In this issue of *Occupational Medicine*

Lead has been in use for thousands of years and the first descriptions of its toxic effects date back to the second century BC. Although lead poisoning is now rarely seen in developed countries, subclinical cases do occur and lead toxicity is not simply of historical interest. In this issue, Gidlow [1] reviews the latest evidence on the multisystem toxic effects of lead and highlights the narrow margin of safety between current occupational blood lead suspension limits and subclinical effects. He discusses current and future legislation for the protection of lead workers and argues that a major review of the regulations is warranted.

In contrast to this ‘classical occupational disease’ we publish research on the theme of the psychosocial impact of the work environment, a subject of considerable public and governmental interest particularly in the wake of economic recession. Simpson et al. [2] undertook a qualitative study using narrative interviews with users of a Fit for Work service who experienced mental ill-health. This revealed a cumulative pattern of multiple disruptive life events and whilst personal circumstances outside work were the primary underlying stressors in most cases it was an incident in the workplace which finally overwhelmed an employee’s ability to cope, triggering mental ill-health. The authors conclude that an individual’s experience of work-related ill-health can only be fully understood in the context of their biography, which may inform and shape their responses to current life events.

It is often difficult to judge whether mental health disorders have been caused by work or exacerbated by work-related factors. Wong et al. [3] tried to address this issue, conducting a 3-round Delphi study involving academics, occupational physicians, psychiatrists and psychologists. Consensus was reached for 11 workplace stressors and 7 personal factors to consider in deciding whether mental illness is attributable to work. A definition of occupational mental illness was agreed but not a threshold of work-relatedness.

Much has changed in Spain as a result of the recent economic crisis and Utzet et al. [4] consider the potential impact of the changes in the European labour market on the pace and impact of work. Traditionally there has been a high proportion of low-demand, low-control, passive work in Spain but Utzet and colleagues report an intensification of work, reduction in social support and a notable increase in exposure to high strain and iso-strain. They conclude that there is a need to improve the psychosocial environment at work in Spain, in order to improve the health of the working population and reduce social inequalities in employment conditions and in health.

Also of interest in this issue is the study by Notenbomer et al. [5] investigating the associations of work ability with frequent short-term, long-term and combined sickness absence. Using multinomial regression analysis they found that self-reported reduced work ability is associated with both frequent short-term and long-term sickness absence. They found an association between frequent sickness absence and work ability in relation to the demands of work, suggesting that frequent absentee take sick leave to recover from work pressures and that frequent sickness absence could be an indicator of work-related issues.

Finally, we have an examination of the possible benefits of height-adjustable workstations on improving sedentary behaviour in office workers. Despite the growing fashion for such adaptations to the work environment, Tew et al. [6] conclude that there is insufficient evidence to draw firm conclusions about the effect of height-adjustable workstations on sedentary behaviour and related health outcomes in office workers. They call for larger and longer term controlled studies.

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References