD in 1951. He was a Medical Tutor in St Vincent's Hospital, obtained his MRCPI in 1954 and joined Guinness's in 1956 to become Principle Medical Officer in 1985, until his retirement from Guinness in 1990 when he helped establish the Occupational Health Service in Dr Steevens' Hospital.

He had an active college life, received his FRCPI in 1967 and was Vice-President of the College in 1982. He represented the Faculty on many committees including the Panel of Specialists for appeals on health grounds in the Civil Service and Local Appointments Commission.

He was Past President of the ISOM and was involved in hosting joint meetings of the UK SOM. He was Chairman of the Scientific Committee to the 21st International Congress on Occupational Health held in Dublin in 1984. This was the largest medical conference to come to Ireland up to that time.

He was a Foundation Fellow of the Faculty in 1976 and First Hon Sec until 1981 when he became Vice-Dean in 1981 to 1983. He completed Dr. Smiley's final year as Dean, and continued on as Dean for his own three year term until 1987.

This member knew him though my father from a young age and was tutored by him in Drumcondra Hospital. We continued to meet at lectures in Ireland and London as he was an active member of both the ISOM and the UK SOM. We worked together in the Faculty especially when I was Hon Sec during his terms of Vice-Dean and Dean.

Others will know him as a lecturer and examiner in Occupational Medicine and as a dedicated teacher to his colleagues in the discipline. I also had the privilege to work with him in Dr Steevens' Hospital from 2003 to his final retirement a year before his death. He was an excellent diagnostician with sharp clinical acumen who gave freely of his knowledge with grace and understanding.

His involvement in Medicine and Occupational Medicine was balanced by being very much the family man with his wife Kay, the centre of his life, who died in Feb 2004. They had five children Peter, Noel a Consultant in Occupational Medicine who also worked with him in Guinness's at the start of his career, Paul, John and Catherine a Consultant in Adolescent Psychiatry. Nothing made him happier than to attend to his large garden, and have his children and grandchildren visit. He was well known for his clear mind and his courage to manage his own illnesses and that of his wife's and family with great fortitude and lack of self pity.

As one of the great pioneers of the Occupational Medicine in Ireland he will be greatly missed, by his colleagues in the Faculty and the Society, by his family and by his patients who knew him as Dr 'Mac'. We extend our heartfelt sympathies to his children and their families

Dr Ian Eustace

First All Ireland Specialist Registrar Meeting

Dr Zubier, Dr Mills, Dr Beattie, Dr Tabani, Dr Addley (NSD) and Dr Cashman (standing) and Dr Oghuvbu, Dr Walsh and Dr Quinn (sitting)

The Northern Ireland Civil Service Occupational Health Service in Belfast hosted the first joint "north-south" occupational medicine Specialist Registrar educational meeting at the end of June.

During the morning session, Specialist Registrars from both jurisdictions heard presentations on the Northern Ireland Civil Service Workforce Health and Wellbeing Survey, assessment of hand arm vibration and medical aspects of fitness to drive.

The afternoon was spent on a worksite visit to the Bombardier aircraft factory in east Belfast. All those attending agreed that the joint meeting had been successful. The opportunity to network with colleagues in other training schemes was seen as useful and consideration will be given to holding further joint meetings in the future.

Jack Eustace Memorial Lecture 2006

The founding Dean of the Faculty of Occupational Medicine, Dr Jack Eustace, was the prime mover bringing the ICOH Congress to Dublin in 1984. At that time, it was the biggest Conference held in Ireland.

The Congress was a great success and a financial profit was made on the event. The earnings were invested for a number of years and the fund was then vested in the name of 3 trustees (Fellows of the Faculty) for its future management. It was determined that a sum of money from the fund would be made available to sponsor an annual lecture in the field of Occupational Health. Each of the following five organizations would be invited to nominate a speaker every fifth year:

- The Faculty of Occupational Medicine
- The Irish Society of Occupational Medicine
- The Society of Occupational Health Nurses of Ireland
- The Occupational Hygiene Society of Ireland
- The Irish Society of Toxicology

After the death of Dr Jack Eustace in 2002, the Dean of the Faculty, Dr John Malone, communicated with the executives of each of the four other organizations, the trustees of the fund and the Eustace Family. It was agreed that it would be a fitting tribute to Dr Jack Eustace that the Congress Lecture would in future be called the Annual Jack Eustace Lecture

This year's Lecture was hosted by the Occupational Health Nurses Association of Ireland (OHNAI), and was opened by Dr. Ian Eustace with an address,

background to the Lecture and a brief biography of his father, Jack Eustace.

The speaker invited for the Lecture this year was Ms Su Alexander, who works for Marks and Spencer Plc. The Lecture was titled "The modernization of a perceived best practice OH Service".

Su's lecture commenced with a brief history of the type of OH Service that was previously delivered in M&S up to 3 years ago.

In 2003 changes emerged in the Company's OH service. A large team of OH professionals was over a period of time reduced from 107 to 17. OH Professionals were asked to deliver an "evidenced based service" demonstrating activity measurement on new referrals, existing cases and the outcomes of Pre-employment assessments. This was in line with competitor benchmarking with Tesco, Sainsbury, and John Lewis.

The road to modernization was delivered by the introduction of increased accountability procedures, delivering statistics and analysis, benchmarking against competitors, determining OH strategy to match a rapidly changing business profile.

It has been stated by Dr Paul Litchfield in Occupational Health Review that "Occupational Health is at its most effective when its staff have a good understanding of the activities, the priorities and the value of the organization that they are serving". He also stated that "no matter how good the OH specification is, the needs of the Company will change over time. OH Staff should respond to these changes by reviewing the aims and objectives of the service and by adapting service provision."

From this the Marks & Spencer OH Service embarked on new strategies involving key projects

- OH referral
- Pre-employment
- OH communication
- Rehabilitation
- Dynamic process of involvement and engagement.

This gave OH teams empowerment by offering feedback, involvement in trials of the new "proposed OH service" and engagement with open frank dialogue with OH professional and customer groups.

Clinical governance was addressed by establishing comprehensive OH documents used by all and reviewed annually and earlier if legislation dictates.

An end to end process was established with an audit trail, comprehensive partnership service level agreements and appropriate relevant training and reporting to the board, H&S Committees and Management.

Su Alexander concluded her presentation by stating that OH in M&S now has a brighter future. The added value services are based on the 2 main risks in the company, "musculoskeletal injuries" and "mental health issues". Both of these programmes have reduced sickness absence significantly. This has been achieved by using clear guidelines with experts in these areas and working closely with OH professionals rehabilitating employees back into the workplace.

Niamh Walsh BNS Dip SHWW

(Editors note : This article was held over from the previous edition of the newsletter due to lack of space)

Update on Multiple Sclerosis

Multiple Sclerosis is the most common disabling neurological disease in young adults. New therapies are available and many other agents are now undergoing clinical trials. Multiple Sclerosis has long been regarded as a demyelinating disease, but evidence now suggests widespread damage to nerve axons that may be more closely correlated with progression of disability. Evidence from several sources now suggests the disease is present long before the onset of first symptoms.

Over the last 25 years, the criteria used to diagnose Multiple Sclerosis was evidence of at least two relapses typical of Multiple Sclerosis and evident involvement of white matter in more than one site in the central nervous system. This was known as the concept of "lesions scattered in space and time".

However, in recent years a new diagnostic criterion, known as the McDonald Criteria, have been developed which incorporate both clinical and also laboratory elements, allowing an earlier confirmation of the diagnosis and thus earlier initiation of disease modifying therapies. Multiple Sclerosis is now diagnosed on the basis of two episodes involving two or more areas of the central nervous system over time, but diagnosed either on the basis of clinical symptoms or classical MRI findings. Thus, the presence of say clinical symptoms involving one area of the brain at a particular point in time, followed by the later development of MRI changes involving a different area of the brain that are sub clinical would now fulfil the criteria for making a diagnosis of Multiple Sclerosis.

Multiple Sclerosis can be divided into two different categories. About 85% of patients present with a relapsing remitting form, comprising episodic relapses or remissions that may be partial or complete. After many years, most of these patients will then enter a state of progression with or without attacks, called Secondary Progressive Multiple Sclerosis. The remaining 15%, the minority of these patients with the relapsing remitting form of Multiple Sclerosis will pursue a mild course with minimal disability after 15 years, so called benign Multiple Sclerosis. The remaining 15% of patients present from the start with a slowly progressive form of Multiple Sclerosis, that does not show a relapsing and remitting pattern.

Treatment approaches can be sub divided into different categories, namely management of acute attacks, prevention of relapses/progression, management of symptoms and rehabilitation.

In terms of management of acute attacks, the standard treatment is intravenous Methylprednisolone, one gram daily for three days. Opinions differ as to whether this treatment should be tapered off with a dose of oral Prednisolone for a further two weeks. Trials have shown a modest effect on speed of recovery from acute attacks, but have not shown any change in eventual deficit or disability.

Since the mid 1990's, a series of new drugs have come on the market for the treatment of relapsing episodes of the disease and also to attempt to treat the progression of the disease. These modifying drugs include injections of Interferon Beta-1 d, Interferon Beta-1 a, and Glatiramer Acetate. About 1 in 4 patients receiving Interferon will develop antibodies to the drug within two years, and should be switched to alternative therapies.

Some countries have approved the use of Mitoxantrone, although cardiac complications and

leukaemia can complicate therapy with this drug. Another new treatment modality is the newly developed drug Tysabri, developed by the Irish pharmaceutical company Elan, based in Athlone. Use of this drug can be rarely complicated by the development of progressive multifocal leukoencephalopathy. Answers are still not available as to how much if any that long term disability is prevented by the current disease modifying drugs. Multiple Sclerosis can produce an array of symptoms, many of which are manageable. Bladder frequency and urgency will often respond to treatment with Oxybutynin. Pain spasms usually respond to Baclofen. Emotional lability can be managed with tricyclic anti depressants, and Amantidine. Amantidine reduces fatigue in about half the patients.

The course of MS is unpredictable but florid MRI lesions at first presentation is a strong predictor of future disability. There is wide variation in severity. Many patients continue to live self sufficient, productive lives whilst others suffer from progressive disability.

Dr Tom O Connell

Abstracts May 2006

Early diagnosis and dose assessment are important when persons are accidentally or intentionally injured by ionizing radiation. Administration of haematopoietic growth factors can minimize the period of neutropenia in the acute radiation syndrome patient. Prevention and control of infection and excellent supportive care are essential to survival. The presence of gastrointestinal and/or cutaneous syndromes increases the chance of significant morbidity and mortality. Overall, current approaches to treatment facilitate survival at doses once thought to be lethal.
M. E. Berger et al. Occup Med 2006; 56: 162-172

Having more than one injury was associated with short service in the present job, younger age, sleep disorders, smoking, requesting a job change, physical disability and lack of physical activity. Safety training was negatively related to injury frequency. Short service in the present job was the only significant factor for single injuries. These factors may be useful in designing preventative measures. Occupational physicians could assist workers to be more aware of the risks and to find remedial measures.
G. C. Gauchard et al. Occup Med 2006; 56: 187-190

Evidence-based occupational health practice can be stimulated by the type of questions used in consultations by occupational health physicians (OHPs). OHPs spontaneously formulated less than one question per working day. However, after an observation of their daily practice followed by an interview, many latent questions were formulated. About 40% of the questions could be answered by evidence based medicine strategies. OHPs can improve the quality of their decision making by formulating more answerable questions.
Frederieke Schaafsma et al. Occup Med 2006; 56: 191-198

High injury prevalence was found among Australian veterinarians with large animal practitioners at highest risk. Of 2800 veterinarians, over half (51%) reported a significant work-related injury during their career while 26% of practitioners reported having at least one injury in the previous 12 months. Chronic work-related musculoskeletal problems were reported by 49% of respondents.
Lin Fritschi et al. Occup Med 2006; 56: 199-203

Work-related cancers tend to be concentrated in relatively small groups of people among whom the risk of developing the disease may be quite large.

Asbestos and polycyclic hydrocarbons were the main occupational carcinogens identified. Construction and fabricated metal products sectors were linked to almost two-thirds of work-related cancers. The detection of occupational hazards should therefore have a higher priority in any programme of cancer prevention.
Frédèric Deschamps et al. Occup Med 2006; 56: 204-20

Promoting worker participation in sport might lead to reduced absenteeism. Workers active in their leisure time twice or more each week reported significantly less sickness absence compared to inactive workers (14.8 versus 19.5 days/year), mainly due to a decrease in sick leave because of musculoskeletal disorders.
Ludovic G. P. M. van Amelsvoort et al. Occup Med (Lond) 2006; 56: 210-212

Abstracts June 2006

A Swedish study of female nurse-anaesthetists supports previous studies which have suggested that exposure to organic solvents, including volatile anaesthetic agents, may be a risk factor for multiple sclerosis, possibly in combination with genetic and other environmental factors.
A-M Landtblom et al, Occupational and Environmental Medicine 2006;63:387-389

Occupational health guidelines recommend a biopsychosocial approach to manage sickness absence due to musculoskeletal disorders (MSDs). Early intervention addressing psychosocial obstacles to recovery can be effective for reducing absence due to MSDs. Successful implementation, where the key players are onside and organizational obstacles are overcome, is difficult to achieve.
Serena McCluskey et al. Occup Med (Lond) 2006; 56: 237-242

High rates of occupational injury and illness have been reported among workers in the tree fruit industry. Ladder-related claims accounted for nearly half (48%) of all 'compensable' claims (e.g. claims involving time loss, disability or 'loss of earning power' in addition to medical expenses). Other common causes of injury among claims were branches and vegetation, structure and material and ground-related injuries.
Jonathan Hofmann et al. Occup Med (Lond) 2006; 56: 251-257

In New South Wales, reported adult onset of asthma is common and occupational exposures may be associated with 9.5% of prevalent cases of adult-onset asthma. Sudden onset, irritant or reactive airways dysfunction syndrome type exposures were associated with adult-onset asthma (OR 4.65, 95% CI 1.64–13.2).
Anthony Johnson et al. Occup Med (Lond) 2006; 56: 258-262

Skin absorption of benzene in coke oven by-product workers from contaminated overalls can be significant despite very good and validated airborne control in place. Therefore overalls should be changed on a regular and frequent basis to minimize uptake by this route.
Richard Colman, and Andrew Coleman. Occup Med (Lond) 2006; 56: 269-271

Sickness absence remains a considerable economic and social problem. Short-term sickness absence is known to be associated with behavioural attitudes. Global job satisfaction did not correlate significantly with the duration of short-term sickness absence. Increasing physical job demands predicted longer absence. Increasing job autonomy and educational level predicted shorter absence. Lack of satisfaction with colleagues predicted longer duration absence.
Annette Notenbomer et al. Occup Med (Lond) 2006; 56: 279-281

Abstracts July 2006

A Danish study of male professional drivers has shown an increased risk of stroke. The excess risk seemed to be more due to cerebral infarctions than to non-traumatic intracranial haemorrhage. The risk of stroke was found to be higher among drivers carrying passengers than among drivers carrying goods.
F Tüchsen et al, Occupational and Environmental Medicine 2006;63:456-460

Asthmatics are at increased risk of (all cause) absence from work, but only by a few days a year. However, lung function, bronchial hyper-responsiveness or limitation in ADL is not predictive.
Orbon KH et al. Resp Med 2006;100:1163-73

A study of 93 bar and restaurant workers in Oslo before and after the implementation of a smoking ban in Norway showed a larger cross shift decrease in lung function before compared with after the implementation of the ban.
M Skogstad et al, Occupational and Environmental Medicine 2006;63:482-487

A French study has shown a strong association between self-assessed "driving while sleepy" and the risk of serious RTAs. Drivers' awareness of their sleepiness while driving did not seem to be sufficient to prevent them from having RTAs. Messages on prevention should therefore focus on convincing sleepy drivers to stop driving and sleep before resuming their journey.
Hermann Nabi et al, BMJ 2006;333:75

Abstracts August 2006

A study of cancer mortality in German carbon black workers has shown an increased mortality from lung cancer. The high lung cancer SMR could not fully be explained by selection, smoking, or other occupational risk factors, but the results also provided little evidence for a dose effect of carbon black exposure.
J Wellmann et al, Occupational and Environmental Medicine 2006;63:513-521

Nanoparticles differ from the same material at larger scale in chemical and physical properties. Air pollution research has suggested that particles may be more toxic to cells at the nanoscale. The marketing of nanoparticles is advancing more rapidly than research into their safety and toxicology. The future safety of workers and consumers is dependent on research into hazard and risk. The Safety of Nanomaterials Interdisciplinary Research Consortium has been established in the UK as a resource to assist those active in this field.
Anthony Seaton. Occup Med (Lond) 2006; 56: 312-316

There is documented association between HAVS and vascular thrombosis in the hands. The literature suggests that digital arterial thrombosis and Hypothenar hammer syndrome (HHS) may be associated with the use of vibrating tools. Screening for arterial occlusive problems in the hands should be included in the HAVS work up.
Aaron Thompson, and Ron House. Occup Med (Lond) 2006; 56: 317-321

Low back pain and healthcare workers – training to improve patient transfer technique and stress management programmes make no difference to the incidence.
Dinbaek Jensen L et al. Spine 2006;36(16):1761-9

Psychological and physical predictors of work retention 2 years following treatment for non-specific low back pain exist – but not the same ones as predict returning to work. The presence of good trunk flexion, obsessive-compulsiveness and a low level of somatization increase the chances of remaining in work.
Campello M et al. Spine 2006: 36(16): 1850-7

Debriefing still doesn't work! Neither educational or emotional debriefing had any effect on the incidence of PTSD, anxiety or depression.
Sijbrandij M et al. Br J Psychiatry 2006;189: 150-5

Working entailing vibrating machines is associated with an increased risk for first-time acute MI (OR of acute MI when exposed to vibration was 1.6 (95% CI: 1.1–2.4). An exposure–response relationship could not be determined.
Bodil Björ et al. Occup Med (Lond) 2006; 56: 338-344

Abstracts September 2006

A case-control study has been conducted in France to investigate maternal occupational exposure to organic solvents at the beginning of pregnancy and the risk of non-syndromic oral clefts. The risk of oral clefts increased linearly with the level of exposure within the three subgroups of oxygenated solvents studied (aliphatic alcohols, glycol ethers, and other oxygenated solvents, including esters, ketones, and aliphatic aldehydes). The limited number of subjects and the problem of multiple exposures, however, are such that the results should be interpreted cautiously.
C Chevrier et al, Occupational and Environmental Medicine 2006;63:617-623

Long hours increase the risk of needlestick injury among NCHDs.
Ayas NT et al. JAMA 2006;269(9):1055-62

FEV1 declines rapidly in workers with occupational asthma who continue to be exposed to the causative agent (>100mls per year). Following removal, there may be a slight improvement in lung function, followed by a decline comparable to that of the normal population (approx. 27ml per year). This emphasises the importance of removal as soon as possible.
Anees W et al. Thorax 2006;61(9):751-5

This is the last edition of the newsletter in print format. The Faculty has decided to move to an electronic format newsletter from January 2007.

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

Faculty of Occupational Medicine
Royal College of Physicians of Ireland
Frederick House
19 South Frederick House
Dublin 2

Editorial Team
Dr Tom O'Connell (Editor)
Dr Oghenovo Oghuvbu
Dr Muiris Houston
Dr Alex Reid
Dr John McCaughan

Email: fom@rcpi.ie