Work in Brief

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Combining new tools with training may enhance ergonomic interventions

Promising interventions sometimes fail to get results if they aren't taken up. The importance of implementation is highlighted in a study on the effects of new methods in the flooring trade by Jensen and Friche.[1] Although tools allowing some tasks to be done while standing had been available previously, floor layers were more likely to use them after training and their use was sustained after 2 years of follow up. Workers who used the new methods for at least a year after training were also less likely to have severe knee complaints on follow-up. In a commentary, Roquelaure stresses the value of a long-term approach to intervention and suggests that the methods used with the floor layers could be applied elsewhere.[2]

Perception of low organisational justice and heavy drinking

New findings reported by Kouvonen *et al* may add to the accumulating evidence that injustice on the job can be bad for one's health.[3] The authors followed a large cohort of Finnish municipal employees for almost 4 years and found that those who perceived low procedural or interactional justice at baseline were about 20% more likely (after adjustment for sex, age, marital status and socioeconomic status) to engage in heavy drinking at follow up. Adjustment for other covariates weakened the association, particularly for interactional justice.

Exposure to air pollution and bladder cancer

The risk of bladder cancer is higher among smokers and some workers exposed to combustion products, so it is appropriate to ask whether exposure to urban air pollution could have similar effects. That hypothesis is examined in a large case-control study of bladder cancer and air pollution reported by Castaño-Vinyals *et al*.[4] The odds of bladder cancer were modestly increased with prolonged residence in a large city and with living near industries judged by experts to be sources of diesel exhaust or polycyclic aromatic hydrocarbons (odds ratios about 1.3). Other self-reported exposures were associated more weakly or unassociated with bladder cancer. Given the likely attenuation from measurement error, these results could motivate further investigation of a link between air pollution and bladder cancer.

Elsewhere in the Journal

Several papers in this issue explore methodological themes, including the use of administrative data on sickness absence as an indictor of disability pension,[5] the use of pharmacosurveillance methods for detecting emerging occupational diseases,[6] and the agreement between self-reported and recorded data on sickness absence.[7] Variation in the incidence of rhinitis among occupations,[8] the relationship of exposure to indium compounds and indicators of pulmonary disease[9] and exposures to inhalable beta glucans in bakeries[10] are investigated in other original research papers. Risk factors for osteoarthritis of the hip are also reviewed.[11]

References

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