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Occupational Skin Disorders

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Consultations relating to

cutaneous disorders in 13 general practices

Range - 3% to 18.8%

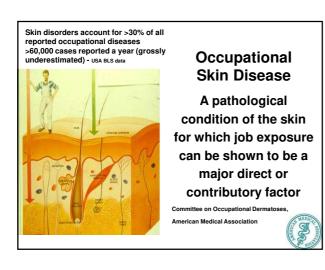
Mean - 8.4% Eczema - 22.5%

Infections - 20.3%

Benign tumours - 11.4%



Kerr, O. A., Tidman, M. J., Walker, J. J., Aldridge, R. D. and Benton, E. C. (2010), The profile of dermatological problems in primary care. Clinical and Experimental Dermatology, 35: 380–383.



2010 National Health Interview Survey Data

(27,157 adults, incl.17,524 current / recent workers)

Prevalence rate of dermatitis among current / recent workers

- 9.8% (range: 5.5–15.4%)

Represented 15.2 million workers with dermatitis

Luckhaupt, S. E., Dahlhamer, J. M., Ward, B. W., Sussell, A. L., Sweeney, M. H., Sestito, J. P. and Calvert, G. M. (2012), Prevalence of dermatitis in the working population, United States, 2010 National Health Interview Survey. Am. J. Ind. Med.. doi: 10.1002/ajim.22080



Among the Workers

- 5.6% of dermatitis cases

(9.2% among healthcare workers)

were attributed to work by health professionals

Work-related dermatitis prevalence based on the NHIS-OHS approx 100 X higher than incidence rates based on the BLS Survey of Occupational Illness and Injury

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Dermatitis Skin Inflammation

Redness, swelling, fluid filled blisters, oozing of this fluid

Scaling, cracking, fissuring

Thickening of skin, color changes



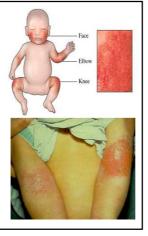


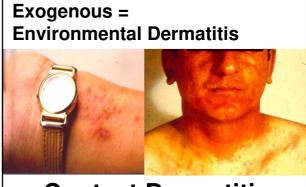


Dermatitis

Endogenous (eczemas) e.g. atopic, seborrhoeic, varicose, discoid

Exogenous (environmental) e.g. contact





Contact Dermatitis



Irritant Dermatitis Acute

Chronic - cumulative insult dermatitis to marginal irritants







Metalworking Fluid / Cutting Oil / Coolant

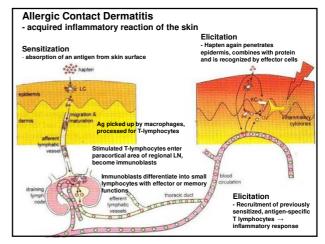
Common Skin Irritants

Coolants, metalworking fluids Alkalis (cement, ammonia), acids

Solvents, oils, greases Soap, detergent, water Dusts, resins, powders







Common Skin Allergens

Metals - nickel, chromate

Rubber compounds – accelerators, antioxidants, vulcanising agents

Fragrances

Preservatives

Plants and woods











Contact Dermatitis Is It Occupational ? Location of rash Work exposures / practice **Relation to holidays** Others affected ? Other exposures ?



FACTORS TO CONSIDER

- 1. Work Practices and Habits
- 2. Work cleaning practices
- 3. Protective Equipment
- 4. Other Environmental Factors e.g. domestic exposure, hobbies, treatment etc.
- 5. Individual susceptibility
- 6. Predisposing and aggravating factors - Lacerations, abrasions, humidity, heat









Skin Disorders Caused by Other Agents

Biological

- parasites, fungi, bacteria, viruses

Physical - heat, cold, vibration, radiation

Chemical - depigmenting, systemic effects









Preventive Strategies

- Remove / substitute
- Design / Engineering
- Washing Facilities
- Health Education
- General work environment
- Emollients
- Protective equipment
- Pre-placement examination
- Surveillance / notification





SUMMARY

Occup & Environ Skin Diseases are common

Most present as contact dermatitis on exposed areas, esp. of the hands (Irritant > Allergic)

Other types of OSD also present e.g. urticaria, biological & physical causes, cancer

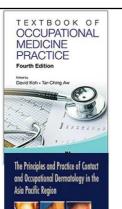
Be familiar with work exposures

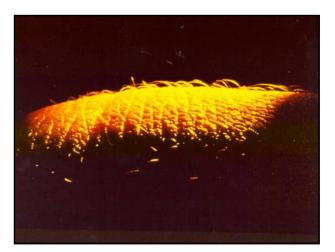
Think of prevention as well as treatment

The skin can also be a route of entry for toxins

Further Reading

- Koh D, Goh CL. Skin disorders. In: Koh D, TC Aw eds. Textbook of Occupational Medicine Practice, 4th Edn. Singapore: World Scientific; 2017. p 91-136.
- Principles and Practice of Contact and Occupational Dermatoses in the Asia-Pacific Region. Eds NG SK, Goh CL, Gan SL, Koh D, Leow YH. World Scientific 2001. ISBN 981024570X. pp 1-236.





NUS NUS Estimate of the incidence of OSD in Europe 0.7–1.5 cases per 1,000 per year higher rates in specific high risk occupational groups U.S. report (2004) - Burden of Skin Disease Study Diepgen TL. (2003) Occupational skin-disease data in Europe. Int Arch Occup Environ Health **76**(5): 331-338. - impact of US\$37 billion for 21 skin diseases - (including costs of physician visits, hospitalizations, missed work, and medications) UK - The Health and Occupation Reporting (THOR) network a voluntary surveillance scheme most reports of work-related skin disease were contact dermatitis Estimated burden from contact dermatitis - 72.29 million episodes - 9.2 million visits to clinics - Average annual incidence rates (per million) (2002-2005) For dermatologists - 91.3 [95% CI 81.8–101.1] or [0.09/1000] For occup physicians - 316.6 (95% CI 251.8–381.3) or [0.32/1000] - 1.6 million visits to emergency rooms costing about US\$1.918 billion Turner S, Carder M, van Tongeren M, McNamee R, Lines S, Hussey L, Bolton A, Beck MH, Wilkinson M, Agius R. (2007) The incidence of occupational skin disease as reported to The Health and Occupation Reporting (THOR) network between 2002 and 2005. Br J Dermatol 157(4):713-722. 20-25% of all reported OSD resulted in time lost from work Average of 10-12 lost work days per episode Turning Discovery into Health ina Discove into Health

NUS

Occupational Skin Disease and Quality of Life

- Study of >1,000 nurses in a university hospital
- 22% reported occurrence of hand eczema
- Hand eczema associated with :
 - : nursing for >10 years (27% prevalence)
 - : working in a special care unit (29% prevalence)
- Hand eczema associated with suboptimal life quality
- Pruritus or burning sensations associated with a lower quality of life

Lan CC, Feng WW, Lu YW, Wu CS, Hung ST, et al. (2008) Hand eczemä among University Hospital nursing staff: Identification of high-risk sector and impact on quality of life. *Contact Dermatitis* **59**(5): 301–306.

Turning Discovery into Healthier Communities