chronic solvent encephalopathy, characterised by persistent neurocognitive symptoms, often leading to early retirement. Surprisingly, under detection of CSE occurs even in targeted health screens by occupational health services. The non-specific cognitive findings are challenging to interpret for clinicians and thus the improvement of protocols for the neuropsychological assessment are necessary. Not all exposed develop neurological dysfunction, does epigenetics reveal why neurobehavioural disorders develop. And finally, the question is addressed, does occupational solvent exposure increase the risk of neurodegenerative disease, such as Parkinson disease.

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Introduction

Under detection of occupational diseases is a global challenge (Samant, et al. 2015). Chronic Solvent Encephalopathy (CSE) is an occupational disease caused by long term occupational solvent exposure, and characterised by cognitive impairment. In Finland, occupational health services (OHS) screen exposed workers regularly in comprehensive mandatory health examinations with well instructed protocols. Despite the obligatory occupational health examination system, a recent screening project found 18 undetected CSE cases (Furu, et al. 2012, 2014). In the present study, we explored the reasons why health check based screening didn’t detect occupational CSE cases.

Methods

In this retrospective study, we collected and analysed the medical journals of the previously detected 18 new CSE cases. Information was gathered from occupational health care units, previous screening project files, and the outpatient clinic of Finnish Institute of Occupational Health. The patient journals are studied on the regularity, frequency, and content of the health checks, were they done by a nurse or a doctor, and how were the instructions about the content actualized. Also, was a suspicion of solvent effects or symptoms raised or if the diagnostic procedure had ceased in some stage.

Results and discussion

Our results show that health checks had concentrated on screening of common diseases like hypertension and overweight rather than occupational diseases. In addition, the recommended screening protocol was not always followed, and there seems also be lack of knowledge about CSE. These findings suggest that occupational diseases are under detected also in countries with advanced screening procedures.

REFERENCES