

OCCUPATIONAL Skin News

JANUARY EDITION 2006

Introduction

Occupational Skin News is a publication to keep you informed about the latest news on work-related skin disease in Australia. One of the five priorities in the NOHSC National OHS Strategy 2002-2012 is to prevent occupational disease more effectively. Understanding more about occupational contact dermatitis, which constitutes over 90% of all cases of occupational skin disease, will assist in the prevention of this often debilitating condition.

About our organisation

The Occupational Dermatology Research and Education Centre (ODREC) was established at the Skin and Cancer Foundation, Victoria in 2001, by Dr Rosemary Nixon, dermatologist and occupational physician and Ms Kath Frowen, occupational health nurse and researcher.

ODREC aims to reduce the incidence and impact of occupational contact dermatitis (OCD) in Australia and the objectives are:

- To understand the current situation concerning OCD in Australia and to establish an effective information base
- To educate at multiple levels in organisations, professions and specific workforces
- To become recognised as an advocate for the prevention

and reduction of cases of OCD with particular emphasis on legislative change.

In September 2001, ODREC received funding for five years from the Federal Department of Health and Ageing, to operate as the National Collaborative Centre for Research and Education into Occupational Contact Dermatitis. This has enabled the creation of a small, committed and focussed research group active in the area of occupational dermatitis. Currently there are six staff members (EFT 4.5), some of whom are also involved in the operation of the Occupational Dermatology Clinic. This clinic transferred from Monash Medical Centre to the Skin and Cancer Foundation in March, 2001. Over 2,000 patients have been assessed in this clinic, which has enabled the

establishment of a large database, providing a basis for research.

Current personnel are:

- Dr Rosemary Nixon, Director
- Ms Kath Frowen, Manager/ Researcher
- Ms Amanda Noonan, Health Promotion Officer
- Ms Veronica Finlay, Administration/ Data Entry
- Dr Jason Williams, Research Fellow
- Dermatology, Research Fellow

Occupational Dermatology Research and Education Centre (ODREC)

PO Box 132 Carlton South, Vic 3053

Ph. +61 3 9639 9633

Fax. +61 3 9639 9644

Email. admin@occdern.asn.au

Web. www.occdern.asn.au

OCCUPATIONAL Skin News

What is dermatitis?

Dermatitis means inflammation of the skin. Eczema is also a type of inflammation of the skin. Generally one is born with a tendency to develop eczema and it is often associated with asthma and hay fever, tending to run in families. Sometimes doctors use the words 'dermatitis' and 'eczema' to mean the same thing, which can be confusing.

What is contact dermatitis?

Contact dermatitis is a skin condition caused by external substances contacting the skin. The most common areas involved are the hands, although other areas may be affected, such as the arms, face, neck, legs and the feet.

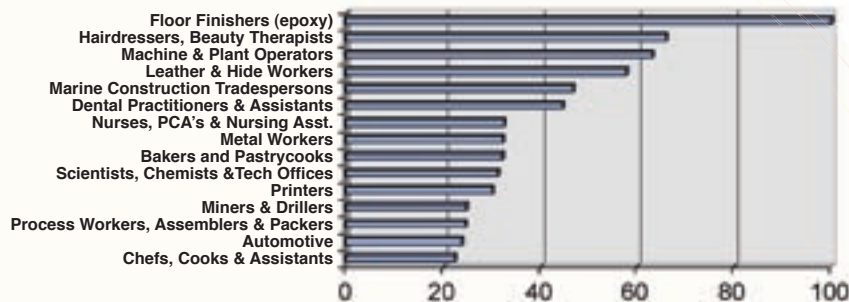
What does contact dermatitis look like?

- Dry, red and itchy skin
- Splitting and cracking of the skin
- Flaking and peeling
- Sometimes there are small blisters

High risk occupations

People working in some occupations are at a higher risk of developing dermatitis than others. According to our database, occupations at highest risk are shown in the graph below:

Rates of occupational contact dermatitis per 100,000 employees



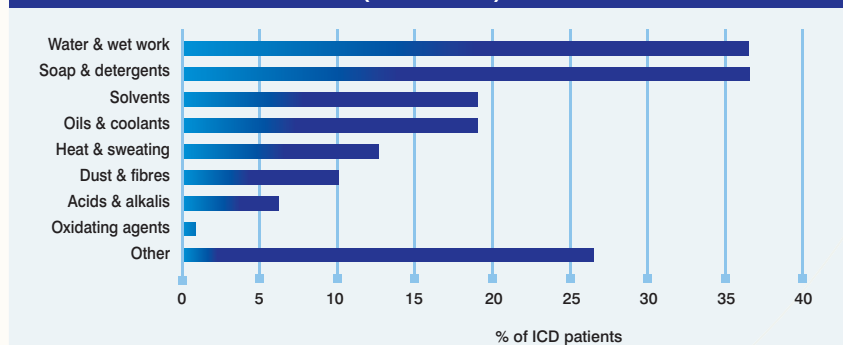
Types of dermatitis

There are 3 main types of contact dermatitis; irritant contact dermatitis, allergic contact dermatitis and contact urticaria.

What is irritant contact dermatitis?

Continual wetting and drying of the skin, as well as handling skin irritants will cause the skin to dry out. Dryness is the first sign that dermatitis is starting and will often begin in the web spaces between the fingers. See the graph below for the percentage of causes of irritant contact dermatitis.

CAUSES OF IRRITANT CONTACT DERMATITIS (% OF CASES)



Irritant contact dermatitis

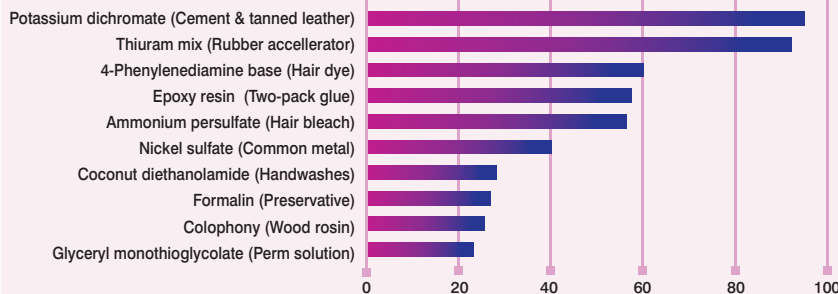
Usually irritant dermatitis builds up over time, following frequent periods of wet work and repeated contact with skin irritants. The skin may take many months to heal, even once it looks as if it has returned to normal.

What is allergic contact dermatitis?

Allergic contact dermatitis is caused by a specific allergy to something which touches the skin causing a delayed reaction. It is delayed because the rash may not develop for hours or days after contact. Allergic contact dermatitis is usually less common than irritant contact dermatitis. It does not occur the first time an individual is exposed to a product or substance. Unlike irritant contact dermatitis, which can happen to anyone, allergy occurs only in certain individuals, to certain chemicals. However the duration of skin contact and the concentration of the chemical are also important factors. It can develop at any time, often after years of using a product without problems.

Patch testing is a diagnostic test for allergic contact dermatitis. During the testing process, small amounts of diluted chemicals are placed on the back for two days. When the patches are removed, the extent of the reaction (a red, raised, itchy spot) is recorded. Another reading is performed two to three days later. The relevance of the reaction to the chemical needs to be assessed by an experienced dermatologist. See the ten common work-related allergens on next page.

10 MOST COMMON WORK-RELATED ALLERGENS OF PATIENTS WITH ALLERGIC CONTACT DERMATITIS



Allergic contact dermatitis

What is contact urticaria?

Contact urticaria may look similar to contact dermatitis, but it is an immediate skin reaction. It normally occurs within minutes of contact (normally within 30 minutes). The reaction is usually associated with intense itching and redness. Generally the skin settles back to normal a few hours after contact ceases, however it may evolve into dermatitis. Common causes of contact urticaria include contact with seafood, flour, latex gloves and hairdressers bleach. This type of reaction is assessed by blood tests (RAST) or by skin prick tests.

WHAT'S NEW in work-related dermatology?

SPOT (The incidence and prevalence rates for occupational contact dermatitis in an Australian suburban area)

The extent of cases of work-related contact dermatitis is not reflected in available statistics. This study aimed to collect and verify occupational contact dermatitis (OCD) reports/referrals and generate disease estimates for a defined geographical area in Melbourne, Australia. This study utilized reports from GPs and dermatologists. The incidence rate for confirmed cases of OCD was 20.5 per 100,000 workers. The 1-year-period prevalence rate was 34.5 per 100,000. In comparison, Victorian WorkCover datasets report a rate 6.55 per 100,000 workers. This is the first study to report rates of OCD in Australia.

Wet work guidance notes

Keep an eye out for the recently developed 'Guidance on the prevention of dermatitis caused by wet work.' These have been developed by ODREC and Office of the Australian Safety and Compensation Council (OASCC). These guidelines aim to

encourage employers and their employees to be more aware of wet work and what wet work can do to a person's skin. Excessive wet work leads to dermatitis and this can often be avoided with some careful planning in the workplace.

These guidance notes are expected to be available early in 2006. For more information visit www.occderm.asn.au or visit www.dewr.gov.au

Occupational contact dermatitis and workers' compensation

Under-reporting of occupational contact dermatitis to workers' compensation schemes is well known. This study aimed to develop an understanding of factors impacting upon the decision to claim or not. A group of patients diagnosed with significantly work-related contact dermatitis at our clinic in Melbourne participated.

Results showed only 40% of respondents had claimed. Factors such as gender, work influences and knowledge of the workers' compensation system were significantly related to lodging a

claim, as well as age of worker and duration of disease. Workers who received compensation were more likely to report improvement of their skin condition than workers who did not claim. One third of non-claimants did not know about the workers' compensation system or how to claim.

Work and Skin: Hairdressers Education Development (WASHED)

Occupational contact dermatitis is common amongst hairdressers. In this population-based study, 193 trainee hairdressers and 184 practicing hairdressers completed a questionnaire detailing their knowledge of skin hazards, problems experienced on the hands and the frequency and method of glove use.

The study highlighted that almost 60% of hairdressers and trainees had experienced changes on their hands since commencing hairdressing, while 29% had abnormal skin on examination on the day of participation. Knowledge of skin hazards was poor in both groups. While up to 70% of participants correctly identified hairdressing chemicals as potential skin hazards, less than 15% correctly identified the role of

wet work. Glove use was also found to be inadequate with poor work practices, in particular the re-use of disposable gloves.

As a result of these findings, educational resources were developed and circulated to all salons in Australia.



Skin@Work

Keep an eye out for the 'Skin@Work' kit which will be available to all secondary schools early 2006. The 'Skin@Work' education kit aims to raise awareness of potential work-related skin problems. Students are at greater risk of developing work-related

dermatitis if they have a personal or family history of eczema, asthma or hay fever.

The kit has been specifically designed and developed for career counsellors, and includes resources for students and their parents. Career counsellors have been targeted because they have an important role in advising students about their future job choice. The Skin@Work kit encourages career counsellors to talk about skin safety when counselling students.

RASH

(Resources About Skin Health)

ODREC is currently working on a training package to educate the workforce and students attending training institutions about OCD. Focus will be placed on appropriate ways to prevent this condition. The training package will be designed so it can be incorporated into OH&S components of training courses but also as part of updates on OH&S in the workplace.

The resource will be a 'train the trainer' style education tool, with comprehensive resources.

This project has received funding from OASCC and is in the early development phase. Expressions of interest would be welcome from potential stakeholders interested in joining the advisory committee for this project. For more information please contact Amanda Noonan or Kath Frowen on (03) 9639 9633.

Acknowledgement

The Occupational Dermatology Research and Education Centre is currently funded by the Australian Government Department of Health and Ageing as the National Collaborative Centre for Research and Education into Occupational Contact Dermatitis.

ODREC

presents a conference on
Occupational Contact Dermatitis:

Where are we now?

Friday May 12, 2006
9.00am - 5pm

Melbourne Exhibition
and Convention Centre,
Melbourne, Australia

The conference aims to summarise advances and achievements of the Centre during the last five years.

Keynote speaker:

Professor Linn Holness
Director, Gage Occupational and
Environmental Health Unit, St Michael's
Hospital, University of Toronto, Canada.

The Program will include updates on:

- Latest knowledge and international trends
- Diagnostic skills and important causes
- Available prevention and treatments
- Implementation and practical applications of advances in prevention

Expressions of interest for Registration Brochure:

Organising Secretariat - Heidi Murphy
Email: oceania@seronosymposia.org

Recent publications

Sakata S, Cahill J, Barton D, Nixon R. Occupational allergic contact dermatitis to Bisphenol F epoxy resin. *Aust J Dermatol* 2005; 46:90-92.

Cahill J, Keegel T, Dharmage S, Nugriaty D, Nixon R. Prognosis of contact dermatitis in epoxy resin workers. *Contact Dermatitis* 2005; 52:1-8.

Nixon R, Frowen K, Moyle M. Occupational dermatoses. *Australian Family Physician* 2005; 34:327-333.

Nixon RL, Frowen KE. Contact dermatitis and occupational skin disease. In: Marks R, editor. *MJA Practice Essentials: Dermatology*. 2nd edition. Sydney: Australasian Medical Publishing Company, 2005.

Keegel, Cahill, Noonan, Dharmage, Saunders, Frowen, Nixon. Incidence and prevalence rates for occupational contact dermatitis in an Australian

suburban area. *Contact Dermatitis* 2005; 52:254-9.

Opie J, Lee A, Frowen K, Fewings J, Nixon R. Foot dermatitis caused by the dye Basic Red 46 in acrylic-blend socks. *Contact Dermatitis* 2004; 49:297-303.

Cahill J, Keegel T, Nixon R. The prognosis of occupational contact dermatitis in 2004. *Contact Dermatitis* 2004; 51:219-226.

Sajjachareonpong P, Cahill J, Saunders H, Keegel T, Nixon R. Persistent post-occupational dermatitis. *Contact Dermatitis* 2004; 51:278-283.

Nixon R, Moyle M. Occupational contact dermatitis - How to treat. *Australian Doctor* Dec 2004; 27-34.

Further publications are available on our website

Next Edition

Material safety data sheets
- Epoxy resin - Quality of life and contact dermatitis - Skin care in the prevention of occupational contact dermatitis