

## James Smiley Lecture 2006



Prof Raymond Agius pictured with Dr Ken Addley (Dean) & Mr John Smiley

The 19<sup>th</sup> Annual James Smiley Lecture was delivered by Professor Raymond Agius MD, DM, FRCP (Lond. & Edin), FFOM, Professor of Occupational and Environmental Medicine at the University of Manchester, England.

The title of the lecture was “Work Related Ill Health – Recognising New Hazards And Trends”. Professor Agius described the development of a novel method for estimating the potential asthmagenic hazard of any low molecular weight chemical based on the number of reactive groups in the chemical formula.

He then outlined the success of the several THOR (The Health and Occupation Reporting network) reporting schemes developed over many years at Manchester, such as SWORD, EPIDERM and OPRA. He was able to announce that the HSA had agreed to extend the Irish THOR pilot (“OPRA – Ireland”) into its third year. He was hopeful that a summary of its findings will be published in 2008.

## Smiley Day Presentations

### Dr. John McDermott – Workplace Bullying

Dr. McDermott defined bullying and linked this to harassment pointing out that it is more a human

resources management (HRM) issue than an OH issue. He stated that when OH involvement becomes necessary, it reflects failure of the HRM policies in place.

OH presentation usually presents in the form of stress or common mental health problems which are non-physical injury. He discussed recent case law including a recent landmark ruling – *Green v Deutsche Bank 2006*. He emphasised that employer’s must proactively go beyond just having policies in place but include a clear definition of acceptable and unacceptable behaviour in their workplace. They must also have very clear procedures – informal and formal, and be seen to be proactive about implementation.

He summarised the role of OH as education and prevention in collaboration with HRM, clinical consultation with injured parties (medical records, validation/reassurance, treatment, and advice in relation to company procedures). In closing, he stressed that bullying cannot be tolerated as it is a form of personal assault and that management need good training and support to prevent it.

### Dr. John Mason – Management of an Outbreak of Q fever in a workplace

Dr. Mason described an outbreak of Q fever in a workplace involving 40 employees who had initially been diagnosed with the ‘flu. Q fever is an occupational zoonosis, highly infectious with low virulence but carries a significant morbidity and mortality if not managed properly. His presentation focussed on the role of OH in the management of this outbreak and in general outbreaks of a similar nature. He set out learning points applicable from the experience garnered from managing this outbreak and, in particular, emphasised the updating of information on a timely basis and multi-disciplinary/multi-agency communication.

### **Dr John McCaughan - History of Occupational Medicine**

Dr McCaughan reviewed a small text book which was published in 1944. Each chapter was written by a distinguished authority - the chapter about nutrition, for example, was written by Nobel Prize winner Sir Hans Krebs. The chapter on miner's nystagmus described how the lighting in the mines in the USA had always been much better than in Europe and this seemed to explain why miner's nystagmus hadn't been a major problem in America. The difficulties of recognising and dealing with malingering were highlighted. The chapter on neuroses gave guidelines to help confirm that an individual was a "healthy-minded adult".

### **2006 Conferring Ceremony**



Dr Gallagher, Prof McKenna,  
Mr Miller, Dr Addley and Prof Agius

This year's conferring ceremony was held in the Royal College of Physicians in Dublin on the 17<sup>th</sup> November 2006. The following were admitted to the Faculty:-

#### **Honorary Fellowship**

Professor Raymond Agius  
Professor T. Joseph McKenna  
Mr. John Michael Miller

#### **Fellowship ad Eundum**

Dr. Donald Michael Graham Beasley  
Dr. William James Gunnyeon  
Dr. Nasser Sultan M. Al-Maskery (in absentia)

#### **Fellowship by Elevation**

Dr. Alex Reid  
Dr. Michael Harding Anderson  
Dr. Brian Wallace

#### **Membership**

Dr. Anthony Brian Gallagher  
Dr. Renuka Saseedharan Nambiar  
Dr. Simon Norman Ryder-Lewis  
Dr Michael Short (in absentia)

#### **Licentiatehip**

Dr. Ross Ardill  
Dr. Lorraine Winifred Brennan  
Dr. John M Connelly  
Dr. Anthony Corcoran  
Dr. Damien Gallagher  
Dr. David McConaghy  
Dr. Deirdre Phelan  
Dr. Gertrude T Ronan  
Dr Barry J. Danaher (in absentia)

### **Faculty Board 2006-07**

#### **Dean**

Ken Addley

#### **Vice-Dean**

Paul Gueret

#### **National Specialty Director**

Martin Hogan

#### **Honorary Secretary**

Tom O'Connell

**Honorary Treasurer**

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**Academic Registrar**

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Donal Collins (Fellow)

Denis D'Auria (Fellow)

Ian Eustace (Fellow)

John Gallagher (Immediate past dean)

Blánaid Hayes (Fellow)

Muiris Houston (PR Representative)

Pat Lee (Licentiate)

John McCaughan (Fellow)

Peter Noone (Licentiate)

William O'Flynn (Fellow)

Susan Power (SpR Representative)

Delia Skan (Fellow)



Drs Susan Gallagher, Sheelagh O'Brien and Susan Hill  
pictured at the Autumn Scientific Meeting

## Launch of OPRA – Ireland

The Faculty is supporting an initiative to extend the occupational physician's reporting scheme (OPRA) into the Republic of Ireland, seeking participation from doctors on the specialist register in occupational medicine. Invitation letters have gone to those on the register encouraging their participation.

For several years, specialist occupational physicians in the UK have participated in OPRA which is part of The Health and Occupation Reporting network (THOR) - an occupational health surveillance programme run by the University of Manchester.

OPRA is a two-way process. Participating specialist occupational physicians confidentially report a very limited amount of information on cases of occupational disease or work related ill-health that they have seen on a monthly basis. The summarised anonymous data provides useful information on incidence and causes of occupational ill-health, and contributes to 'national statistics' and other outputs. By way of reciprocation, participating physicians can seek information from OPRA, whilst always protecting confidentiality, for example, on reports of work related ill-health of interest to them. There is an evolving programme of online education and information for participants. Moreover, physicians who wish to be more actively engaged in the project, such as for research, are welcome to do so.

During 2005 and 2006, two pilot THOR schemes have been running in the Republic of Ireland - one receiving reports from specialist dermatologists (EPIDERM) and another from chest physicians (SWORD). The progress of these pilots has prompted the ROI Health and Safety Authority (HSA) to fund an OPRA project starting in January 2007.

The Faculty is asking occupational physicians on the specialist register and working in Ireland to consider joining OPRA. At this stage all that is required is an expression of interest, ideally by email to the project assistant responsible for OPRA (Ireland): [susan.taylor@manchester.ac.uk](mailto:susan.taylor@manchester.ac.uk). More information will then be received directly from the University of Manchester, including advice on how to report electronically.

Dr Peter Noone is the Faculty liaison on this project and can be contacted at: [noone.p@maile.HSE.ie](mailto:noone.p@maile.HSE.ie). He will provide further information if required. Please consider joining this important reporting scheme.

## Update on Back Pain

Low back pain is usually defined as “pain, muscle tension, or stiffness localised below the costal margin and above the inferior gluteal folds, with or without leg pain (sciatica)”.

It is a major health problem in industrialized countries. In Western countries the reported lifetime prevalence varies from 49% to 70% and point prevalence from 12% to 30% respectively.

Low back pain includes two distinct sub-groups, specific and non-specific.

Specific back pain is defined as symptoms caused by a specific pathophysiological mechanism, such as disc herniation, infection, osteoporosis, ankylosing spondylitis, fracture or tumour. About 10% of patients with backpain have specific back pain.

Non-specific low back pain is defined as symptoms without a clear cause. About 90 % of all patients with low back pain will have non-specific lower back pain, which in essence is a diagnosis of exclusion.

Back pain is also classified by the duration of the complaints. Low back pain is defined as acute, when it persists for less than six weeks, subacute between six weeks and three months, and chronic when it lasts longer than three months. There is only a 50 per cent probability of ever returning to work for a person absent from work more than six months.

It can be useful to categorize symptoms and signs into Red Flags (indicating possible serious spinal pathology), Yellow Flags (indicating psychosocial risk factors for chronicity) and also predictors of nerve root pain.

Clinical Indicators of Possible Serious Spinal Pathology (“Red Flags”)

- Onset age less than 20 or greater than 55 years
- Non-mechanical, constant or progressive pain,
- Thoracic pain,
- Violent trauma such as a fall from a height or a traffic accident
- Previous medical history of carcinoma, systemic steroids, drug abuse or HIV
- Systemically unwell or recent unexplained weight loss
- Persisting severe restriction of lumbar flexion
- Widespread neurological symptoms
- Structural spinal deformity

Clinical Indicators of Psychosocial Factors that Indicate a Higher Risk of Chronic Low Back Pain (“Yellow Flags”)

- A negative attitude that back pain is harmful or potentially severely disabling
- Fear-avoidance behaviour and reduced activity levels
- Low mood and no social interaction
- An expectation that passive, rather than active, treatment will be beneficial

Clinical Indicators that Indicate a Nerve Root Pain

- Unilateral leg pain worse than low back pain
- Radiates to foot or toes
- Numbness and/or paraesthesia in the same distribution
- Reduced straight leg raising test which reproduces leg pain
- Localized neurology (limited to one nerve root)

In terms of radiological imaging, there is no strong association between imaging abnormalities and non-specific low back pain. Only in cases with red flag conditions might imaging be indicated. Magnetic resonance imaging is probably more accurate than other types of imaging for diagnosing infections and malignancies, but the prevalence of these specific pathologies is low.

In terms of treatments, some treatments are beneficial whilst others are not.

Acute low back pain treatments:-

- Advice to stay active speeds up recovery and reduces chronic disability. Non-steroidal anti-inflammatory drugs are effective.
- Spinal manipulation, behavioural therapy, multidisciplinary treatment programmes (for subacute low back pain) may be beneficial.
- Analgesics, acupuncture, back schools, epidural steroid injections, lumbar support, massage, multidisciplinary treatment (for acute low back pain), transcutaneous electric nerve stimulation, traction, temperature treatment, electromyographical biofeedback. The effectiveness of these treatments needs to be further evaluated in clinical practice.
- Specific back exercises are not effective.
- Bed rest is not recommended.

Chronic low back pain treatments:-

- Exercise and intensive multidisciplinary pain treatment programmes are recommended.
- Antidepressants, (cognitive) behavioural therapy, analgesics, non-steroidal anti-inflammatory drugs, back schools and spinal manipulation may be effective.
- Epidural steroid injections, electromyographical biofeedback, lumbar support, massage, transcutaneous electric nerve stimulation, traction and local injections have not been shown to be of definitive benefit.
- Facet joint injections are not recommended.

- Invasive procedures, including epidurals, and sclerosant injections, have not clearly been shown to be effective. The efficacy of spinal stenosis surgery is also not proven. Surgical discectomy may be indicated for selected patients with sciatica. No evidence supports the role of spinal fusion surgery due to lack of patients selection criteria.

This article is based on review articles from the BMJ and Safety and Health Practitioner

**Dr Abdul Sattar Tabani**  
**SpR in Occupational Medicine**



Drs John Gallagher and Pat Lee  
pictured at the Autumn Scientific Meeting

## **Matsumae International Foundation Fellowship**

Applications are invited from the Matsumae International Fellowship Programme for 2008. This programme enables participants to pursue a course of study in Japan for a 3-6 month period.

Applicants must be under 40 years of age, and not have visited Japan before.

Further details can be obtained from the Postgraduate Medical and Dental Board, Corrigan House, Fenian Street, Dublin 2. The closing date for receipt of applications is 31<sup>st</sup> July 2007.

## Abstracts October 2006

Dysphonia among teachers due to voice overuse can be successfully treated with a combination of vocal function exercises and vocal hygiene education. Increased awareness may also aid in prevention.

*Gillivan-Murphy P et al. J Voice 2006;20(3):423-31*

Occupational characteristics are related to cognitive changes over time – jobs with higher intellectual demands are associated with improved cognitive status compared to those with greater physical exertion or visual attention demands.

*Potter GG et al. Neurology 2006;67(8):1377-82.*

People whose blood has a concentration of lead that is high but that is still considered safe have a higher risk of death from many causes than people with a low concentration, a new study shows. Compared with participants whose blood lead concentration was <0.09 micromol/l, participants whose blood lead concentration was between 0.17 micromol/l and 0.48 micromol/l had a 25% higher risk of death from any cause, a 55% higher risk of death from cardiovascular disease, an 89% higher risk of death from heart attack, and a 150% higher risk of death from stroke.

*David Spurgeon, BMJ 2006;333:674*

A study of long term health complaints in police officers and fire-fighters following the 1992 Amsterdam Air Disaster was published in October. Those who were professionally exposed to the disaster reported more physical and mental health complaints compared to the reference groups.

*A C Huizink et al, Occupational and Environmental Medicine 2006;63:657-662*

Long term exposure to non-arsenic pesticides may induce lymphomagenesis among farmers according to a multicentre case control study conducted in Spain. Although farmers were not at an increased

risk of lymphoma as compared with all other occupations, farmers exposed to non-arsenic pesticides were found to be at increased risk of lymphoma (OR = 1.8, 95% CI 1.1 to 2). This increased risk was observed among farmers working exclusively either as crop farmers or as animal farmers. The risk was highest for exposure to non-arsenic pesticides for over nine years.

*E van Balen et al, Occupational and Environmental Medicine 2006;63:663-668*

Low back pain (LBP) prevalence rates did not differ significantly between health service sector occupational groups but occupation was found to be an independent predictor of LBP-related sick leave. Involvement in manual handling did not predict either LBP or related sick leave.

*C. Cunningham et al. Occup Med (Lond) 56: 447-454*

Sickness absence was associated with working with arms lifted/hands twisted, extreme bending/stooping of the back/neck, repetitive monotonous work, low skill discretion, low decision authority, obesity, current and former smoking, poor self-rated health, female gender, increasing age and public employer. The aetiological fraction attributable to differences in work environment exposures was calculated to be 40%.

*Merete Labriola et al. Occup Med (Lond) 56: 469-474*

Tertiary intervention functional restoration programme (FRP) in manual workers for LBP resulted in significant improvements in psychological status, perceived pain, disability and work capability. Improvements were sustained for 24 months. Sickness absence and the need for post-treatment work restrictions decreased. Ill-health retirements and compensation claims for low back pain were reduced.

*Nicola Hunter et al. Occup Med (Lond) 56: 497-500*

Violent incidents were reported significantly more frequently among staff who reported problems working with elderly residents in nursing homes in Turkey. There was no relationship between violence towards staff and burn-out.

*Aliye Mandiracioglu and Olcay Cam. Occup Med (Lond) 56: 501-503*

Over a 5-year period, men who experienced negative, strongly stressful and work-related life events displayed poorer psychological well-being at follow-up regardless of worker category. Social support was protective.

*Gisela Rose et al. Occup Med (Lond) 56: 386-392*

## Abstracts November 2006

Both surgical and non-operative interventions lead to an improvement in lumbar disc herniations. Those who underwent surgery tended to report greater improvements than patients who elected for non-operative care, but the difference was not statistically significant.

*Weinstein JN et al. JAMA 2006 ;296 :2441-460*

Shift work increases the frequency of duodenal ulcer in *H pylori* infected workers according to an Italian study published in November. Shift work increases the ulcerogenic potential of *H pylori* infection and should be considered a risk factor for duodenal ulcer in infected shift workers. Treatment of infection in this high risk group may improve the health of workers and may reduce the economic impact of peptic ulcer.

*A Pietroiusti et al, Occupational and Environmental Medicine 2006;63:773-775*



Drs Lynda Sisson, Paul Gueret, Patricia Holland, Robert Ryan and Mary Mc Mahon pictured at the Autumn Scientific Meeting

198 patients with untreated tennis elbow were randomized to receive one of three interventions: corticosteroid injections, physiotherapy comprising manipulation and taught exercises, and "wait and see" with advice on symptom relief. Corticosteroid injections gave the best results at six weeks but in 72% symptoms recurred and recovery was delayed. Physiotherapy yielded better outcomes in the long term.

All patients receiving treatment for tennis elbow reported successful outcomes at one year regardless of treatment type, but those receiving physiotherapy sought significantly less additional analgesia.

*Bisset et al, BMJ 2006;333:939*

## Abstracts December 2006

Many recent studies have reported a decrease in semen quality which has increased the focus on male reproductive health. Occupational hazards are by far the best documented in reproductive epidemiological research.

The evidence for an adverse effect on male reproduction of several occupational and

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environmental exposures and toxicants, such as heat, ionizing radiation, inorganic lead, dibromochloropropane, ethylene dibromide, some ethylene glycol ethers, carbon disulphide and welding operations, is strongly supported in well-designed epidemiological studies. For other agents, the association is only suspected or suggested and needs further evaluation before conclusions can be drawn

*Tina Kold Jensen et al. Occup Med (Lond) 56: 544-553*

Sharps injuries remain common but confirmed viral transmission in the UK has been relatively rare. The degree of under-reporting of sharps injuries may be as much as 10-fold. Safety-engineered devices are likely to be effective at injury reduction.

*Alexander Elder and Caron Paterson. Occup Med (Lond) 56: 566-574*

The rapid increase of mobile phone use has increased public concern about its possible health effects in Japan, where the mobile phone system is unique in the characteristics of its signal transmission. To examine the relation between mobile phone use and acoustic neuroma, a case-control study was carried out. The results suggest that there is no significant increase in the risk of acoustic neuroma in association with mobile phone use in Japan.

*T Takebayashi et al, Occupational and Environmental Medicine 2006;63:802-807*

### **Dates for your diary**

ISOM Meeting, The Stephens Green Hibernian Club – 7.30pm Friday 26 January 2007

Spring Scientific Meeting - Friday 30 March 2007.

Autumn Scientific Meeting - Friday 5 October 2007

AGM, Smiley Lecture and Conferring Ceremony - Friday 16 November 2007



Dr Deirdre Gleeson with baby Ruairi, Dr John Gallagher, Dr Geraldine Comiskey & Dr Renee Moloney pictured at the AGM with Dr Denis D'Auria and Dr John Malone behind

**The newsletter is now being produced in electronic format only, from January 2007.**

**If you have not already submitted your current e-mail address to the Faculty, kindly do so by e-maling [fom@rcpi.ie](mailto:fom@rcpi.ie)**

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