

Work in brief



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PERSISTENT RISKS FROM ASBESTOS AND SMOKING

Substantial evidence suggests that the risk of lung cancer is magnified among individuals exposed to both tobacco smoke and asbestos. Previous studies have given inconsistent estimates of the strength of this interaction, possibly because of variation in several time related factors, such as cohort age, duration of follow up, and time since exposure, but findings reported by Reid *et al* from a study of Australian crocidolite miners and millers may help shed light on this question.¹ Among this mature cohort of 2935 workers who were last exposed to asbestos over 30 years ago, on average, 18% had never smoked and 40% had quit. With adjustment for asbestos exposure, the risk of lung cancer declined steeply with time since ceasing smoking. The relative effect of asbestos appeared to be greater among non-smokers relative to smokers, consistent with greater-than-additive interaction. Scientific and practical implications of the research are discussed in an accompanying comment by Case.²



HOW FREQUENT IS WORK RELATED EXACERBATION OF ASTHMA?

Workplace exacerbation of asthma is well known to occupational physicians, but reliable estimates of how often this occurs in the population are difficult to obtain. A study reported by Henneberger *et al* takes on this problem using data from asthmatic members of a large health care organisation, a standardised case definition and expert assessment of occupational exposure to irritants and sensitisers.³ About 60% of the men and 40% of the women were judged to have occupational exposures, and 23% had evidence of symptoms aggravated by work. Only 12% had a combination of symptoms and exposure consistent with strong indications of work relatedness, however. The authors conclude that workplace exacerbation of asthma symptoms is common and advise physicians to consider the occupations of people with asthma.



HOSPITALISATION FOR RESPIRATORY DISEASE AND ENVIRONMENTAL EXPOSURE AMONG CHILDREN

Farchi *et al* report results from a study of environmental exposures and respiratory diseases in children that is notable for having followed a cohort of 4000 Rome schoolchildren for five years, investigating the occurrence of hospitalisation for respiratory conditions in relation to indoor and outdoor exposures.⁴ Hospitalisation for all respiratory conditions in the children was associated with paternal, but not maternal, smoking, and upper respiratory infections were associated with traffic—notably heavy truck traffic—near the residence. A clear exposure-response relation was seen between NO₂ and both upper and lower respiratory infections.



ELSEWHERE IN THE JOURNAL

Other reports include findings of elevated risk of congenital malformations in offspring of male painters,⁵ two different approaches to predicting the occurrence of sickness absence,^{6,7} and evidence of excess lung cancer, but no dose-response relationship, among German workers exposed to carbon black.⁸

- 1 Reid A, de Klerk NH, Ambrosini GL, *et al*. The risk of lung cancer with increasing time since ceasing exposure to asbestos and quitting smoking. *Occup Environ Med* 2006;**63**:509–12.
- 2 Case BW. Asbestos, smoking, and lung cancer: interaction and attribution. *Occup Environ Med* 2006;**63**:507–8.
- 3 Henneberger PK, Derk SJ, Sama SR, *et al*. The frequency of workplace exacerbation among health maintenance organisation members with asthma. *Occup Environ Med* 2006;**63**:551–7.
- 4 Farchi S, Forastiere F, Cesaroni G, *et al*. Environmental exposures and hospitalisation for respiratory conditions in children: a five year follow up study in Rome, Italy. *Occup Environ Med* 2006;**63**:573–6.
- 5 Hooiveld M, Haveman W, Roskes K, *et al*. Adverse reproductive outcomes among male painters with occupational exposure to organic solvents. *Occup Environ Med* 2006;**63**:538–44.
- 6 Duijts SFA, Kant IJ, Landeweerd JA, *et al*. Prediction of sickness absence: development of a screening instrument. *Occup Environ Med* 2006;**63**:564–9.
- 7 Burdorf A, Jansen JP. Predicting the long term course of low back pain and its consequences for sickness absence and associated work disability. *Occup Environ Med* 2006;**63**:522–9.
- 8 Wellmann J, Weiland SK, Neiteler G, *et al*. Cancer mortality in German carbon black workers 1976–98. *Occup Environ Med* 2006;**63**:513–21.