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[Scandinavian Journal of
Work Environment &
Health](#)

[Work & Stress](#)

Resumen de los artículos destacados

[Vangelova K, Deyanov C, Israel M. Cardiovascular risk in operators under radiofrequency electromagnetic radiation. Int J Hyg Environ Health. 2006; 209 \(2\): 133-138.](#)

The aim of the study was to assess the long-term effects of radiofrequency electromagnetic radiation (EMR) on the cardiovascular system. Two groups of exposed operators (49 broadcasting (BC) station and 61 TV station operators) and a control group of 110 radiorelay station operators, matched by sex and age, with similar job characteristics except for the radiofrequency EMR were studied. The EMR exposure was assessed and the time-weighted average (TWA) was calculated. The cardiovascular risk factors arterial pressure, lipid profile, body mass index, waist/hip ratio, smoking, and family history of cardiovascular disease were followed. The systolic and diastolic blood pressure (SBP and DBP), total cholesterol (TC) and low-density lipoprotein cholesterol (LDL-C) were significantly higher in the two exposed groups. It was found that the radiofrequency EMR exposure was associated with greater chance of becoming hypertensive and dyslipidemic. The stepwise multiple regression equations showed that the SBP and TWA predicted the high TC and high LDL-C, while the TC, age and abdominal obesity were predictors for high SBP and DBP. In conclusion, our data show that the radiofrequency EMR contributes to adverse effects on the cardiovascular system.

[Wieclaw J, Agerbo E, Mortensen PB, Bonde JP. Risk of affective and stress related disorders among employees in human service professions. Occup Environ Med. 2006; 63 \(5\): 314-319.](#)

Objectives: To examine the risk of affective and stress related disorders among men and women employed in human service professions. Methods: Population based case-control study using data from national registers. Cases (n = 28 971) were identified in the Danish Psychiatric Central Research Register among all hospitalised patients and outpatients aged 18-65 who received a first time ever diagnosis of affective (ICD-10, F30-39) or stress related (ICD-10, F40-48) disorder from 1 January 1995 to 31 December 1998. Each case was assigned five never admitted referents (n = 144 855) of the same gender and age, randomly drawn from a 5% sample of the Danish population obtained from Statistics Denmark's Integrated Database for Labour Market Research. Occupation held the year before matching was classified according to the Danish version of the International Classification of Occupation. Health care, education, social work, and customer services were defined as human service professions and constituted 21% of all employed in the study. Adjusted risks (hazard ratios) relative to all other occupations were calculated for 24 human service occupations. Results: The relative risk of depression in human service professions was 1.35 (95% CI 1.24 to 1.47) for women and 1.49 (95% CI 1.29 to 1.73) for men. The risk of stress was 1.18 (95% CI 1.11 to 1.26) for women and 1.49 (95% CI 1.32 to 1.67) for men. Specific professions contributed differentially to the magnitude of risk, with education and social services displaying the highest risks. No increase in risks was found in customer service occupations. Gender was a significant modifying factor with the highest risk levels in men. Conclusions: There was a consistent association between employment in human service occupations and the risk of affective and stress related disorders. Risks were highest for men working in these typically female professions. More work is needed to distinguish work hazards from effects attributable to selection mechanisms and personality characteristics.

[Daniell WE, Swan SS, McDaniel MM, Camp JE, Cohen MA, Stebbins JG. Noise exposure and hearing loss prevention programmes after 20 years of regulations in the United States. Occup Environ Med. 2006; 63 \(5\): 343-351.](#)

Objectives: To evaluate noise exposures and hearing loss prevention efforts in industries with relatively high rates of workers' compensation claims for hearing loss. Methods: Washington State workers' compensation records were used to identify up to 10 companies in each of eight industries. Each company (n = 76) was evaluated by a management interview, employee personal noise dosimetry (n = 983), and employee interviews (n = 1557). Results: Full-shift average exposures were ≥ 85 dBA for 50% of monitored employees, using Occupational Safety and Health Administration (OSHA) parameters with a 5 dB exchange rate (Lave), but 74% were ≥ 85 dBA using a 3 dB exchange rate (Leq). Only 14% had Lave ≥ 90 dBA, but 42% had Leq ≥ 90 dBA. Most companies conducted noise measurements, but most kept no records, and consideration of noise controls was low in all industries. Hearing loss prevention programmes were commonly incomplete. Management interview scores (higher score = more complete programme) showed significant associations with percentage of employees having Lave ≥ 85 dBA and presence of a union (multiple linear regression; $R^2 = 0.24$). Overall, 62% of interviewed employees reported always using hearing protection when exposed. Protector use showed significant associations with percentage of employees specifically required to use protection, management score, and average employee time spent ≥ 95 dBA ($R^2 = 0.65$). Conclusions: The findings raise serious concerns about the adequacy of prevention, regulation, and enforcement strategies in the United States. The percentage of workers with excessive exposure was 1.5-3 times higher using a 3 dB exchange rate instead of the OSHA specified 5 dB exchange rate. Most companies gave limited or no attention to noise controls and relied primarily on hearing protection to prevent hearing loss; yet 38% of employees did not use protectors routinely. Protector use was highest when hearing loss prevention programmes were most complete, indicating that under-use of protection was, in some substantial part, attributable to incomplete or inadequate company efforts.

[Goldberg M, Imbernon E, Rolland P, Soit Ilg AG, Saves M, Quillacq A, et. al. The French National Mesothelioma Surveillance Program.](#)

Objectives: The French National Mesothelioma Surveillance Program (NMSP) was established in 1998 by the National Institute for Health Surveillance (InVS). Its objectives are to estimate the trends in mesothelioma incidence and the proportion attributable to occupational asbestos exposure, to help improve its pathology diagnosis, to assess its compensation as an occupational disease, and to contribute to research. Methods: The NMSP records incident pleural tumours in 21 French districts that cover a population of approximately 16 million people (a quarter of the French population). A standardised procedure of pathological and clinical diagnosis ascertainment is used. Lifetime exposure to asbestos and to other factors (man made mineral fibres, ionising radiation, SV40 virus) is reconstructed, and a case-control study was also conducted. The proportion of mesothelioma compensated as an occupational disease was assessed. Results: Depending on the hypothesis, the estimated number of incident cases in 1998 ranged from 660 to 761 (women: 127 to 146; men: 533 to 615). Among men, the industries with the highest risks of mesothelioma are construction and ship repair, asbestos industry, and manufacture of metal construction materials; the occupations at highest risk are plumbers, pipe-fitters, and sheet-metal workers. The attributable risk fraction for occupational asbestos exposure in men was 83.2% (95% CI 76.8 to 89.6). The initial pathologist's diagnosis was confirmed in 67% of cases, ruled out in 13%, and left uncertain in the others; for half of the latter, the clinical findings supported a mesothelioma diagnosis. In all, 62% applied for designation of an occupational disease, and 91% of these were receiving workers' compensation. Conclusions: The NMSP is a large scale epidemiological surveillance system with several original aspects, providing important information to improve the knowledge of malignant pleural mesothelioma, such as monitoring the evolution of its incidence, of high risk occupations and economic sectors, and improving pathology techniques.

[Benavides FG, Benach J, Muntaner C, Delclos GL, Catot N, Amable M. Associations between temporary employment and occupational injury: what are the mechanisms? Occup Environ Med. 2006; 63 \(6\): 416-421.](#)

Objective: To determine whether observed higher risks of occupational injury among temporary workers are due to exposure to hazardous working conditions and/or to lack of job experience level. Methods: Data systematically recorded for 2000 and 2001 by the Spanish Ministry of Labour and Social Affairs on fatal and non-fatal traumatic occupational injuries were examined by type of employment and type of accident, while adjusting for gender, age, occupation, and length of employment in the company. In the study period there were 1500 fatal and 1 806 532 non-fatal traumatic occupational injuries that occurred at the workplace. Incidence rates and rate ratios (RR) were estimated using Poisson regression models. Results: Temporary workers showed a rate ratio of 2.94 for non-fatal occupational injuries (95% CI 2.40 to 3.61) and 2.54 for fatal occupational injuries (95% CI 1.88 to 3.42). When these associations were adjusted by gender, age, occupation, and especially length of employment, they lose statistical significance: 1.05 (95% CI 0.97 to 1.12) for non-fatal and 1.07 (95% CI 0.91 to 1.26) for fatal. Conclusions: Lower job experience and knowledge of workplace hazards, measured by length of employment, is a possible mechanism to explain the consistent association between temporary workers and occupational injury. The role of working conditions associated with temporary jobs should be assessed more specifically.