

SHORT REPORT

Long term medical conditions: career prospects

B J Bateman, F Finlay

Occup Environ Med 2002;**59**:851–852

The purpose of this study was to gain employers' views on employment restrictions for young people with four medical conditions—asthma, epilepsy, attention deficit hyperactivity disorder (ADHD), and insulin dependent diabetes mellitus (IDDM).

METHODS

A questionnaire was sent to Directors of Occupational Health and Personnel of 15 national companies and recruitment offices of the Royal Navy, RAF, Army, and the police. Respondents were asked for details of policies for applicants with asthma, epilepsy, ADHD, and IDDM and potentially unsuitable jobs.

RESULTS

Response rate was 75%. Specific conditions will be considered separately.

Asthma

The Armed Forces had clear policies—asthma is generally incompatible with service requirements. Exceptions may be considered for those: (a) who have been asymptomatic during the previous four years; and (b) whose earlier symptoms did not require long term/maintenance therapy with theophyllines, nebulisers, or steroids, unless associated with a proven chest infection.

Only two companies had policies. Free text comments included: "our policy originally excluded asthmatics from soldering, but now asthmatics are not 'screened out' as proper extraction systems are in place"; "isocyanate spraying jobs are unsuitable".

Epilepsy

The Armed Forces have clear guidelines—those with epilepsy or those who have had more than one seizure after the age of 5 are unfit for enlistment. Those who have had a single seizure more than four years before entry, and are off treatment, may gain entry to a restricted number of trades, provided that there is no evidence of predisposition to epilepsy. Those who had febrile convulsions at less than 5 years of age, without subsequent seizures, may be enlisted in all trades.

Four companies had specific policies. Comments included: "certain jobs are excluded by law or 'common sense', e.g. heavy goods vehicle driver, work involving fast moving unguarded machinery"; "for jobs involving 'safety critical' work the risk of fits would have to be very low".

ADHD

The Armed Forces stated that candidates with hyperactivity, uncomplicated by violence or criminality, absent for more than two years without treatment, may be fit for enlistment.

Respondents from the police forces were unaware of candidates declaring ADHD, but stated that "psychiatric/developmental history is important in considering police recruits".

Although no company had an ADHD policy, several made comments: "I'm not sure how many would declare this"; "employment may depend on medication side effects".

IDDM

Individuals with IDDM are excluded from the Armed Forces and police. Only two companies had policies. Comments included: "some jobs are precluded by law, e.g. pilot, HGV driver, all other cases will be considered on their merits"; "consideration would be given to difficulties arising out of unsociable working".

DISCUSSION

Some medical conditions restrict employment choices; early advice may help career planning.¹ This is the rationale behind colour vision screening, but even this may not be done adequately. One respondent said: "one common pre-employment problem is colour blindness; in severe cases certain jobs are unsafe, e.g. electrician, or inappropriate, e.g. accurate colour matching—sadly a significant number are not advised that their choice of career may be restricted, so it may be a severe blow to be rejected".

Companies varied in their individual policies. Many referred to the Disability Discrimination Act (DDA)²: "the Disability Discrimination Act makes it legally necessary to consider all candidates, bearing in mind that most can be accommodated by making reasonable adjustment to the job". Exceptions quoted were asthmatics working with chemicals, or those with epilepsy working at heights.

Many respondents referred to the DVLA guidelines in relation to driving or jobs working with machinery.³ These guidelines produced for medical practitioners are sent to all doctors except paediatricians; they are not thought to need this information. Many paediatricians are unaware of regulations regarding group 2 vehicle licences—those with IDDM are excluded as are those with epilepsy until fit free for more than 10 years off treatment.

The Armed Forces have strict guidance for enlistment.⁴ Recruits must be fit to serve anywhere in the world, in all environments where medical care and drug supply may be limited. Their physicians encourage interested young people to personally contact them when making career decisions.

The police distinguish between employment of officers and support staff. There was variation between forces in policies. One excluded candidates using any inhalers, while others specified only steroid inhalers.

Respondents appeared currently unaware of potential employees declaring ADHD; as this condition is diagnosed

more frequently, inevitably it will need to be addressed. Approximately half of the young people diagnosed with ADHD will continue to have significant problems with concentration, impulsivity, and social interaction which may lead to work difficulties.⁵ There appears to be little guidance—ADHD is not indexed in the Royal College of Physicians, Faculty of Occupational Medicine textbook.⁶

As this study was in progress, “Connexions” was launched. This national government funded service (for 13–19 year olds) aims to identify barriers to progress in education and employment. Connexions personal advisors can make contact with employers who have specific enquiries, acting as advocates for young people (www.connexions.gov.uk).

Conclusion

The DDA² has made most civilian jobs accessible, but there remain significant restrictions in the Armed Forces and police. Paediatricians need training to fulfil two potential roles: as advocates nationally, lobbying to ensure that restrictions are based on evidence; and secondly to actively discuss career decisions with our patients. “Connexions” may be useful for this second role.

.....

Authors' affiliations

B J Bateman, F Finlay, Bath & North East Somerset Primary Care Trust, UK

Correspondence to: Dr B J Bateman, Child Health Department, Bath NHS House, Bath BA1 3QE, UK; belinda.bateman@banes-pct.nhs.uk

Accepted 8 May 2002

REFERENCES

- 1 **Hall DMB**. *Health for all children*, 3rd edn. Oxford: Oxford University Press, 1996.
- 2 *Disability Discrimination Act 1995* (c. 50). London: The Stationery Office, 1995.
- 3 **Drivers Medical Group**. “At a glance”. *Guide to the current medical standards of fitness to drive*. Swansea: DVLA, 2002.
- 4 **Finnegan TP**. Fifty years of PULHHEEMS—the British Army’s system of medical classification. *Ann Acad Med* 2001;**30**:556–7.
- 5 **Hechtman L**. Predictors of outcome in children with ADHD. *Pediatr Clin North Am* 1999;**46**:1039–53.
- 6 **Cox R**, Edwards F, Palmer K. *Fitness for work*. Oxford: Oxford University Press, 2002.

ECHO



Please visit the Occupational and Environmental Medicine website [www.occenvmed.com] for link to this full article.

Pacing predicts leaving work in ankylosing spondylitis

Patients with ankylosing spondylitis (AS) should benefit from better informed programmes to keep them working, thanks to a cross sectional study of risk factors for giving up work.

The survey showed that giving up work was not related to length of disease. Among 577 patients who had worked after the diagnosis, 156 (27%) stopped mostly for medical reasons, citing physical limitations (86%) and tiredness (77%). Greater disease activity, disability, different coping strategies (for pain, limitations, and dependency), and decreased overall wellbeing were among the contributory disease factors. Employment factors were industrial occupation; non-professional occupation; no specific job training; and physically demanding job; plus problems with access, mobility, more dependency on colleagues, and negative attitudes at work.

Multivariate analysis showed that pacing to cope with limitations was the most significant risk factor (73%), followed by seeking creative solutions to coping (36%), greater disease activity, greater age, and insufficient support at work. Conversely, technical or ergonomic changes could have saved 73% of withdrawals. Working in a company of over 100 employees and accepting dependency as a coping strategy meant less withdrawal from working.

The findings came from a self reported survey of 658 patients with AS, covering work, disease, function, quality of life, and coping strategies.

Widely varying employment rates are reported for patients with AS for 12 years or more, but no previous study has looked for an independent effect of length of disease and remaining in work. Other studies have included a smaller range of variables and only two have used multivariate analysis.

▲ *Annals of the Rheumatic Diseases* 2002;**61**:693–699.