

Acute low back pain

This systematic review finds strong evidence that return to work (RTW) following acute lower back pain (LBP) is influenced by the worker's recovery expectations, injury severity, self-reported pain, modified duties, physical workplace factors, job satisfaction and choice of healthcare provider (type of treatment offered). There is moderate evidence that the psychosocial work environment and having made a previous claim influence RTW time. Depression is not a factor affecting RTW from acute LBP (though is a predictor for chronic back pain). Lifestyle factors, pain catastrophising and education (strong evidence) and the results of a clinical examination (moderate evidence) are not predictive of time away from work.

- *Systematic review of prognostic factors for workers' time away from work due to acute low-back pain. Toronto: Institute for Work and Health, 2011*
- www.iwh.on.ca/system/files/sys-reviews/sr_acute_lbp_2011.pdf

Partial return to work

A randomised controlled trial in the OH units of six employers demonstrates quicker return to work in employees suffering musculoskeletal pain if they are assigned to part-time absence rather than full sick leave. Sixty-three employees (97% female, mostly from healthcare or retail) were randomly assigned to full sick leave or part-time sick leave combined with part-time work and work modifications where necessary. The occupational physician also issued a 'fit note' indicating the duration of partial work disability and any required modifications. Time to sustained return to work for at least four weeks was shorter in the intervention group (median 12 days) than the controls (20 days) (adjusted hazard ratio = 1.76). Total sickness absence in the 12-month follow-up was 20% lower in the intervention group.

- *Scandinavian Journal of Work, Environment & Health 2011; online first: doi: 10.5271/sjweh.3258*
- http://www.sjweh.fi/show_abstract.php?abstract_id=3258

Does pain predict absence in healthcare workers?

A prospective cohort study involving nearly 9,000 healthcare workers involved in elderly care finds that pain in different body regions predicts future sickness absence. Chronic pain in the lower back (47% increased risk), neck and shoulder (60%) and knees (92%) were all significant risk factors for future long-term sickness absence during the 12-month follow-up (after adjusting for personal factors and psychosocial working conditions). Lower back pain did not remain as a significant risk factor after mutually adjusting for pain in other regions.

- *International archives of Occupational and Environmental Health 2011; online first: doi 10.1007/s00420-011-0709-5*
- <http://www.springerlink.com/content/878305u27q1473xl/>

Doctors' self medication

A systematic review of studies covering 28,000 physicians and medical students finds that self-treatment behaviour is 'strongly embedded' within doctors' culture. Self-prescription was reported by 76% of physicians and only 56% were registered with a general practitioner. The four key drivers for self-medication were: avoiding the patient role; self-treatment accepted as the norm; work performance or pressure to remain at work; and keeping personal health private. Doctors are more likely to make informal consultations with friends or colleagues than with GPs or hospital

consultants. One study found: 'Doctors perceive that patients and colleagues link good health with medical competence.'

- *Occupational Medicine* 2011; 61: 490–497.
- <http://occmmed.oxfordjournals.org/content/61/7/490.abstract>

Asbestos – lung impairment in absence of disease

A systematic review finds that occupational asbestos exposure causes restrictive as well as obstructive lung function impairment even when there is no sign of pleural fibrosis or disease. A meta-analysis covering data from nearly 10,000 workers finds statistically significant reductions in vital capacity (VC), forced expiratory volume (FEV) and FEV/VC, in both workers with and without radiological changes. Reduction in FEV and VC scores was greatest in those with asbestosis followed by those with pleural fibrosis.

- *Journal of Occupational Medicine and Toxicology* 2011; 6: 21.
- www.occup-med.com/content/6/1/21

Dermatitis in healthcare workers

A systematic review on the management of occupational dermatitis in healthcare workers finds a lack of high-quality evidence. There is consistent evidence for an increased risk of bacterial colonisation of skin affected by dermatitis but insufficient evidence on the risk of transmission to patients. There is some evidence that good hand care, including education, improves skin condition of those with dermatitis, and limited evidence that alcohol-based rubs are less damaging than antiseptic hand washes or soap. Early, aggressive management of dermatitis, plus restrictions on work with patients susceptible to infection are suggested.

- *Occupational & Environmental Medicine* 2011; online first: doi: 10.1136/oemed-2011-100315
- <http://oem.bmj.com/content/early/2011/10/27/oemed-2011-100315.abstract>

Mouldy workplaces

Damp and moisture damage in workplaces, public buildings and homes and has been associated with asthma symptoms and respiratory infections – a Finnish study, for example, identified mould as the most commonly reported cause of occupational asthma. This Cochrane systematic review finds only very low quality evidence that repairing mould-damaged office buildings reduces respiratory infections and asthma-related symptoms, and very low-quality evidence that 'profound remediation' of moisture-damaged schools does not reduce respiratory symptoms among school staff or schoolchildren. However, there is moderate quality evidence that remedial building work in houses reduces infections, asthma-related symptoms and use of asthma medication.

- *Cochrane Database of Systematic Reviews* 2011; 9: article number CD007897
- <http://www2.cochrane.org/reviews/en/ab007897.html>

Yoga v stretching for back pain

Physical activity involving stretching, regardless of whether it is achieved using yoga or more conventional exercises, has moderate benefits in individuals with chronic low back pain (LBP). Patients (n=228) were randomised into: yoga (12 weekly sessions); stretching (12 weekly sessions, including aerobic, strengthening and stretching exercises); and self-help (using a back pain guide). Back-related dysfunction declined significantly in all groups. Both the yoga and

stretching groups reported superior function at 12 and 26 weeks compared with the self-help group, but there were no differences in outcomes between the yoga and stretching groups.

- *Archives of Internal Medicine* 2011; online first: doi: 10.1001/archinternmed.2011.524
- <http://archinte.ama-assn.org/cgi/content/short/archinternmed.2011.524>

Does pain predict absence in general workers?

A prospective cohort study of more than 5,000 manual and white collar workers finds that low back pain and hand/wrist pain at baseline increases the risk of future long-term sickness absence (at least three consecutive weeks off work in the two year follow-up) by 30% and 49% respectively. However, neck and shoulder pain is a risk factor for white collar workers only (35% increased risk), and knee pain is not a significant factor for either group of workers.

- *Occupational & Environmental Medicine* 2011; 68: 590–592
- <http://oem.bmj.com/content/68/8/590.abstract>

Mental health and return to work

A systematic review of return to work (RTW) for workers with common mental health disorders identifies a lack of coordination between the different systems in the rehabilitation process – social insurance, mental healthcare and occupational rehabilitation. Eight medium or high quality studies were included in a ‘meta-synthesis’ – a systematic method of interpreting qualitative studies. Employees find it difficult to judge the appropriate time to return, and when they are back at work several factors impede their ability to implement planned RTW solutions. Individual factors include perfectionism, high sense of responsibility and low self-efficacy; work factors include lack of social support and organisational structures complicating the workplace adjustments and phased return. There is a tendency to rush to resume work tasks too quickly with little protection against exceeding work capacity.

- *Scandinavian Journal of Work, Environment & Health* 2011; online first: doi:10.5271/sjweh.3257
- www.sjweh.fi/show_abstract.php?abstract_id=3257