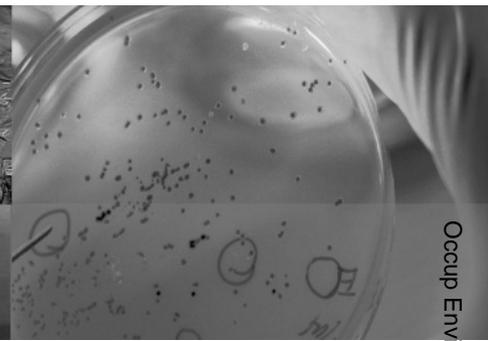


# Work in brief

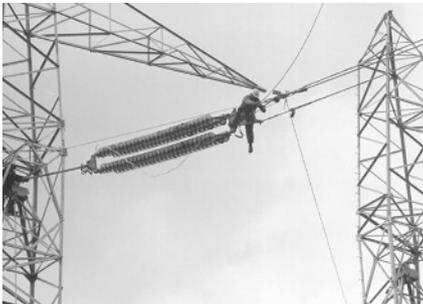


Keith Palmer, Editor



## SICKNESS ABSENCE AND THE YOUNGER WORKER

Sickness absence (non-attendance at work attributed to health complaints) is a complex phenomenon, influenced by many factors—demographic, socio-economic and related to work organisation and attitudes to work. Taimela *et al* have investigated the relation between self-reported health problems and sickness absence at differing ages in a cohort of Finnish workers in physical jobs.<sup>1</sup> Self-rated health and self-rated workability were associated with total duration of absence regardless of age, sex and occupational grade. Frequency of self-reported health problems rose as expected with age. However, a higher proportion of 18–30 year olds had sickness absence than 51–61 year olds—a “surprisingly high probability” of absence according to the authors, considering the reported better health of younger workers. As well as identifying individuals at higher risk of sickness absence, the study highlights a need to address psychosocial and behavioural differences between younger and older workers in the drive to reduce health-attributed absenteeism.



## CANCER IN THE DANISH UTILITY WORKER COHORT

Occupational exposure to extremely low-frequency electromagnetic fields (EMFs) has often been investigated for its potential to cause leukaemia and cancers of the brain and breast. The Danish Utility Worker Cohort, a case in point, has followed all workers at all 99 Danish electrical utility companies since the beginning of the past century. Johansen *et al* report an updated follow-up of this nationwide cohort.<sup>2</sup> Exposures to EMFs were classified by a job exposure matrix, comprising 25 distinct job titles in 19 work areas of the industry. Altogether, the 28 224 employees accrued over 640 000 person-years of follow-up (an average of 22.8 years). No important or consistently elevated risks were found in relation to these three cancers and the results do not support the hypothesis that EMFs cause excess risks of leukaemia or brain or breast cancer in the electric utility industry.



## RISK FACTORS FOR ALZHEIMER DISEASE

Alzheimer disease is the main cause of dementia in the elderly. As well as established non-work risk factors (eg age, sex and APOE4 genotype), much research attention has focused on putative occupational exposures—particularly pesticides, solvents, EMFs, lead and aluminium. To date, findings have been inconsistent. Santibáñez *et al* review the literature and seriously question its quality, highlighting several recurring limitations such as exposure and disease misclassification and a high potential for selection bias.<sup>3</sup> A particular problem arises from the (often necessary) use of surrogate information to reconstruct exposure histories. When restricting attention to the studies deemed to be of higher quality, the reviewers found most positive evidence in relation to pesticides. The authors discuss possible options for improving the evidence base.



## ELSEWHERE IN THE JOURNAL

This month's issue includes an analysis of how injury rates and injury types differ across direct care occupations,<sup>4</sup> a survey of fatigue among doctors and its impact on accident risk<sup>5</sup> and data on the projected incidence and future numbers of male mesothelioma cases in New South Wales, Australia.<sup>6</sup>

- 1 Taimela S, Läärä E, Malmivaara A, *et al*. Self-reported health problems and sickness absence in different age groups predominantly engaged in physical work. *Occup Environ Med* 2007;**64**:739–46.
- 2 Johansen C, Nielsen OR, Olsen JH, *et al*. Risk for leukaemia and brain and breast cancer among Danish utility workers: a second follow-up. *Occup Environ Med* 2007;**64**:782–4.
- 3 Santibáñez M, Bolumar F, García AM. Occupational risk factors in Alzheimer disease: a review assessing the quality of published epidemiological studies. *Occup Environ Med* 2007;**64**:723–32.
- 4 Alamgir H, Cvitkovich Y, Yu S, *et al*. Work-related injury among direct care occupations in British Columbia, Canada. *Occup Environ Med* 2007;**64**:769–75.
- 5 Gander P, Purnell H, Garden A, *et al*. Work patterns and fatigue-related risk among junior doctors. *Occup Environ Med* 2007;**64**:733–8.
- 6 Clements M, Berry G, Shi J, *et al*. Projected mesothelioma incidence in men in New South Wales, Australia. *Occup Environ Med* 2007;**64**:747–52.