A prospective cohort study of 632 workers in Victoria, Australia, with an email address (n=324,653). All paid jobs of >6 months duration, were collated and coded. COPD was defined as self-reported breathlessness on exertion and confirmed by positive exposure-response trends, and in analyses restricted to never-smokers and never-asthmatics. In comparison with our findings for current occupation, some associations were confirmed (e.g. food/drink/tobacco processors: PR 1.86; 95% CI: 1.09–2.20; PR 1.70; 95% CI: 1.17–2.48) while others emerged (e.g. plastics processors: PR 1.86; 95% CI: 1.09–3.17; agriculture/fishing: PR 1.76; 95% CI: 1.22–2.55).

Background Occupational hazards are important, preventable causes of COPD but the high-risk occupations are uncertain. In an analysis of current occupation in the UK Biobank cohort we reported 14 jobs of increased risk (De Matteis, S. et al. SJWEH 2016). In 2016 we administered OSCAR to all UK Biobank participants with an email address (n=324,653). All paid jobs of >6 months duration, were collated and coded. COPD was defined as self-reported breathlessness on exertion and confirmed by positive exposure-response trends, and in analyses restricted to never-smokers and never-asthmatics. In comparison with our findings for current occupation, some associations were confirmed (e.g. food/drink/tobacco processors: PR 1.86; 95% CI: 1.09–2.48) while others emerged (e.g. plastics processors: PR 1.86; 95% CI: 1.09–3.17; agriculture/fishing: PR 1.76; 95% CI: 1.22–2.55).