

Work in brief



Keith Palmer, Editor



COMPUTER USE AND ARM PAIN

Worldwide, hundreds of millions of people use computers at work, making use of the keyboard and mouse one of the commonest ergonomic exposures in modern workforces. IJmker *et al*¹ have undertaken a systematic review to investigate how duration of computer use relates to the incidence of arm and neck pain. Using standardised methods, several bibliographic databases were searched and relevant articles retrieved, summarised and assessed for methodological quality and the consistency of their findings. Moderate evidence was found that hand–arm symptoms become more common with mouse use, with a dose–response relationship; risk estimates were stronger for the distal arm than for the neck–shoulder region and stronger for duration of mouse use than for keyboard use. However, the authors highlight a relative scarcity of high quality studies with objective measures of time spent using different computer applications and argue that more are needed to define safe working limits.



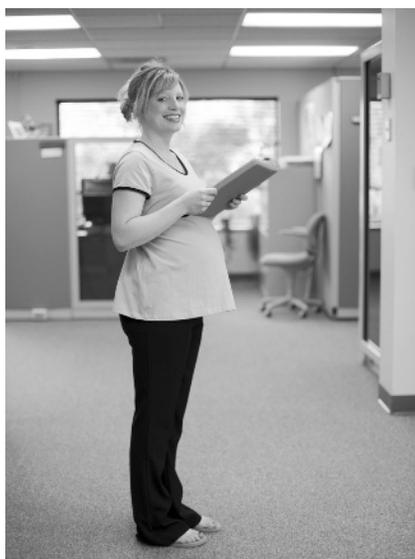
RECTAL CANCER AND METALWORKING FLUIDS

In the English Midlands, in the 1950s and 60s, machining fluids were a leading cause of scrotal cancer. More recently, a large cohort study of US automobile workers assessed mortality rates from other cancers and suggested that metalworking fluids increase the risk of rectal cancers, but not colon cancer. In this issue, Malloy *et al*² extend their analysis to specify the exposure–response relationship between straight metalworking fluids and rectal cancer, employing several statistical models and latency assumptions. They have found, with non-parametric smoothing of lagged exposures, stronger evidence for a causal association between straight metalworking fluids and rectal cancer than previously supposed from standard statistical methods. The relationship with cumulative exposure was close to linear and steeper with lagging. The study provides further evidence in relation to this hazard; the authors also suggest that smoothing should be applied routinely in dose–response analyses of this kind.



WHO WANTS A FLU JAB?

Since 2000, healthcare workers in the UK have been offered annual influenza vaccination, in an attempt to prevent sickness absence and improve patient protection. A survey by Smedley *et al*³ has assessed rates of uptake and attitudes of healthcare workers to the programme. Among over 6000 respondents, fewer than 1 in 5 took up immunisation during the winter of 2002/3. The most common motivator was belief in the vaccine's protective benefit, while demotivating factors included concerns about safety, scepticism regarding the vaccine's efficacy and lack of time to attend for vaccination. Few respondents cited protection of patients as a reason for compliance. The authors identify perception of a small benefit relative to risks as the major current obstacle to uptake and discuss alternative strategies for managing healthcare workers during epidemic periods.



ELSEWHERE IN THE JOURNAL

This month's Journal also includes a systematic review of physical hazards and adverse pregnancy outcomes,⁴ a hygiene survey concerning accidental transfer of laboratory animal allergens from the workplace to the home⁵ and a cohort study of risk factors for sick leave attributed to neck and back pain.⁶

REFERENCES

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- 4 Bonzini M, Coggon D, Palmer KT. Risk of prematurity, low birthweight and pre-eclampsia in relation to working hours and physical activities: a systematic review. *Occup Environ Med* 2007;**64**:228–43.
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