

Computer use and neck–shoulder pain

Computer use is an important cause of chronic neck and shoulder pain—right? Wrong, according to a study by Andersen *et al* in this month's Journal.¹ Their survey collected data on mouse and keyboard usage and weekly reports of neck–shoulder pain among 2146 technical assistants. Risk of short-term pain increased by 4% (neck) to 10% (shoulder) per quartile of weekly mouse usage time. However, mouse and keyboard use did not predict the onset of prolonged chronic pain and the authors comment that most computer users have no (or little) neck or shoulder pain, few experienced prolonged pain and even fewer developed a chronic disorder.



Entrepreneurs—more driven but not happier?

Changes to modern work organisation have seen growing trends towards self-employment and entrepreneurial enterprise, with emphasis on outsourcing, subcontracting and franchising. To evaluate the impact of self-employment on health and well-being, Saarni *et al* surveyed a nationally representative population sample of over 5800 Fins aged 30–64 years using measures based on the work ability index and subjective quality of life (QoL) and health-related (HRQoL) scales.² Entrepreneurs scored better than salaried workers on workability, but fared no better in relation to QoL measures. One striking finding was the lower score of farmers on all measures. Further analysis did not suggest poor physical health as an explanation of the

findings. Saarni *et al* suggest that farmers should be categorised separately from other entrepreneurs in future research and may require particular psychological interventions to address their well-being problems.



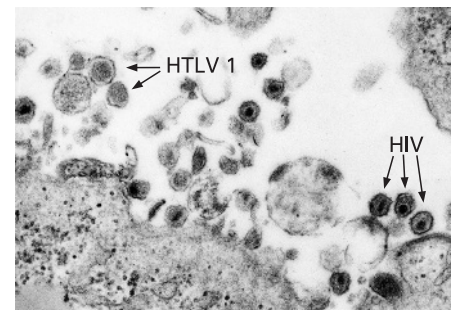
Sandstorms and hospital admissions

Although particulate air pollution is a cause of premature mortality and hospitalisation, its nature and so perhaps its associated risks are liable to vary geographically. In dust storms in Asia, for example, dust levels can rise up to 36-fold, whereas concentrations of ozone and sulphur dioxide may fall because of high wind speeds; sandstorm particles also tend to be coarser than particles generated by typical urban air pollution. Bell *et al* investigated hospital admissions for cardio-respiratory diseases in Taipei, Taiwan, during 1995 to 2002, with special reference to sandstorm indicators and more traditional pollutants.³ Hospital admissions for ischaemic heart disease were 16–21% higher on sandstorm days, while asthma admissions were also more common. Stroke admissions were associated with a high PM₁₀, assuming a 3-day lag. The authors call for more research to clarify the lag structure of effects.



HIV and discrimination in employment

Poor health is associated with poorer employment prospects, an inequality that may be exaggerated across the social class divide. Dray-Spira *et al* have explored employment discrimination in a nationally representative sample of people living with HIV in France.⁴ Among 478 participants in work at the time of diagnosis, 149 subsequently lost their jobs. Progression of HIV was associated with an increased risk of job loss in women (hazard ratio (HR) 4.45), but not among men; experience of HIV-related discrimination caused a greater risk of job loss in those with limited education (primary or secondary school level, HR 8.85), but not among those educated to a higher level. HIV increases a person's risk of job loss, but risks vary both by gender and socio-economic status and seem more likely to pick out the disadvantaged.



References

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3. Bell M L, Levy J K, Lin Z. The effect of sandstorms and air pollution on cause-specific hospital admissions in Taipei, Taiwan. *Occup Environ Med* 2008;**65**:103–10.
4. Dray-Spira R, Gueguen A, Lert F, *et al*. Disease severity, self-reported experience of workplace discrimination and employment loss during the course of chronic HIV disease: differences according to gender and education. *Occup Environ Med* 2008;**65**:111–18.