Work in brief

Keith Palmer, *Editor*

DIVISIONS WITHIN EUROPE

What to do when a European Directive and a set of ISO standards conflict with one another? This is the dilemma highlighted by Griffin's critical review (p. 387). The Directive in question concerns "minimum health and safety requirements for the exposure of workers to the risks arising from vibration", and provides both quantitative and qualitative guidance. The former, which is used to set exposure action and exposure limit values, appears to be based on existing International Standards for hand-transmitted (ISO 5349) and whole-body vibration (ISO 2631). But for short durations of exposure the two methods generate very different results. Griffin reports that for 10 minute exposures to whole-body vibration the r.m.s. exposure limit value is almost three times greater than its vibration dose value equivalent. He suggests that the exposure action and limit values in the Directive do not define safe exposures to vibration; and he recommends that it would be prudent normally, in planning preventive actions, to favour the qualitative guidance, which aims to minimise the risk where reasonably practicable.

MIND YOUR HEAD!

Work in the construction industry is relatively hazardous: but which causes of mortality are overrepresented? In the study by Arndt *et al* (p. 419), nearly 20 000 male construction workers, identified through occupational health examinations in 1986–92, underwent long term follow up to assess the question. Fatal injuries arising from falls and being struck by falling objects were identified as particular risks. Excess mortality arising from non-transport accidents was high for labourers, but lower among older workers. The risk of being killed by falling objects was increased fourfold among foreign workers and sixfold among labourers. The authors stress the need to reduce the fatal accident rate by targeting these high risk groups.

THE BENEFIT OF A NICE WORKPLACE

It is often reported that low-back pain is "multifactorial", as is back pain leading to sickness absence. Just how much other factors matter is underscored by a prospective study of Norwegian nursing aides conducted by Eriksen *et al* (p. 398). Associations with incident pain were found for physical characteristics such as patient handling and often-reported psychosocial factors like poor support from a senior. But lack of a pleasing and relaxing culture in the work unit, working night shifts, and employment in a nursing home were all linked with greater risks of incident back pain and related sickness absence.

JOB RETENTION AND BRAIN INJURY

It may be imagined that the serious event of traumatic brain injury would blight the employment prospects of a soldier in the British Armed Forces. Not necessarily, it seems. MacLeod *et al* (p. 414) measured job survival in army recruits who had suffered moderate to severe traumatic brain injury and compared them with other soldiers who had sustained a lower limb fracture or were otherwise healthy. Among younger subjects, those with traumatic brain injury remained in employment longer than healthy peers, although the reverse pattern was seen at older ages. Sheltered employment, the availability of support, and labour turnover may have contributed to some of the observed benefits, but the authors suggest there is also a significant unmet need for rehabilitation in selected groups.

AIRCRAFT NOISE NEAR SCHIPHOL AIRPORT

Nearly 12 000 residents living within 25 kilometres of Amsterdam's Schiphol airport were sampled by Franssen *et al* (p. 405) and asked about their health and use of medication. Subjects were selected in strata according to the distance of their home from the airport and the likely level of exposure to aircraft noise (modelled mathematically from hygiene data and summarised on a noise contour map). For each 10 dB(A) increase in L_{den} (a measure of daily equivalent sound level), the odds of taking non-prescribed sleep medication or sedatives was more than doubled, that of taking prescribed hypnotics was increased by 1.25-fold, and that of taking medication for cardiovascular disease or hypertension was raised 1.3-fold. Poorer self-rated health and impaired vitality were also associated with estimated exposure to aircraft noise. Significant effects were observed within and outside the governmentally noise regulated area proximate to the airport.

THE LUCK OF THE IRISH?

Daniels has produced a European league table of stress at work, following an international survey in which 11 000 subjects from 15 European countries completed a common panel of questions (see p. 467). In the 3rd European Survey of Working Conditions (2000) the number of work attributed stress symptoms per head was lowest in the Irish quota and highest in the Greek sample. British responders were ranked in the lower half of the distribution. French and Italian respondents were high up in the table. The figures, although compatible with preconceptions about "the famed luck of the Irish", more probably represent sociocultural differences in the acceptance, recognition, attribution, and self-reporting of occupational stress. Daniels identifies this as a problem when comparing results from stress surveys and surveillance schemes, and a possible barrier to preventive policy making.

"CHRONIC FATIGUE SYNDROME-LIKE CASENESS" IN THE MAASTRICHT COHORT

New data from the prospective Maastricht cohort study on Fatigue at Work (p. 464) highlight the relative frequency of "chronic fatigue-like caseness" (symptoms approximating to the CDC criteria for CFS) in the working population. Among some 5500 employees from a broad range of work sectors who participated in a baseline assessment and a later follow up, 3.6% fulfilled the case definition—much higher than prevalence of CFS (CDC definition) in previous surveys. The authors suggest that problems of chronic fatigue are under-diagnosed in the workforce.

ELSEWHERE IN THE JOURNAL

This month's journal also features reports on the changing trend in incidence of mesothelioma in the USA, as monitored by the Surveillance, and End Results (SEER) programme of the National Cancer Institute; a possible new toxic inhalation syndrome in blast furnace workers; and reports of an increased risk of lung cancer in the polyurethane foam industry, and upper aerodigestive tract cancers in automotive workers exposed to metal-working fluids.