In this issue of Occupational Medicine

Depression is the most common mental disorder in community settings, and is a major cause of disability. The impact on social functioning, physical health and mortality is substantial, and depressive illnesses can significantly reduce a person’s ability to work effectively. Despite this, there is limited data evaluating work ability in those with depression. Slebus and colleagues (1) have tried to address this by conducting a 2-round Delphi study using a panel of Dutch insurance physicians. The aim of the study was to achieve a consensus on factors to consider when assessing the work ability of those with major depressive disorder on long-term sick leave. The panel identified 10 aspects of work ability that they felt should be evaluated when assessing those with major depressive disorder. The authors concluded that their findings would also be useful to other health professionals when assessing the work ability of patients with major depressive disorder on long-term sick leave.

Also in this issue are two articles looking at cancer; one evaluating the work experiences of breast cancer survivors (2) and the other studying the risk of bladder cancer in workers in a chemical production factory (3).

In their study of 96 breast cancer survivors who were in employment at the time of diagnosis, Villaverde et al. (2) found that 80% of the study participants were unable to work after diagnosis, 56% returned to work at the end of treatment, and 11% retired after completing treatment. Only one participant did not inform their employer or colleagues about their diagnosis, and while 29% noticed changes in their relationship with colleagues and managers, none reported job discrimination.

In a follow-up study on bladder cancer risk, Sorahan and colleagues (3) analysed new data on a cohort of workers employed at a chemical production factory manufacturing and using vulcanization inhibitors and accelerators, antioxidants, and many other proprietary products for the rubber industry. The previous study had concluded that cases of occupational bladder cancer had probably occurred in workers exposed to ortho-toluidine, phenyl-β-naphthylamine (PBN), aniline or 2-mercaptobenzothiazole (MBT) and that further studies on bladder cancer risks in relation to exposure to ortho-toluidine or PBN were required (4). The purpose of this new analysis was to discover whether the bladder cancer excess had persisted in the workers exposed in previous years to ortho-toluidine, PBN, aniline or MBT, and also to determine whether exposure to ortho-toluidine could be exclusively responsible for the excess. The study found a noticeable excess of bladder cancer mortality and incidence in workers exposed to one or more of MBT, PBN, ortho-toluidine or aniline, and the authors felt that some workers had suffered from occupational bladder cancer. They also found a significant positive trend of bladder cancer risk with cumulative duration of exposure to ortho-toluidine (with and without adjustment for the other three chemicals). The authors concluded that ortho-toluidine appeared to be a potent human bladder carcinogen.

Elsewhere in this issue, Wilson d’Almeida and colleagues (5) analysed sickness absence due to upper limb disorders (ULDs) in a French national power and gas company. The annual incidence of sickness absence due to ULDs was 6 episodes per 1000 person-years, and sickness absence incidence was higher for women and for blue-collar workers. Incidence also increased with age. The most common diagnoses resulting in sickness absence were rotator cuff syndrome followed by carpal tunnel syndrome (CTS), accounting for 33% and 16% of absences, respectively.

Finally, CTS was the subject of a study by Sperka et al. (6). In this study, the authors wanted to ascertain whether workers’ compensation status was an important determinant of outcome of CTS. This case referent study evaluated 46 cases (with CTS and making a workers’ compensation board claim) and 50 referents (with CTS but not making a claim). The study found that claimants had a worse outcome in terms of changing job or stopping work with time loss from work due to CTS. Furthermore, those making claims cost more to treat and reported greater loss in income than those not seeking compensation. The authors concluded that while data was limited, the results were suggestive of poorer outcome among workers’ compensation board claimants despite greater use of treatment and comparable severity of disease.

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References