Health-related quality of life in former North Sea divers

Dear Sir,

We read with interest the account of health related quality of life (HRQOL) by Irgens et al. [1] in Norwegian North Sea divers where they stated that their findings were in accordance with ‘a recent comprehensive epidemiological study of occupational divers’. As co-authors of that study report, we feel that this statement is misleading. We studied UK professional divers who were working in the North Sea at the same time as the Norwegian divers. We assessed HRQOL and found no effect of pain only decompression sickness (DCS) with neurological DCS associated only with reduction in mental aspects of HRQOL in contrast to the ‘across the board’ effect in Norwegian divers.

What was clear from our data was that reduction in HRQOL was associated with a number of adverse occupationally related episodes, such as industrial accident, occurring during a diver’s lifetime. Neurological DCS was one among several such incidents and not the most common. The longer the diver’s career, the more likely was one of these events to occur and the prevalence of each event was thus casually related to the prevalence of every other such event, to the amount of diving carried out and age. Reductions in HRQOL cannot be attributed to DCS alone without consideration of these other factors.

The effects seen in this study may be attributable to group membership rather than DCS. Fifty-three per cent of divers with DCS were in the referred diver group. Referred divers were more likely to be divorced, unemployed and on a disability pension than non-referred divers and had illness requiring referral into secondary care. All these factors are associated with reduced HRQOL. In the non-referred diver group with 47% of DCS cases, HRQOL differed from the population norm only in General Health, a subjective measure of health perception, isolated changes in which are of limited significance.

Norwegian divers’ general health perception might have been lower than normal when this study was conducted. Although data collection was stopped prior to a Government award of financial compensation to injured North Sea divers, the award was the culmination of a prolonged campaign conducted on behalf of the divers involved in this study. They must have been well aware of the issues and, accordingly, open to unwitting influences regarding their own state of health. In this context, the diagnosis associated with referral in the referred diver group is very important since symptom complaint in the absence of observable abnormality can indicate a psychosomatic effect rather than physical ailment. The authors, however, have not chosen to provide this information.

There may be loose associations between DCS and HRQOL but there is no indication in this study that there is a causal relationship. The authors suggest a longitudinal study would be informative but the current prevalence of DCS, one or two cases per year in the UK sector of the North Sea for example, would make this unlikely. Certainly, any further research here requires consideration of the participants’ entire occupational history and assessment of psychosocial factors.

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References
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doi:10.1093/occmed/kqm119

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North Sea divers is associated with decompression sickness. 

