

## COMMENTARY

# Occupational Related Diseases: A Challenge for Primary Care?

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Despite occupational diseases constituting a group of specific clinical entities and although they are established in national and international regulations, these diseases still continue to be relatively unknown reality in Spain. Besides the characteristics common to these diseases (long latency period, non-specific clinical picture, concomitance between occupational and non-occupational factors, etc), contribute to this situation, and among other reasons the deficiencies in their detection and in their notification, means that the available data are limited and the information we handle is very poor.<sup>1</sup> It is clear that to have reliable information available is not only necessary to measure the magnitude of health disorders, but it is also fundamental to be able to prepare preventive, health care, and resource management strategies.

For this reason, it is very important that we have rigorous information available to know the state of the problem in question, as is presented in the article which accompanies this editorial comment.<sup>2</sup> The necessary information has to be obtained to analyse the impact of occupational diseases, to evaluate the load that there might be for the health services, and to develop preventive actions that are suitable and coherent with the nature and magnitude of the identified health problems.

Despite the limitations pointed out by the authors, the study provides measurements of the impact of occupational diseases in terms of prevalence and incidence, and among

## Key Points

- The estimation of occupational diseases from different notification systems highlights the size of the impact of these disorders on the working population and the magnitude of under-registering of these diseases as regards the official occupational diseases statistics.
- The occupational diseases with higher incidences and prevalences are also the main health problems seen by the primary care doctor.
- Occupational health teams need to be developed to help, in the primary care setting, identify these diseases and coordinate the actions of the different health care systems that care for occupational diseases.

them they highlight musculoskeletal diseases and mental disturbances. They also point out the magnitude of the under-registering that exists, by comparing officially notified occupational diseases with the estimates, which they establish as 75%, and that for determined disease groups, such as for example tumours or respiratory diseases it is above 99% and 95%, respectively. According to the data they present, the occupational diseases with higher estimated incidences and prevalences are also the prevalent problems seen by the family doctor, and are in turn the principal causes of temporary incapacity.<sup>3</sup>

If, as the data indicates, the working population have disorders associated with work, and these are not attributable to working conditions, the health care, and follow-up of these patients falls on the public health system and particularly primary health care. In this sense, the study carried out by the Servei Català de la Salut on occupational health problems and primary care in Catalonia showed that 49% of primary health care doctors had seen some cases of occupational diseases in the last 15 days and 68% had been in contact with specific occupational health units as a result of health problems observed in their patients.<sup>4</sup>

This article<sup>2</sup> suggests that, although the new table of occupational diseases has been published in Spain,<sup>5</sup> updating the regulations to the knowledge available, it is also true that operational aspects will have to be developed to ensure that the regulations are a really effective tool, in view of the magnitude of occupational diseases.

As regards the public health system doctors, it is established for the first time that when an occupational disease is detected, they may notify it to the competent organisation of their autonomous community. To develop specific applications in the age of the computerised clinical history, to speed up the temporary incapacity process procedures for determining an occupational disease or establish clinics with specialised services using dynamic teams, and that do not become a burden on health care activity, can be valid tools to put the objectives of the regulations into operation. On the other hand, the magnitude of occupational diseases requires establishing, where they do not exist, and consolidation, where they already function, occupational health teams which have as their aim to support primary care in the identification and confirmation of occupational diseases, and to make it easier to communicate and act between the universal primary health care system and the specific sub-system, made up of Work Accidents and Occupational Diseases Benefit or Insurance Societies, responsible for notifying, treating and providing the health and social services associated with occupational diseases.

If, until the coming into force of the current regulations on occupational diseases, the employer was the one who had to

notify the occupational disease, from the mentioned Decree, this function will fall to the Insurance or Benefit Society with whom the employer has taken out professional contingency cover (accidents at work and occupational diseases), which leads, as has been pointed out, to adapting of the mechanisms of these organisations to the needs arising from the new legal context.<sup>6</sup>

The need to quantify the impact of occupational diseases adequately, the magnitude of the under-registering of occupational diseases, and the resulting health care of these in the primary care setting, also highlight the need to have training programs in occupational health which, as has already been indicated recently in this publication,<sup>7</sup> have to make it easier to manage occupational diseases, both as a welfare problem and a public health problem.

In this sense, to improve the notification systems or to systematically prepare indicators, such as life expectancy free of incapacity or preventable mortality for determined occupational categories or for certain geographical environments, are some of the proposals that could emerge from the study being commented on. Because from the knowledge that can be provided by these lines of work could help progress towards improving working conditions, reducing the risks that these can create in the community, and achieving greater efficiency in our health care system as regards work related health disorders.

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