Tidsskriftet Tidsskrift for Den norske legeforening

Young and made ill by their work

EDITORIAL

MAY BRIT LUND

E-mail: m.b.samersaw-lund@medisin.uio.no
May Brit Lund. MD, PhD, senior consultant at the Department of Respiratory Medicine , Oslo University Hospital Rikshospitalet and Associate professor at the Faculty of Medicine, University of Oslo.
The author has completed the ICMJE form and declares no conflicts of interest.

Young employees with work-related diseases need to avoid exposure that triggers illness. If necessary, they will have to change occupations.

In 2009, a joint registry was established for the National Institute of Occupational Health (STAMI) and the hospital departments of occupational medicine. The registry records all patients who are examined to determine a possible work-related disease. The STAMI researchers Aarhus and Mehlum now present registry data for 910 patients in the age group 20–30 years for the period 2010–17 (1). Examinations of patients in this age group accounted for 8 % of the total. The most frequent diagnoses were asthma (21 %) and contact eczema (20 %). The most common occupation was hairdresser (17 %), which accounted for 37 % of the women. The authors recommend doctors to be especially aware of work-related exposure as a cause of asthma and contact eczema and underscore the need for primary prevention among employees in occupations that involve such exposure.

This recommendation by the National Institute of Occupational Health is opportune. According to the Labour Inspection Authority, underreporting of work-related illness remains a constant problem (2). A Danish study showed that less than one-third of all cases of asthma among hairdressers were reported as suspected work-related illness (3). We have no reason to believe that the situation in Norway is different. It is thus necessary to issue a reminder of the fact that suspected work-related illness *must* be reported to the Labour

Inspection Authority. The reporting form is easy to complete. No examination is required to be undertaken, nor does any causal relationship need to have been determined.

The annual report from the Labour Inspection Authority for 2018 shows that 64 % of the reports came from occupational health services and only 9 % from general practitioners (4). The figures presented by the National Institute for Occupational Health give no indication of who has referred the patients with suspected work-related illness. Since the most common occupation was hairdresser, we may assume that general practitioners and hospital doctors account for a relatively higher proportion of the referrals for examination than of the reports to the Labour Inspection Authority. Hair salons are often small workplaces with few employees, and they are spread throughout the country. Such workplaces are not generally covered by occupational health services, and a hairdresser with respiratory illness or hand eczema will be more likely to consult a GP than a company doctor.

> ***«What is most important is to document the relationship to workplace exposure in as much detail and as quickly as possible»***

Should everybody with a suspected work-related disease be referred for a specialised occupational health assessment? Opinions differ in this regard. For the individual patient, a specialised examination is important, both with a view to determining a correct diagnosis and to ensuring his or her rights to social benefits. For society, it is essential that work-related illness be registered so that preventive measures can be initiated. The capacity of and waiting times for the departments of occupational medicine represent a bottleneck. In Norway, the department of occupational medicine at Haukeland University Hospital is the only one to offer methods that include specific bronchial provocation when investigating causes of work-related asthma (5). The method is resource-intensive, takes four days and involves an interdisciplinary team with special competence in occupational medicine, pulmonary medicine and occupational hygiene. Emergency facilities are also required, since specific provocation may trigger a severe asthma attack. The department will hardly have sufficient capacity to examine all Norwegian hairdressers with suspected work-related asthma, nor is this likely to be necessary.

Much can be achieved with simple methods. What is most important is to document the relationship to workplace exposure in as much detail and as quickly as possible. The patient can keep a diary of his or her symptoms at work and at home (weekends, holidays, sickness leave periods). In suspected asthma, PEF measurement with registration of values on days with and without exposure is a useful tool. Such objective data, registered in the patient records, are unfortunately far too rarely available when a specialist declaration is to be made, often many years later.

A great responsibility rests on clinicians who will advise young employees who have developed a work-related disease. The most important treatment is avoidance of the exposure that has caused the disease. Starting a drug-based treatment process without ensuring that the patient is no longer subject to

harmful exposure must be considered improper medical practice. Protective equipment is important, but may often provide no more than partial protection due to inconsistent or incorrect use. In the long term, chronic ailments and limited access to social benefits may result. My recommendation to young employees is therefore to change occupations. That is the simplest, least costly and safest thing to do.

LITERATURE

1. Aarhus L, Mehlum IS. Utredning av unge med arbeidsrelatert sykdom. Tidsskr Nor Legeforen 2019; 139: 139.

2. Arbeidstilsynet. Statistikk – meldinger om arbeidsrelaterte sykdommer. https://www.arbeidstilsynet.no/om-oss/statistikk/statistikk-meldinger-om-arbeidsrelaterte-sykdommer/ Lest 5.8.2019.

3. Lysdal SH, Mosbech H, Johansen JD et al. Asthma and respiratory symptoms among hairdressers in Denmark: results from a register based questionnaire study. Am J Ind Med 2014; 57: 1368–76. [PubMed][CrossRef]

4. Arbeidstilsynet. Meldinger om arbeidsrelatert sykdom i 2018. https://www.arbeidstilsynet.no/nyheter/meldinger-omarbeidsrelatert-sykdom-i-2018/ Lest 5.8.2019.

5. Vandenplas O, Suojalehto H, Aasen TB et al. Specific inhalation challenge in the diagnosis of occupational asthma: consensus statement. Eur Respir J 2014; 43: 1573–87. [PubMed][CrossRef]

Publisert: 27 August 2019. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.19.0481