

OCCUPATIONAL ASTHMA
Appendix 3
Patient / Worker Information Leaflet

Asthma is a common breathing problem, and the symptoms are normally cough, shortness of breath, chest tightness and wheeze. Most asthma starts in childhood, and is very easily treated with medication, normally with inhalers. People with asthma are generally thought to be more allergic to various allergens in the environment, such as grass, cat and dog hair and house dust mites.

The workplace can also contain substances that are an important cause of asthma in a number of adults asthma, and it has been estimated that as much as one case in ten of all asthma relates to harmful exposures in the workplace.

Common examples of jobs that can cause asthma are bakers (flour dust exposure), car body spray painters (isocyanates based paints) and laboratory workers who come in to contact with animals (such as rats and mice).

When asthma in an adult is thought to be due to work place substances, it is termed "occupational asthma". The symptoms of occupational asthma are the same as those caused by normal asthma, although workers may note that their asthma is worse at work, and improves on days off. Occupational asthma occurs normally following several months of work and exposure, although sometimes many years of work and exposure are required to cause asthma.

If you are exposed to any allergens in the workplace, your employer will normally have explained this to you when you started work, and may even have asked you to complete a brief health screen check, including breathing tests. It would be normal also for your employer to keep an eye on your breathing yearly, maybe by repeating a brief health screen and breathing tests, to make sure you are not developing asthma.

It is possible to help yourself by keeping an eye out for symptoms that may be early signs of occupational allergy and asthma. Typically, workers may first develop either problems with their nose (nasal symptoms) or breathing problems at work.

Nasal symptoms; allergens in the air are breathed in both through the mouth and nose. Because of this, nasal symptoms of allergen exposure are common, and are normally noticed as itching and running of the nose in the workplace. This might be an early sign of developing allergy, and should not be ignored. Indeed, if you develop allergic nose problems at work, you are more likely to go on and develop occupational asthma.

Of course, nasal symptoms are common in other conditions such as the common cold, and so it is only important to report these symptoms if they carry on for a few weeks.

Respiratory symptoms; allergens in the air are also breathed into the lungs, and typical symptoms of a developing allergy are shortness of breath, cough, chest tightness and wheeze.

Your employer should also make it clear to you who to report any of these symptoms to in the workplace. This may be the occupational health department, but could be a health and safety representative, or a responsible person in your work area. In addition, you will probably report symptoms like this to your nurse or GP.

It is always worth mentioning what you do for a job to your GP when they ask about your breathing, even if you do not have asthma and it is essential to mention your work to your GP if you have asthma, as your workplace may be harming you. If workers with occupational asthma continue to work in a harmful environment, their breathing can worsen.

Normally, further tests are required to decide if asthma is caused by work. These can include measuring how hard you can blow out, using a portable hand held peak flow meter, blood

tests or other breathing tests carried out at the hospital. Some of these tests can be carried out by your GP, although others may need to be done in hospital, when a specialist may be asked to see you.

If a diagnosis of occupational asthma is confirmed, it is likely that your employer may wish to alter your work environment, to stop exposing you to any harmful substances. This is the best approach to dealing with this condition, as continuing exposure does risk worsening of asthma, and severe attacks.

Workers have certain rights in law, and should be offered a clean and safe working environment, where all risks have been assessed and reduced where necessary. Workers who develop occupational asthma may be able to claim some form of compensation, and further information about this is potentially available from various sources including the Citizens' Advice Bureaux, the Department of Work and Pensions, and the Department of Social Security.

Useful sources of advice;

Workplace Health Connect;

<http://www.hse.gov.uk/workplacehealth/index.htm>

Health, work and well-being;

http://www.dwp.gov.uk/publications/dwp/2005/health_and_wellbeing.pdf

British Lung Foundation;

<http://www.lunguk.org/>

Health and Safety Executive (HSE) Homepage;

<http://www.hse.gov.uk/>

HSE asthma page;

<http://www.hse.gov.uk/asthma/index.htm>

British Occupational Health Research Foundation

<http://www.bohrf.org.uk/>

HSE infoline; 0845 345 0055

British Thoracic Society web site for asthma guidance

http://www.brit-thoracic.org.uk/Guidelinessince%201997_asthma_html