OBJECTIVES: I examined whether unemployment while looking for a job and being out of the labor force while not seeking work have distinct effects on symptoms of depression among young women and men in the United States. I also investigated whether past unemployment duration predicts depressive symptoms. METHODS: I used ordinary least squares regression to analyze data from the 1979-1994 National Longitudinal Survey of Youth. RESULTS: Cross-sectional results suggested that current unemployment status and out-of-the-labor-force status were significantly associated with depressive symptoms at ages 29 through 37 years. The association between being out of the labor force and depressive symptoms was stronger for men. Longitudinal results revealed that past unemployment duration across 15 years of the transition to adulthood significantly predicted depressive symptoms, net of demographics, family background, current socioeconomic status, and prior depressive symptoms. However, duration out of the labor force did not predict depressive symptoms. CONCLUSIONS: Longer durations of unemployment predict higher levels of depressive symptoms among young adults. Future research should measure duration longitudinally and distinguish unemployment from being out of the labor force to advance our understanding of socioeconomic mental health disparities.

PMID: 19696382 [PubMed - indexed for MEDLINE]

To obtain reliable information on commercial sexual exploitation of minor girls under the age of 21, a multifocal, exploratory and prospective study in Cameroon was undertaken. This investigation was initiated and funded by the Cercle International pour la Promotion de la Création (CIPCRE) and carried out by the Cameroon Society for the Prevention of Child Abuse and Neglect (CASPCAN). The survey was performed during the last quarter of year 2004 in four major cities of Cameroon, i.e. Yaoundé, Douala, Bamenda and Bafoussam. Of the 800 questionnaires that were distributed, 722 were considered as suitable for analysis (90.3%). A total of 291 minor girls were victims of commercial sexual exploitation, i.e., 40% of the population studied. The mean age of the victims was 16.6 years (range, 9-20 years). The main reason given for entering prostitution was poverty. The victims were fairly well educated but the level of instruction was not sufficient to find a job paying an income comparable to prostitution. Many were from large families (mean, 7.1 children). The victims' family was monogamous in 40.2% of cases, polygamous in 24.4%, and monoparental in 35.4%. Eighty percent of the victims already had run away from home at least once.
due to problems in their families ranging from severe corporal punishment (25.8%) and mistreatment linked to parental alcohol and drug abuse to forced early marriage (27.5%) and intrafamilial sexual abuse. A large proportion of the victims (36.4%) were mothers who could not attend school and could not find work. Many victims were completely neglected by their own parents with 43.4% of parents being aware of the activities of their daughters but only 10.6% being opposed to it. Most (78.5%) had good knowledge of the risk of HIV and used condoms regular. These results confirms the general hypothesis of the authors that commercial exploitation of minor girls is widespread in Cameroon. The authors recommend development of a national program to combat this plight.

PMID: 19499745 [PubMed - indexed for MEDLINE]


Changes in perceived job strain and the risk of major depression: results from a population-based longitudinal study.

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Comment in:

Major depression is a prevalent mental disorder in the working population. Improving the work environment may reduce the risk of major depression. The authors examined data from the longitudinal cohort of the Canadian National Population Health Survey from 1994-1995 to 2004-2005. Survey participants were classified into 4 groups by changes in job strain status from 1994-1995 to 2000-2001 (no change in low job strain, no change in high job strain, changing from high to low job strain, and changing from low to high job strain). The incidence proportion of major depressive episodes in each of the 4 groups was 4.0%, 8.0%, 4.4%, and 6.9%, respectively. Participants who reported a change from high to low job strain had a risk of major depression similar to those exposed to persistently low job strain. Among those exposed to persistent high job strain, only participants who reported good or excellent health at baseline had a higher risk of major depression, but those who reported fair or poor health did not. Reducing job strain may have positive impacts on the risk of depression. Self-rated health is a strong predictor of depression and plays an important role in the relation between job strain and depression.

PMID: 19318611 [PubMed - indexed for MEDLINE]


A multi-group cross-lagged analyses of work stressors and health using Canadian National sample.

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This article examines the reciprocal relationships between work variables and health outcomes and if these relationships differ by social class (measured by occupational grouping). We used longitudinal data from the 1994/95--2002/03 Canadian National Population Health Survey (NPHS). Karasek's work stress variables were measured in the 1994/95 (cycle 1, time 1), 2000/01 (cycle 4, time 2) and 2002/03 (cycle 5, time 3) surveys. Analyses were limited to 2556
respondents aged 18-56 at time 1 and who remained in the same social class (as defined by occupational position) for all the three time points. Work variables used were job strain ratio, work social support and job insecurity. Health outcomes used were distress, depression and self-rated health. Multi-group path analyses were used to investigate the reciprocal relationships between work and health variables and if these relationships differed by social class. Analyses controlled for age, gender, marital status and work status. We find there is a differential burden of work psychosocial factors and health outcomes by social class. The cross-lagged relationships between work and health depended on the outcome, social class and time lag. More significant paths from work to health were observed than reverse paths from health to work. More significant relationships between work and health were observed for the shorter time lag (2 years) compared to longer time lags (6 years). Low work social support and job insecurity were more detrimental to health for respondents in lower social class positions. Findings from this study highlight the importance of time lag, and to some extent social class, in the reciprocal relationships between work and health.

PMID: 19010577 [PubMed - indexed for MEDLINE]


How the rich (and happy) get richer (and happier): relationship of core self-evaluations to trajectories in attaining work success.

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In this study, the authors linked core self-evaluations to job and work success. Utilizing a dynamic design from participants in the National Longitudinal Surveys of Youth (NLSY79), core self-evaluations were hypothesized to predict individuals' intercepts (starting levels of success), and their growth trajectories (slope of individuals' success over time) with respect to job satisfaction, pay, and occupational status. Results indicated that higher core self-evaluations were associated with both higher initial levels of work success and steeper work success trajectories. Education and health problems that interfere with work mediated a portion of the hypothesized relationships, suggesting that individuals with high core self-evaluations have more ascendant jobs and careers, in part, because they are more apt to pursue further education and maintain better health.

PMID: 18642988 [PubMed - indexed for MEDLINE]


Advances in Exponential Random Graph (p*) Models Applied to a Large Social Network.

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Recent advances in statistical network analysis based on the family of exponential random graph (ERG) models have greatly improved our ability to conduct inference on dependence in large social networks (Snijders 2002, Pattison and Robins 2002, Handcock 2002, Handcock 2003, Snijders et al. 2006, Hunter et al. 2005, Goodreau et al. 2005, previous papers this issue). This paper applies advances in both model parameterizations and computational algorithms to an
examination of the structure observed in an adolescent friendship network of 1,681 actors from the National Longitudinal Study of Adolescent Health (AddHealth). ERG models of social network structure are fit using the R package statnet, and their adequacy assessed through comparison of model predictions with the observed data for higher-order network statistics. For this friendship network, the commonly used model of Markov dependence leads to the problems of degeneracy discussed by Handcock (2002, 2003). On the other hand, model parameterizations introduced by Snijders et al (2006) and Hunter and Handcock (2006) avoid degeneracy and provide reasonable fit to the data. Degree-only models did a poor job of capturing observed network structure; those that did best included terms both for heterogeneous mixing on exogenous attributes (grade and self-reported race) as well as endogenous clustering. Networks simulated from this model were largely consistent with the observed network on multiple higher-order network statistics, including the number of triangles, the size of the largest component, the overall reachability, the distribution of geodesic distances, the degree distribution, and the shared partner distribution. The ability to fit such models to large datasets and to make inference about the underlying processes generating the network represents a major advance in the field of statistical network analysis.

PMCID: PMC2031833
PMID: 18449326 [PubMed]

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OBJECTIVE: To describe the epidemiology of genital Chlamydia trachomatis infections among men in the United States. STUDY DESIGN: Data from the notifiable disease case surveillance system, the National Health and Nutrition Examination Survey (NHANES), the National Longitudinal Study of Adolescent Health (AddHealth), the National Job Training Program, the Men Having Sex with Men (MSM) Prevalence Monitoring Project, and adult and juvenile corrections facilities were used to summarize national chlamydia case and prevalence rates. Data were stratified by age and race/ethnicity. RESULTS: In 2005, 232,781 chlamydia cases among men were reported, corresponding to a rate of 161.1 cases per 100,000 men, an increase of 43.5% compared with the case rate in 2001 (112.3). Population-based chlamydia prevalence rates from NHANES (1999-2002) were highest among men aged 20 to 29 years (3.2%); men aged 18 to 26 years participating in AddHealth (2001-2002) had a 3.7% prevalence rate. Rates were highest among black men in both NHANES (5.3%) and AddHealth (11.1%). The prevalence rate among men (aged 16-24 years) participating in the National Job Training Program was 8.1%. Among MSM, the 2005 median urethral chlamydia prevalence rate was 6%. Overall, chlamydia rates were highest in adult corrections facilities; the 2005 positivity rate among men aged 21 to 25 years was 7.8%. In juvenile corrections facilities, the 2005 positivity rate among men aged 15 to 17 years was 6.7%. CONCLUSIONS: Rates of genital C. trachomatis infections among men are persistently high, particularly among men entering the National Job Training Program and men in corrections facilities. The burden of disease is generally highest among young men and black men.

PMID: 18418299 [PubMed - indexed for MEDLINE]

Association of physical job demands, smoking and alcohol abuse with subsequent premature mortality: a 9-year follow-up population-based study.
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This study assessed the relationships of physical job demands (PJD), smoking, and alcohol abuse, with premature mortality before age 70 (PM-70) among the working or inactive population. The sample included 4,268 subjects aged 15 or more randomly selected in north-eastern France. They completed a mailed questionnaire (birth date, sex, weight, height, job, PJD, smoking habit, alcohol abuse (Deta questionnaire)) in 1996 and were followed for mortality until 2004 (9 yr). PJD score was defined by the cumulative number of the following high job demands at work: hammer, vibrating platform, pneumatic tools, other vibrating hand tools, screwdriver, handling objects, awkward posture, tasks at heights, machine tools, pace, working on a production line, standing about and walking. The data were analyzed using the Poisson regression model. Those with PM-70 were 126 (3.81 per 1,000 person-years). The leading causes of death were cancers (46.4% in men, 57.1% in women), cardiovascular diseases (20.2% and 11.9%), suicide (9.5% and 7.1%), respiratory diseases (6.0% and 4.8%), and digestive diseases (2.4% and 4.8%). PJD3, smoker, and alcohol abuse had adjusted risk ratios of 1.71 (95% CI 1.02-2.88), 1.76 (1.08-2.88), and 2.07 (1.31-3.26) respectively for all-cause mortality. Manual workers had a risk ratio of 1.84 (1.00-3.37) compared to the higher socio-economic classes. The men had a two-fold higher mortality rate than the women; this difference became non-significant when controlling for job, PJD, smoker and alcohol abuse. For cancer mortality the factors PJD3, smoker, and alcohol abuse had adjusted risk ratios of 2.00 (1.00-3.99), 2.34 (1.19-4.63), and 2.22 (1.17-4.20), respectively. Health promotion efforts should be directed at structural measures of task redesign and they should also concern lifestyle.

PMID: 18285642 [PubMed - indexed for MEDLINE]


Job strain, life events, and sickness absence: a longitudinal cohort study in a random population sample.

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OBJECTIVE: To examine job strain, adverse life events, and their co-occurrence as predictors of sickness absence. METHODS: Random sample-based mail survey data on 1806 Finns in gainful employment were linked to sickness absence records (1987-1998) from national health registers. Generalized linear models with negative binomial distribution assumption were applied. RESULTS: After adjustment for demographic characteristics and health behavior, job strain (rate ratio [RR] 1.73; 95% confidence interval [CI] = 1.21-2.48), but not life events, independently predicted increased rate of sickness absence among men. The opposite was true for women, (RR for life events 1.39; 95% CI = 1.10-1.75). No statistically significant interaction between job strain and life events was detected. CONCLUSION: In addition to job strain, strain originating in private life should be kept in mind when the need for sickness absence of women employees is evaluated within health care.

PMID: 17848855 [PubMed - indexed for MEDLINE]
OBJECTIVES: To examine the influence of an airway diagnosis in adolescence on future health and occupation in Swedish men. METHODS: Data were collected from the linkage of four Swedish national registers: the Military Service Conscription Register, the Population and Housing Censuses, the Inpatient Care Register and the National Cause of Death Register. A job-exposure matrix for airway-irritating substances was developed for application on the conscription cohort. The cohort included 49 321 Swedish men born 1949-51. Three groups—(1) healthy, (2) asthmatics (mild and severe asthma) and (3) subjects with allergic rhinitis without concurrent asthma—were identified at conscription and analysed for mortality, in-patient care and strategies for choice of occupation with emphasis on airway-irritating job exposure. Analyses were adjusted for smoking and childhood socioeconomic position. RESULTS: The prevalence of total asthma was 1.8%, severe asthma 0.45% and allergic rhinitis 2.7%. Mortality for all causes was significantly higher in total asthma, hazard ratio (HR) 1.49 (95% CI 1.00 to 2.23), and lower in allergic rhinitis, HR 0.52 (95% CI 0.30 to 0.91). Asthma was a risk factor for inpatient care while allergic rhinitis was associated with less in-patient care (odds ratio (OR) for total asthma 1.16 (95% CI 1.00 to 1.34), severe asthma 1.38 (95% CI 1.04 to 1.85), allergic rhinitis 0.92 (95% CI 0.82 to 1.03)). Those with asthma tended to avoid jobs with a high probability for airway-irritating exposure (OR 0.88, 95% CI 0.71 to 1.09), but not to the same extent as subjects with allergic rhinitis (OR 0.58, 95% CI 0.47 to 0.70) (ORs from 1990). CONCLUSION: Subjects with asthma did not change their exposure situation to the same extent as subjects with allergic rhinitis. Further, asthmatics had an increased risk for morbidity and mortality compared to healthy subjects and subjects with allergic rhinitis.

PMID: 17681997 [PubMed - indexed for MEDLINE]


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AIM: The aim of this study was to identify who is at risk for long-term sickness absence according to occupation, gender, education, age, business sector, agency size and ownership. METHODS: The study is based on a sample of 5357 employees aged 18-69, interviewed in 2000. The cohort was followed up in a national register from January 1st 2001 to June 30th 2003, to identify cases with sickness absences that exceeded 8 weeks. RESULTS: During follow-up 486 persons (9.1%) experienced one or more periods of absence that exceeded 8 weeks. Higher risk of long-term sickness absence was associated with gender, age, educational level, and the municipal employment sector. Kindergarten teachers and people employed in day care, health care, janitorial work, food preparation, and unskilled workers were at greatest risk. Managers, computer professionals, technicians and designers, and professionals had lower risks. The health care and social service sectors were also in the high risk category, whereas the private administration sector had a lower risk. CONCLUSIONS: The study identifies specific occupational target populations and documents the need to perform job-specific research and tailor interventions if the intended policy of decreasing long-term sickness absence within the Danish labour market is to be realized.
OBJECTIVES: This article describes stress levels among the employed population aged 18 to 75 and examines associations between stress and depression. DATA SOURCES: Data are from the 2002 Canadian Community Health Survey: Mental Health and Well-being and the longitudinal component of the 1994/95 through 2002/03 National Population Health Survey. ANALYTICAL TECHNIQUES: Stress levels were calculated by sex, age and employment characteristics. Multivariate analyses were used to examine associations between stress and depression in 2002, and between stress and incident depression over a two-year period, while controlling for age, employment characteristics, and factors originating outside the workplace. MAIN RESULTS: In 2002, women reported higher levels of job strain and general day-to-day stress. When the various sources of stress were considered simultaneously, along with other possible confounders, for both sexes, high levels of general day-to-day stress and low levels of co-worker support were associated with higher odds of depression, as was high job strain for men. Over a two-year period, men with high strain jobs and women with high personal stress and low co-worker support had elevated odds of incident depression.

PMID: 17111591 [PubMed - indexed for MEDLINE]


Predictors of workforce turnover in a transported treatment program.

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This study examined relations between workforce turnover and select clinician (demographic and professional characteristics and perceptions of treatment model features and job requirements) organizational (perceptions of organizational climate and structure) and program level (salary, case mix) variables in a sample of 453 clinicians across 45 organizations participating in a transportability study of an empirically supported adolescent treatment (i.e., MST). At 20% annually, turnover was lower than in the national mental health workforce (i.e., 50-60%). Clinician demographic, professional background, and perceptions of the treatment model and demands did not predict turnover. Perceptions of an emotionally demanding organizational climate, program salary level, and program case mix of youth did predict turnover.

PMID: 16767507 [PubMed - indexed for MEDLINE]


Prognosis of occupational hand eczema: a follow-up study.

Cvetkovski RS, Zachariae R, Jensen H, Olsen J, Johansen JD, Agner T.
OBJECTIVE: To identify prognostic risk factors in patients with occupational hand eczema (OHE). DESIGN: Cohort study with 1-year follow-up. SETTING: Danish National Board of Industrial Injuries Registry. PATIENTS: All patients with newly recognized OHE (758 cases) from October 1, 2001, through November 10, 2002. INTERVENTIONS: Participants received a questionnaire covering self-rated severity, sick leave, loss of job, depression, and health-related quality of life. One year after the questionnaire was returned, all responders (N = 621) received a follow-up questionnaire, and 564 (91%) returned it. MAIN OUTCOME MEASURES: Persistently severe or aggravated OHE, prolonged sick leave, and loss of job after 1-year follow-up. RESULTS: During the follow-up period, 25% of all patients with OHE had persistently severe or aggravated disease, 41% improved, and 34% had unchanged minimal or mild to moderate disease. Patients with atopic dermatitis fared poorly compared with other patients. Patients younger than 25 years fared clearly better than older groups. Furthermore, severe OHE, age 40 years or greater, and severe impairment of quality of life at baseline appeared to be important predictors of prolonged sick leave and unemployment. Patients with lower socioeconomic status also had a high risk of prolonged sick leave, job change, and loss of job. Contact allergy was not found to be a risk factor for poor prognosis. CONCLUSIONS: Atopic dermatitis, greater age, and low socioeconomic status may be reliable prognostic factors in early OHE. Quality of life and standardized severity assessment may also be valuable tools to identify patients at high risk of prolonged sick leave and unemployment.

PMID: 16549705 [PubMed - indexed for MEDLINE]

Evaluating change in health-related quality of life in adult rhinitis: responsiveness of the Rhinosinusitis Disability Index.

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BACKGROUND: The Rhinosinusitis Disability Index (RSDI) is a validated measure of health-related quality of life (HRQL) in rhinitis. Responsiveness of the RSDI to changes in health status over time has not been described. METHODS: We studied adults with a self-reported physician diagnosis of rhinitis identified through a national telephone survey. HRQL was assessed at baseline and at 24 months using the RSDI. Symptom severity, physical health status (SF-12 PCS), psychological mood (CES-D), and perceived control of symptoms were also assessed at the time of each interview. In addition, we ascertained specific health outcomes attributed to rhinitis, including days of restricted activity, job effectiveness, number of physician visits, and medication costs. RESULTS: Of 109 subjects interviewed at baseline, 69 (63%) were re-interviewed 24 months later. RSDI scores improved by = 0.5 standardized response mean in 13 (19%) subjects and worsened in 17 (25%). Change in the RSDI over time correlated with changes in symptom severity (r = 0.38, p = 0.001), physical health (r = -0.39, p = 0.001), mood (r = 0.37, p = 0.002) and perceived control of symptoms (r = -0.37, p = 0.01). In multivariate analyses adjusted for baseline health status, improvement in RSDI was associated with less restricted activity (p = 0.01), increased job effectiveness (p = 0.03), and decreased medication costs (p = 0.05), but was not associated with change in the number of physician visits from baseline (p = 0.45). CONCLUSION: The RSDI is responsive to changes in health status and predicts rhinitis-specific health.
outcomes.

PMCID: PMC1308842
PMID: 16277662 [PubMed - indexed for MEDLINE]

The association of health risks with on-the-job productivity.
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OBJECTIVE: Decreased on-the-job productivity represents a large yet poorly
categorized indirect cost to employers. We studied the impact of employee
health risk factors on self-reported worker productivity (presenteeism). METHODS:
Using a brief version of the Work Limitation Questionnaire incorporated into a
Health Risk Appraisal, 28,375 employees of a national company responded to the
survey. The association between health risks and work limitation and each of the
four domains was examined. Percentage of lost productivity also was estimated.
RESULTS: Ten of 12 health risk factors studied were significantly associated with
self-reported work limitations. The strength of the associations varied between
risks and the four domains of work limitation. Perception-related risk factors
such as life dissatisfaction, job dissatisfaction, poor health, and stress showed
the greatest association with presenteeism. As the number of self-reported health
risk factors increased, so did the percentage of employees reporting work
limitations. Each additional risk factor was associated with 2.4% excess
productivity reduction. Medium and high-risk individuals were 6.2% and 12.2% less
productive than low-risk individuals, respectively. The annual cost of lost
productivity in this corporation was estimated at between 99Mdollars and
185Mdollars or between 1392dollars and 2592dollars per employee. CONCLUSIONS:
Health risk factors represent additional causes of lost productivity.

PMID: 16093926 [PubMed - indexed for MEDLINE]

Stability of health care coverage among low-income working women.
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This article examines health insurance stability patterns and the factors
associated with stable coverage in a sample of 453 low-income working women.
Using data from the National Longitudinal Survey of Youth (NLSY), the authors
found that only 51 percent of these women had stable coverage during 1995-1997.
Logistic regression results indicate that, controlling for other factors, health
insurance stability is significantly higher for those who have higher levels of
welfare receipt, have more work hours, have fewer job changes, have higher
education levels, are African American or Hispanic, and who live outside central
cities. The findings suggest that point-in-time health coverage estimates
substantially underestimate the health coverage problems of low-income working
women. Health policies need to be more sensitive to transitional problems
resulting from job changes, marital disruptions, and other changes in
circumstances. Recommendations for revising health care policies and for
improving existing health care programs are presented.

PMID: 15847233 [PubMed - indexed for MEDLINE]
Stimulant drug treatment in childhood-onset schizophrenia with comorbid ADHD: an open-label case series.

Tossell JW, Greenstein DK, Davidson AL, Job SB, Gochman P, Lenane M, Nugent III TF, Gogtay N, Sporn AL, Rapoport JL. Child Psychiatry Branch, National Institute of Mental Health, National Institutes of Health, Department of Health and Human Services, Building 10, Room 3N202, Bethesda, MD 20892, USA. tossellj@intra.nimh.nih.gov

The administration of psychostimulants to children with psychotic symptoms is controversial. This study reports the stimulant drug response of 5 children, aged 8-15 years, with childhood-onset schizophrenia (COS) and comorbid attention deficit hyperactivity disorder (ADHD). Four COS inpatients were given stimulants for comorbid ADHD after stabilization of psychosis on antipsychotic medication. A fifth COS inpatient received stimulants while still actively psychotic, despite concurrent neuroleptic treatment. Data from the 10-item Brief Conners Teachers Ratings Scale (BCTRS) were examined the week before, and the week after, stimulant addition. A paired t test, conducted using Conners Teachers data from these 4 subjects, indicated significant improvement in ADHD symptoms (p = 0.02). Data obtained from a retrospective chart review indicated no significant worsening of psychosis. The 2 subjects treated with mixed salts of dextroamphetamine sulfate and amphetamine sulfate remained on that medication at 6 months and at the 2-year follow-up. Our results suggest that ADHD comorbid with COS may be safely treated with a stimulant, once the psychosis is stabilized. A systematic investigation of this question may be warranted.

PMID: 15650502 [PubMed - indexed for MEDLINE]

The wage effects of obesity: a longitudinal study.

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We use National Longitudinal Survey of Youth (NLSY) data to examine the effects of obesity on wages by gender. Sample means indicate that both men and women experience a persistent obesity wage penalty over the first two decades of their careers. We then control for a standard set of socioeconomic and familial variables but find that standard covariates do not explain why obese workers experience persistent wage penalties. This suggests that other variables -- including job discrimination, health-related factors and/or obese workers' behavior patterns -- may be the channels through which obesity adversely affects wages. The study closes with a discussion of the public policy implications suggested by these findings.

PMID: 15362180 [PubMed - indexed for MEDLINE]

Sickness absence as a predictor of mortality among male and female employees.

OBJECTIVE: To determine the extent to which sickness absence is predictive of mortality. DESIGN: Prospective cohort study. Data on medically certified long term absences (>3 days), self certified short term absences (1-3 days), and sick days were derived from employers' records and data on mortality from the national mortality register. SETTING: 10 towns in Finland. PARTICIPANTS: 12821 male and 28915 female Finnish municipal employees with a job contract of five consecutive years. The mean follow up was 4.5 years. MAIN RESULTS: After adjustment for age, occupational status, and type of employment contract, the overall mortality rate was 4.3 (95% confidence intervals 2.6 to 7.0) and 3.3 (2.1 to 5.3) times greater in men and women with more than one long term absences per year than in those with no absence. The corresponding hazard ratios for more than 15 annual sick days were 4.7 (2.3 to 9.6) and 3.7 (1.5 to 9.1). Both these measures of sickness absence were also predictive of deaths from cardiovascular disease, cancer, alcohol related causes, and suicide. Associations between short term sickness absences and mortality were weaker and changed to non-significant after adjustment for long term sickness absence. CONCLUSIONS: These findings suggest that measures of sickness absence, such as long term absence spells and sick days, are strong predictors of all cause mortality and mortality due to cardiovascular disease, cancer, alcohol related causes, and suicide.

PMCID: PMC1732735
PMID: 15026447 [PubMed - indexed for MEDLINE]

Tinker, tailor, soldier, patient: work attributes and depression disparities among young adults.

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Prior studies have consistently found the occurrence of depression to be higher among persons with lower socio-economic status (SES), but causal mechanisms for this relationship are often not well understood. For example, while depression has been shown to increase during spells of unemployment, little work has been done on job attributes that may be related to depression among employed people early in their careers. This study links the 1992 wave of the National Longitudinal Survey of Youth 1979 cohort—which included Depression symptom scores on the Center for Epidemiologic Studies Depression (CES-D) instrument—to the US Department of Labor's new occupational characteristics O*Net dataset. The resulting dataset includes information regarding depression, SES, and specific attributes of jobs held by the young adult respondents. Job attributes included measures of social status, interpersonal stressors, and physical conditions. Multivariate analysis revealed that for young men, higher job status is associated with lower CES-D scores. Higher scores on the opposition scale, which measures the extent to which employees are obliged to take a position opposed to others, is associated with higher CES-D scores. For young women, physically uncomfortable or dangerous jobs are associated with more depressive symptoms. Results are stratified by race/ethnicity. For Black men, unlike for White men or Latinos, job security is associated with fewer depressive symptoms; and for Latino men, but not for Black or White men, physically uncomfortable or dangerous jobs are associated with more depressive symptoms. For Black women, job status is associated with fewer depressive symptoms. We conclude that part of the SES-depression relationship may arise from the psychosocial aspects of jobs, which we have found to be significantly and meaningfully associated with depressive symptoms among employed young adults.

PMID: 15020006 [PubMed - indexed for MEDLINE]
OBJECTIVES: This study attempted to identify risk factors for musculoskeletal symptoms in the neck and hand-wrist regions among employees using computers at work. METHODS: Computer users (N=5033) first received a questionnaire in the beginning of 1999 (69% response rate, N=3475), and a follow-up questionnaire was mailed in December of 2000 to the 3361 respondents to the baseline survey (77% response rate, N=2576). Health outcome was defined as musculoskeletal symptoms for >7 days within the last year of follow-up among the nonsymptomatic respondents at baseline. RESULTS: Men's and women's previous symptoms, women's low influence at work and high-placed computer screen, and men's short time in the same job and good computer skills were associated with neck symptoms. Hand-wrist symptoms were predicted by previous symptoms and low influence at work for both the men and women and sensorial demands for the women only. The duration of computer use predicted hand-wrist symptoms [eg, odds ratio (OR) of 2.3, 95% confidence interval (95% CI) 1.2-4.3, for almost continual computer use], but not neck symptoms. For those with almost continual computer use, hand-wrist symptoms were associated with mouse use for at least half of the worktime (OR 4.0, 95% CI 1.0-15.5) and not using the mouse at all (OR 4.0, 95% CI 1.1-14.4), as compared with mouse use for one-fourth of the worktime. CONCLUSIONS: Limiting computer use to less than three-fourths of the worktime would help to prevent hand-wrist symptoms. Furthermore, low influence at work predicts both neck and hand-wrist symptoms.

PMID: 12828389 [PubMed - indexed for MEDLINE]

Prognostic factors in lateral epicondylitis: a randomized trial with one-year follow-up in 266 new cases treated with minimal occupational intervention or the usual approach in general practice.

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OBJECTIVES: To determine whether minimal intervention by occupational specialists involving information about the disorder, encouragement to stay active and instruction in graded self-performed exercises could enhance the prognosis of lateral epicondylitis compared with the treatment usually given in general practice, to quantify workplace factors associated with the prognosis, and to consider treatments given in general practice. METHODS: A randomized controlled trial was performed in a cohort of 266 consecutive new cases of lateral epicondylitis diagnosed in general practice. Workplace factors were assessed with questionnaires at the time of inclusion, and patients completed follow-ups at 3, 6 and 12 months. Status at 1 yr was assessed as overall improvement and pain reduction compared with the time of diagnosis. General practitioners (GPs) registered the treatments given for both cases and controls during follow-up. Numbers of contacts with GPs and physiotherapists were obtained from the National Health Insurance registry. Prognostic factors were analysed by multiple logistic regression analysis. RESULTS: After 1 yr, 83% of cases showed improvement in the condition, but the intervention was found to have had no advantage. Poor overall improvement was associated with employment in manual jobs [odds ratio (OR) 3.0, 95% confidence interval (CI) 1.0-8.7], a high level of physical strain at work (OR 8.5, CI 1.0-74.7) and a high level of pain at baseline (OR 2.3, CI 1.0-5.3). Pain reduction less than 50% was associated with manual jobs (OR 2.3, CI 1.1-5.1), high physical strain at work (OR 3.6, CI 1.0-12.9), high baseline distress (OR 1.9, CI 1.0-4.0) and tennis elbow on the dominant side (OR 3.1, CI 1.4-6.8). The intervention group received less treatment and fewer treatment modalities, but the intervention was not followed by a reduction in the number of visits to GPs and physiotherapist clinics during 12 months of follow-up. CONCLUSIONS: Poor prognosis at 1 yr of follow-up for lateral epicondylitis was related to manual work and high baseline pain, whilst no relation was found between the type of medical treatment given/chosen and prognosis. This may have implications for the future management of lateral epicondylitis in terms of a greater focus on interaction with the workplace regarding job modification to reduce physical demands during recovery.

PMID: 12810936 [PubMed - indexed for MEDLINE]


Community reaction to bioterrorism: prospective study of simulated outbreak.


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To assess community needs for public information during a bioterrorism-related crisis, we simulated an intentional Rift Valley fever outbreak in a community in the southern part of the United States. We videotaped a series of simulated print and television "news reports" over a fictional 9-day crisis period and invited various groups (e.g., first-responders and their spouses or partners,
Within the selected community, journalists were invited to view the videotape and respond to questions about their reactions. First-responders and their spouses varied in their reactions about how the crisis affected family harmony and job performance. Local journalists exhibited considerable personal fear and confusion. All groups demanded, and put more trust in, information from local sources. These findings may have implications for risk communication during bioterrorism-related outbreaks.

PMID: 12781011 [PubMed - indexed for MEDLINE]


Mental health and welfare transitions: depression and alcohol abuse in AFDC women.

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From a selection perspective, does prior dysfunction select women into welfare or serve as a barrier to leaving welfare? From a social causation perspective, does entering or exiting welfare lead to changes in well being? These questions were analyzed in panel data for over 3,600 women drawn from the National Longitudinal Survey of Youth for the period 1992-94. Welfare is associated with both depression and alcohol consumption cross-sectionally. This link appears to derive in part from selection into welfare by depression (in interaction with marital status), but depression and alcohol abuse did not operate as barriers to leaving welfare. Entering welfare was clearly associated with increased depression and alcohol consumption, but confidence in an apparent beneficial effect on alcohol symptoms of leaving welfare for employment was limited by small sample sizes. These findings are located in the context of the 1996-welfare reform and the recent economic expansion. One implication is that community psychology should consider welfare entry as a risk factor similar to adverse employment changes such as job loss.

PMID: 12385483 [PubMed - indexed for MEDLINE]


What causes job loss among former welfare recipients: the role of family health problems.

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OBJECTIVE: to test whether women's or children's health status influences the likelihood that low-income single mothers experience job loss. METHODS: Using a nationally representative probability sample from the National Longitudinal Survey of Youth, we estimated whether having a health limitation or having a child with a health limitation was associated with job loss for a sample of 783 women who had previously been on welfare. RESULTS: Both having a health limitation (odds ratio [OR]=1.53; 95% confidence interval [CI], 1.19-1.97) and having a child with a health limitation (OR=1.36; 95% CI, 1.18-1.56) were associated with significantly increased risk of job loss among women previously on welfare. The effects remained significant after adjustment for age, education, marital status, race, age and number of children, and economic conditions. CONCLUSIONS: Dramatic changes in welfare policy in the United States have made many single mothers living in poverty dependent on work as their sole source of income. Although studies have shown that families on welfare are more likely to
have health limitations, little is known about how family health affects the
ability of poor single mothers to remain employed. These results demonstrate that
women with health limitations and mothers of children with health limitations are
at particularly high risk of losing their jobs. Public and private policies that
can help reduce job loss as a consequence of family health problems are
discussed.

PMID: 11905494 [PubMed - indexed for MEDLINE]

Underemployment and depression: longitudinal relationships.
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We conceptualize employment status not as a dichotomy of working versus not
working but as a continuum ranging from adequate employment to inadequate
employment (involuntary part-time or low wage) to unemployment. Will shifts from
adequate to inadequate employment increase depression as do shifts from
employment to unemployment, and to what extent does prior depression select
workers into such adverse employment change? We analyze panel data from the
National Longitudinal Survey of Youth for the years 1992-1994 for the 5,113
respondents who were adequately employed in 1992. Controlling for prior
depression, both types of adverse employment change resulted in similar,
significant increases in depression. These direct effects persisted despite
inclusion of such potential mediators as changes in income, job satisfaction, and
marital status. Marital status buffered the depressive effect of both types of
adverse change, but education and job dissatisfaction amplified the effect of
unemployment on depression. Prior depression did not predict higher risk of
becoming inadequately employed but did predict increased risk of unemployment,
particularly for those with less education. These results confirm that both
unemployment and inadequate employment affect mental health, and they invite
greater efforts to monitor the extent and impact of underemployment.

PMID: 11198566 [PubMed - indexed for MEDLINE]

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BACKGROUND: This study compared four sets of US low-risk drinking guidelines (two
interpretations of the US Dietary Guidelines and two variations of the NIAAA
physicians' guidelines) in terms of adherence and how well they predicted five
different alcohol-related outcomes. METHODS: Using data from a nationally
representative sample of 17,542 US adults 21 years of age and over who drank 12
or more drinks in the past year, this study assessed the sensitivity,
specificity, overall accuracy, positive and negative predictive values, and odds
ratios of the various drinking guidelines (specifically, of having exceeded them
with different degrees of frequency) as predictors of alcohol dependence,
impaired driving, liver disease, peptic ulcer, and hypertension. RESULTS: The
proportions of past-year regular drinkers exceeding the four sets of guidelines
varied from 20.9%, whose average intake exceeded the weekly limits, to between
21.0% and 42.7% who exceeded the daily guidelines at least once a week, and to
between 69.2% and 94.2% who ever exceeded the daily limits in the year preceding
the interview. Sensitivity and odds ratios were highest for the ever exceeding
the Dietary Guidelines daily limits, intermediate for ever exceeding the two
variations based on the NIAAA physicians' guidelines, and lowest for exceeding
the Dietary Guidelines interpreted as weekly limits. The opposite pattern was
observed for specificity and overall predictive accuracy. When frequently
exceeding the daily limits was considered, their sensitivity declined but their
specificity and positive predictive value increased. CONCLUSIONS: If sensitivity
and specificity are deemed equally important, the NIAAA physicians' guidelines
incorporating both daily and weekly limits seem to do the best job of balancing
these dimensions in the prediction of a variety of alcohol-related outcomes.

PMID: 11141041 [PubMed - indexed for MEDLINE]


Social class and self-rated health: can the gradient be explained by differences
in life style or work environment?

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The purpose of the present paper is to describe differences in work environment
and life style factors between social classes in Denmark and to investigate to
what extent these factors can explain social class differences with regard to
changes in self-rated health (SRH) over a 5 year period. We used data from a
prospective study of a random sample of 5001 Danish employees, 18-59 years of
age, interviewed at baseline in 1990 and again in 1995. At baseline we found
higher prevalence in the lower classes of repetitive work, low skill discretion,
low influence at work, high job insecurity, and ergonomic, physical, chemical,
and climatic exposures. High psychological demands and conflicts at work were
more prevalent in the higher classes. With regard to life style factors, we found
more obese people and more smokers among the lower classes. The proportion with
poor SRH increased with decreasing social class at baseline. The follow-up
analyses showed a clear association between social class and worsening of SRH:
The lower the social class, the higher the proportion with deterioration of SRH.
There was no social gradient with regard to improved SRH over time. Approximately
two thirds of the social gradient with regard to worsening of SRH could be
explained by the work environment and life style factors. The largest
contribution came from the work environment factors.

PMID: 11005390 [PubMed - indexed for MEDLINE]


Tuberculin skin testing among economically disadvantaged youth in a federally
funded job training program.

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Erratum in:

Low income, medically underserved communities are at increased risk for
tuberculosis. Limited population-based national data are available about
tuberculous infection in young people from such backgrounds. To determine the prevalence of a positive tuberculin skin test among economically disadvantaged youth in a federally funded job training program during 1995 and 1996, the authors evaluated data from medical records of 22,565 randomly selected students from over 100 job training centers throughout the United States. An estimated 5.6% of students had a documented positive skin test or history of active tuberculosis. Rates were highest among those who were racial/ethnic minorities, foreign born, and (among foreign-born students) older in age (p < 0.001). Weighted rates (adjusting for sampling) were 1.3% for white, 2.2% for Native American, 4.0% for black, 9.6% for Hispanic, and 40.7% for Asian/Pacific Islander students; rates were 2.4% for US-born and 32.7% for foreign-born students. Differences by geographic region of residence were not significant after adjusting for other demographic factors. Tuberculin screening of socioeconomically disadvantaged youth such as evaluated in this study provides important sentinel surveillance data concerning groups at risk for tuberculous infection and allows recommended public health interventions to be offered.

PMID: 10192315 [PubMed - indexed for MEDLINE]

Underemployment and alcohol misuse in the National Longitudinal Survey of Youth.
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OBJECTIVE: This study measured the impact of unemployment and underemployment on alcohol misuse. METHOD: A panel of respondents from the National Longitudinal Survey of Youth was studied in 1984-85 and 1988-89. In each pair of years, the effect of employment change (e.g., becoming underemployed) on alcohol misuse was assessed controlling for misuse in the first year. Alcohol misuse was operationalized in two ways: elevated symptoms and heavy drinking. Three samples were analyzed: a core sample of 2,441 who were available in both pairs of years (approximately 65% male) and two extended samples that included everyone available in one pair of years but not the other (n = 4,183 in 1984-85 and n = 3,926 in 1988-89). RESULTS: The 1984-85 analyses revealed a significant association of adverse change in employment with both elevated alcohol symptoms and heavy drinking (the latter moderated by prior heavy drinking). The 1988-89 analyses found no relationship between adverse change in employment and heavy drinking in the core sample and no main effect of adverse change in employment on symptoms, but they did reveal interactions involving prior symptoms (core sample) and marital status (extended sample). CONCLUSIONS: Several explanations for these decreasing effects over time were considered including changes in measurement reliability, statistical power, economic environment and respondents' maturity. These results confirm previous findings that job loss can increase the risk of alcohol misuse, provide new evidence that two types of underemployment (involuntary part-time and poverty-level wage) can also increase this risk and suggest that these effects vary over time.

PMID: 9811088 [PubMed - indexed for MEDLINE]

A test of socioeconomic status as a predictor of initial marijuana use.
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The current study examined the effects of socioeconomic status (SES) on adolescent marijuana use using data from a national longitudinal survey of subjects aged 11 to 17 (N = 1,725). Both direct and indirect measures of SES (e.g., Hollingshead's measure of SES, predicts marijuana use among adolescents. For males, our study found a nonlinear relationship between the Hollingshead measure and marijuana use that had not been identified in previous research. For females, the Hollingshead measure was nonsignificant when alcohol use and having friends who use marijuana were added to the model. This finding suggests that the effects of SES on marijuana use may be mediated by alcohol use and friends' use of marijuana. Weekly alcohol users were much more likely than nonusers to initiate marijuana use for both males (Odds ratio [OR] = 18.28, Confidence interval [CI] = 4.93-67.81) and females (OR = 11.75, CI = 3.22-42.86). Other significant variables for both sexes included having a job, having friends who use marijuana, and having used some alcohol in the past year. For males, grade point average (GPA), commitment to friends, urbanicity, time spent with friends, and peer strain were also significant predictors of initial marijuana use. For females, prior victimization and low school aspirations were significant. In sum, our findings suggest that psychosocial risk factors for marijuana use are substantially different for males than for females and that future researchers need to test for nonlinear relationships between SES and adolescent substance use.

PMID: 9290858 [PubMed - indexed for MEDLINE]

A detailed analysis of work-related injury among youth treated in emergency departments.

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Telephone interviews were conducted with 146 14- to 16-year-olds who incurred an occupational injury treated in an emergency department during the period July through September 1992. Thirty-two percent of the injuries occurred as the result of using equipment. Over half the workers reported not having received prior training on how to avoid injury. The injury limited normal activities for at least 1 day for 68% of the youth and for more than a week for 25%, corresponding to an estimated 6,208 (95% CI: 4,277, 8,139) and 2,639 (95% CI: 1,580, 3,699) youths nationwide, respectively. Employment in retail trades, equipment use, lack of training, and burn injuries were associated with increased limitation of normal activities. Nineteen percent of the youths appear to have been injured in jobs declared to be hazardous, or typically prohibited for their age (14- and 15-year-olds) under federal child labor laws. The prohibited job directly contributed to the injury in 64% of these cases.

PMID: 7645574 [PubMed - indexed for MEDLINE]

A clinical follow up of unemployed. II: Sociomedical evaluations as predictors of re-employment.

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OBJECTIVE--To frame and study sociomedical evaluations in clinical work with unemployed people. DESIGN--In a two-year follow up of routine health examinations, three sociomedical evaluations were set up. The first was the direct conclusion of the check-up, based on sickness and possibilities of treatment. The second dealt with work identity, and the last was a diagnostic set of main unemployment problem. SETTING--The four municipalities of Grenland, Norway. PARTICIPANTS--A representative sample aged 16 to 63 who had been registered with the labour market authorities for more than 12 weeks. RESULTS--21% of the unemployed needed further treatment. 7% were classified as "discouraged", being on their way out of the labour market, while the majority of the study group was healthy job seekers. Work identity seemed to be wage earning for 83%, homemaking for 9%, cultural work for 3%, and being a pensioner for 5%. The main unemployment problem was lack of work for 46% of the examined. Other problems were poor health, being less attractive workers, or having little courage for job search. The evaluations predicted re-employment after two years. They divided the unemployed in groups with from five to seven times difference in re-employment rate. CONCLUSION--These standardized sociomedical evaluations seen to be useful in clinical work with unemployed people.

PMID: 8146506 [PubMed - indexed for MEDLINE]


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The aim of the study was to compare two subgroups of patients with long-term sickness certificate, i.e. a group who were unemployed after eight weeks of incapacity for work and a group who still had a paid job at the end of the eight weeks. 712 patients who received a medical certificate II after eight weeks of incapacity for work in 1988 were followed up for another 12-15 months by means of information collected as a routine at the local National Insurance Offices in five municipalities in Norway. Of our total sample of patients, the sub-group of unemployed persons differed in a number of ways from the group who still had a job. Among the unemployed the duration of sickness certificate was longer and there were higher frequencies of mental disorders and diseases of the nervous system/sense organs. Admission to hospital was less frequent, however, among the unemployed group than among the group who still had a job. The rate of return-to-work observed after one year of sickness certificate was lower among the unemployed.

PMID: 1566255 [PubMed - indexed for MEDLINE]


The Impact of Multiple Types of Child Maltreatment on Subsequent Risk Behaviors Among Women During the Transition from Adolescence to Young Adulthood.

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The purpose of this study was to investigate how different types of child maltreatment, independently and collectively, impact a wide range of risk behaviors that fall into three domains: sexual risk behaviors, delinquency, and suicidality. Cumulative classification and Expanded Hierarchical Type (EHT)
classification approaches were used to categorize various types of maltreatment. Data were derived from Wave III of the National Longitudinal Study of Adolescent Health (Add Health). Our sample consisted of White, Black, Hispanic, and Asian females ages 18 to 27 (n = 7,576). Experiencing different kinds of maltreatment during childhood led to an extensive range of risk behaviors within the three identified domains. Women experiencing sexual abuse plus other maltreatment types had the poorest outcomes in all three domains. These findings illustrate that it may no longer be appropriate to assume that all types of maltreatment are equivalent in their potential contribution to negative developmental sequelae.

PMID: 20020190 [PubMed - as supplied by publisher]


Acculturation and Sexual Risk Behaviors Among Latina Adolescents Transitioning to Young Adulthood.

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Latinas in the United States are at a disproportionate risk for STDs and sexual risk behaviors. Among Latinas, acculturation has been found to be one of the most important predictors of these behaviors. Therefore, this study examined the longitudinal association between Latina adolescents' level of acculturation and multiple sexual risk outcomes, including self-report STD diagnosis, four or more life-time sex partners, regret of sexual initiation after alcohol use, and lack of condom use during young adulthood. Based on the National Longitudinal Study of Adolescent Health (Add Health), this study includes a nationally representative sample of 1,073 Latina adolescents (ages 11-20 at Wave 1) transitioning into young adulthood (ages 18-27 at Wave 3). Our findings indicate that more acculturated Latinas who spoke English at home were more likely to have STDs and to exhibit sexual risk behaviors than Latinas who were foreign-born and did not use English at home. Interventions that aim to promote sexual and reproductive health among young Latinas should take into consideration their different levels of acculturation. This approach holds greater potential for reducing health disparities among Latinas.

PMID: 20020189 [PubMed - as supplied by publisher]


[Who gets how much psychiatric outpatient care and why?]

[Article in German]

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AIMS: To elucidate the connections between individual aspects and patients' concerns and the care effort provided in a clinic for the sickest among outpatients. METHODS: Clients of one health insurer were followed for six months (n = 339) in a "Institutsambulanz" or "PIA". All treatment activities, which involved roughly 100,000 working minutes, were recorded. Sociodemographic data, the diagnoses, the individual needs and idiosyncracies, symptoms and case history were noted for multivariate analysis. RESULTS: The linear regression model with the best fit (n = 251, r (2) = 0.512, p < 0.001) included six variables. Lower
efforts: living in nursing home (beta = -0.319; p < 0.001), higher age (beta = -0.238; p < 0.001), legal incapacity (beta = -0.165, p = 0.006), own work income (beta = -0.108; p = 0.044); higher efforts: inpatient stays prior to study treatment (lifetime: beta = 0.181; p = 0.001; number of days in last two years: beta = 0.193; p < 0.001). Treatment aims, functional deficits, and diagnoses did not have a significant influence. CONCLUSIONS: Younger patients who wish for an independent life despite of a grave psychiatric disorder may effectuate higher treatment efforts. Treatments administered to nursing-home inhabitants are far less complex, although these patients are even sicker. The current reimbursement mechanism may serve as a disincentive towards care administration according to individual need. Georg Thieme Verlag KG Stuttgart. New York.

PMID: 19787566 [PubMed - indexed for MEDLINE]


Foodservice employees benefit from interventions targeting barriers to food safety.

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The number of foodborne illnesses traced to improper food handling in restaurants indicates a need for research to improve food safety in these establishments. Therefore, this 2-year longitudinal study investigated the effectiveness of traditional ServSafe (National Restaurant Association Educational Foundation, Chicago, IL) food-safety training and a Theory of Planned Behavior intervention program targeting employees' perceived barriers and attitudes toward important food-safety behaviors. The effectiveness of the training and intervention was measured by knowledge scores and observed behavioral compliance rates related to food-safety practices. Employees were observed for handwashing, thermometer usage, and proper handling of work surfaces at baseline, after receiving ServSafe training, and again after exposure to the intervention targeting barriers and negative attitudes about food-safety practices. Repeated-measures analyses of variance indicated training improved handwashing knowledge, but the intervention was necessary to improve overall behavioral compliance and handwashing compliance. Results suggest that registered dietitians; dietetic technicians, registered; and foodservice managers should implement a combination of training and intervention to improve knowledge and compliance with food-safety behaviors, rather than relying on training alone. Challenges encountered while conducting this research are discussed, and recommendations are provided for researchers interested in conducting this type of research in the future.

PMID: 19699837 [PubMed - indexed for MEDLINE]


The influence of past unemployment duration on symptoms of depression among young women and men in the United States.

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OBJECTIVES: I examined whether unemployment while looking for a job and being out of the labor force while not seeking work have distinct effects on symptoms of depression among young women and men in the United States. I also investigated whether past unemployment duration predicts depressive symptoms. METHODS: I used
ordinary least squares regression to analyze data from the 1979-1994 National Longitudinal Survey of Youth. RESULTS: Cross-sectional results suggested that current unemployment status and out-of-the-labor-force status were significantly associated with depressive symptoms at ages 29 through 37 years. The association between being out of the labor force and depressive symptoms was stronger for men. Longitudinal results revealed that past unemployment duration across 15 years of the transition to adulthood significantly predicted depressive symptoms, net of demographics, family background, current socioeconomic status, and prior depressive symptoms. However, duration out of the labor force did not predict depressive symptoms. CONCLUSIONS: Longer durations of unemployment predict higher levels of depressive symptoms among young adults. Future research should measure duration longitudinally and distinguish unemployment from being out of the labor force to advance our understanding of socioeconomic mental health disparities.

PMID: 19696382 [PubMed - indexed for MEDLINE]


Risky sexual behaviors in first and second generation Hispanic immigrant youth.

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Though official data document that Hispanic youth are at a great risk for early sexual intercourse, STDs, and teen pregnancy, only few etiological studies have been conducted on Hispanic youth; almost no work has examined potential generational differences in these behaviors, and thus, these behaviors may have been mistakenly attributed to cultural differences. The current study examined the relationships between maternal parenting (general communication, communication about sex, monitoring, support) and risky sexual behaviors, and potential moderating effects by immigration status and acculturation in 1st and 2nd generation Hispanic immigrant adolescents (N = 2,016) from the National Longitudinal Study of Adolescent Health (Waves I and II). Maternal communication about sex and maternal support emerged as key predictors of risky sexual behaviors across generational groups; neither immigration status nor acculturation moderated the maternal parenting constructs-risky sexual behaviors links. Furthermore, maternal parenting constructs and their relationships with risky sexual behaviors did not differ by generational groups.

PMID: 19636766 [PubMed - in process]


Position stand on androgen and human growth hormone use.

Hoffman JR, Kraemer WJ, Bhasin S, Storer T, Ratamess NA, Haff GG, Willoughby DS, Rogol AD.

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Hoffman, JR, Kraemer, WJ, Bhasin, S, Storer, T, Ratamess, NA, Haff, GG, Willoughby, DS, and Rogol, AD. Position stand on Androgen and human growth hormone use. J Strength Cond Res 23(5): S1-S59, 2009-Perceived yet often misunderstood demands of a sport, overt benefits of anabolic drugs, and the inability to be offered any effective alternatives has fueled anabolic drug abuse despite any consequences. Motivational interactions with many situational demands including the desire for improved body image, sport performance, physical function, and body size influence and fuel such negative decisions. Positive
countermeasures to deter the abuse of anabolic drugs are complex and yet unclear. Furthermore, anabolic drugs work and the optimized training and nutritional programs needed to cut into the magnitude of improvement mediated by drug abuse require more work, dedication, and preparation on the part of both athletes and coaches alike. Few shortcuts are available to the athlete who desires to train naturally. Historically, the NSCA has placed an emphasis on education to help athletes, coaches, and strength and conditioning professionals become more knowledgeable, highly skilled, and technically trained in their approach to exercise program design and implementation. Optimizing nutritional strategies are a vital interface to help cope with exercise and sport demands. In addition, research-based supplements will also have to be acknowledged as a strategic set of tools (e.g., protein supplements before and after resistance exercise workout) that can be used in conjunction with optimized nutrition to allow more effective adaptation and recovery from exercise. Resistance exercise is the most effective anabolic form of exercise, and over the past 20 years, the research base for resistance exercise has just started to develop to a significant volume of work to help in the decision-making process in program design. The interface with nutritional strategies has been less studied, yet may yield even greater benefits to the individual athlete in their attempt to train naturally. Nevertheless, these are the 2 domains that require the most attention when trying to optimize the physical adaptations to exercise training without drug use. Recent surveys indicate that the prevalence of androgen use among adolescents has decreased over the past 10-15 years. The decrease in androgen use among these students may be attributed to several factors related to education and viable alternatives (i.e., sport supplements) to substitute for illegal drug use. Although success has been achieved in using peer pressure to educate high school athletes on behaviors designed to reduce the intent to use androgens, it has not had the far-reaching effect desired. It would appear that using the people who have the greatest influence on adolescents (coaches and teachers) be the primary focus of the educational program. It becomes imperative that coaches provide realistic training goals for their athletes and understand the difference between normal physiological adaptation to training or that is pharmaceutically enhanced. Only through a stringent coaching certification program will academic institutions be ensured that coaches that they hire will have the minimal knowledge to provide support to their athletes in helping them make the correct choices regarding sport supplements and performance-enhancing drugs. The NSCA rejects the use of anabolic drugs and hGH or any performance-enhancing drugs on the basis of ethics, the ideals of fair play in competition, and concerns for the athlete's health. The NSCA has based this position stand on a critical analysis of the scientific literature evaluating the effects of androgens and human growth hormone on human physiology and performance. The use of anabolic drugs to enhance athletic performance has become a major concern for professional sport organizations, sport governing bodies, and the federal government. It is the belief of the NSCA that through education and research we can mitigate the abuse of androgens and hGH by athletes. Due to the diversity of testosterone-related drugs and molecules, the term androgens is believed to be a more appropriate term for anabolic steroids.

PMID: 19620932 [PubMed - indexed for MEDLINE]


HIV testing among sexually experienced Asian and Pacific Islander young women association with routine gynecologic care.

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PURPOSE: To describe the proportion of HIV testing in the past 12 months among sexually experienced Asian and Pacific Islander (API) women and to investigate to what extent routine gynecologic care (RGC) increases HIV testing among API women.

METHODS: Data were derived from Wave III of the National Longitudinal Study of Adolescent Health (Add Health). Analyses were limited to 7,576 sexually experienced women (White, n = 4,482 [68.5%]; Black, n = 1,693 [25.6%]; Hispanic, n = 923 [13.9%]; API, n = 478 [7.2%]) aged 18-27 years. Multiple logistic regression analyses were used to estimate the association between RGC and HIV testing after controlling for predisposing, need, and enabling factors. FINDINGS: On average, 22.8% (n = 1,504) of sexually experienced women reported HIV testing in the past year. API women had the lowest proportion of testing (17.2%), and Black women had the highest (26.2%). Overall, 60.2% of API women reported receiving RGC; however, only 15.5% of API who received RGC reported HIV testing. After controlling for covariates, significantly positive associations were found for White, Black, and Hispanic women between RGC and HIV testing; however, there was no evidence that RGC was associated with HIV testing among API women.

CONCLUSION: Our data suggest that RGC does not increase HIV testing among API women. To eliminate disparities in HIV testing service utilization among API women, appropriate efforts should be directed to better understand the barriers and facilitators of HIV testing among this population.

PMID: 19589477 [PubMed - indexed for MEDLINE]


When faith divides family: religious discord and adolescent reports of parent-child relations.

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What happens to family relations when an adolescent and her parent do not share the same religious convictions or practices? Whereas previous work on religion and intergenerational relations looks at relationships between parents and their adult children, we shift the focus to younger families, assessing how parent-child religious discord affects adolescents' evaluation of their relationship with their parents. Exploring data from the National Longitudinal Study of Adolescent Health, we find several interesting patterns of association between religious discord and parent-child relations. Overall, religious discord predicts lower quality intergenerational relations. When parents value religion more than their teens do, adolescents tend to report poorer relations with parents. Relationship quality is not lower, however, when it is the adolescent who values religion more highly. We also find that religious discord is more aggravating in families where parent and child share religious affiliation and in families where the parent is an evangelical Protestant.

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Psychosocial Outcomes in StrokE: the POISE observational stroke study protocol.

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BACKGROUND: Each year, approximately 12,000 Australians of working age survive a
stroke. As a group, younger stroke survivors have less physical impairment and lower mortality after stroke compared with older survivors; however, the psychosocial and economic consequences are potentially substantial. Most of these younger stroke survivors have responsibility for generating an income or providing family care and indicate that their primary objective is to return to work. However, effective vocational rehabilitation strategies to increase the proportion of younger stroke survivors able to return to work, and information on the key target areas for those strategies, are currently lacking. METHODS/DESIGN: This multi-centre, three year cohort study will recruit a representative sample of younger (< 65 years) stroke survivors to determine the modifiable predictors of subsequent return to work. Participants will be recruited from the New South Wales Stroke Services (SSNSW) network, the only well established and cohesively operating and managed, network of acute stroke units in Australia. It is based within the Greater Metropolitan area of Sydney including Wollongong and Newcastle, and extends to rural areas including Wagga Wagga. The study registration number is ACTRN12608000459325. DISCUSSION: The study is designed to identify targets for rehabilitation-, social- and medical-intervention strategies that promote and maintain healthy ageing in people with cardiovascular and mental health conditions, two of the seven Australian national health priority areas. This will rectify the paucity of information internationally around optimal clinical practice and social policy in this area.

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PMID: 19519918 [PubMed - indexed for MEDLINE]

[Commercial sexual exploitation of minor girls. A multifocal, exploratory and prospective study in Cameroon]

[Article in French]
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To obtain reliable information on commercial sexual exploitation of minor girls under the age of 21, a multifocal, exploratory and prospective using a questionnaire was undertaken in Cameroon. This investigation was initiated and funded by the Cercle International pour la Promotion de la Création (CIPCRE) and carried out by the Cameroon Society for the Prevention of Child Abuse and Neglect (CASPCAN). The survey was performed during the last quarter of year 2004 in four major cities of Cameroon, i.e. Yaoundé, Douala, Bamencal and Bafoussam. Of the 800 questionnaires that were distributed, 722 were considered as suitable for analysis (90.3%). A total of 291 minor girls were victims of commercial sexual exploitation, i.e., 40% of the population studied. The mean age of the victims was 16.6 years (range, 9-20 years). The main reason given for entering prostitution was poverty. The victims were fairly well educated but the level of instruction was not sufficient to find a job paying an income comparable to prostitution. Many were from large families (mean, 7.1 children). The victims' family was monogamous in 40.2% of cases, polygamous in 24.4%, and monoparental in 35.4%. Eighty percent of the victims already had run away from home at least once due to problems in their families ranging from severe corporal punishment (25.8%) and mistreatment linked to parental alcohol and drug abuse to forced early marriage (27.5%) and intrafamilial sexual abuse. A large proportion of the victims (36.4%) were mothers who could not attend school and could not find work. Many victims were completely neglected by their own parents with 43.4% of parents being aware of the activities of their daughters but only 10.6% being opposed to it. Most (78.5%) had good knowledge of the risk of HIV and used condoms regular. These results confirms the general hypothesis of the authors that commercial exploitation of minor girls is widespread in Cameroon. The authors recommend...
development of a national program to combat this plight.

PMID: 19499745 [PubMed - indexed for MEDLINE]


Coordination between child welfare agencies and mental health service providers, children's service use, and outcomes.

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OBJECTIVE: Interorganizational relationships (IORs) between child welfare agencies and mental health service providers may facilitate mental health treatment access for vulnerable children. This study investigates whether IORs are associated with greater use of mental health services and improvement in mental health status for children served by the child welfare system.

METHODS: This was a longitudinal analysis of data from a 36-month period in the National Survey of Child and Adolescent Well-Being (NSCAW). The sample consisted of 1,613 children within 75 child welfare agencies who were 2 years or older and had mental health problems at baseline. IOR intensity was measured as the number of coordination approaches between each child welfare agency and mental health service providers. Separate weighted multilevel logistic regression models tested associations between IORs and service use and outcomes, respectively.

RESULTS: Agency-level factors accounted for 9% of the variance in the probability of service use and 12% of mental health improvement. Greater intensity of IORs was associated with higher likelihood of both service use and mental health improvement.

CONCLUSIONS: Having greater numbers of ties with mental health providers may help child welfare agencies improve children's mental health service access and outcomes.

PRACTICE IMPLICATIONS: Policymakers should develop policies and initiatives to encourage a combination of different types of organizational ties between child welfare and mental health systems. For instance, information sharing at the agency level in addition to coordination at the case level may improve the coordination necessary to serve these vulnerable children.

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Predicting depression in rheumatoid arthritis: the signal importance of pain extent and fatigue, and comorbidity.

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OBJECTIVE: To determine the incidence of self-reported depression (SRD) in rheumatoid arthritis and to identify and rank clinically useful predictors of depression.

METHODS: We assessed 22,131 patients for SRD between 1999 and 2008. We collected demographic, clinical and treatment data, household income, employment and work disability status, comorbidity, scales for function, pain, global, and fatigue, the Regional Pain Scale (RPS), the Symptom Intensity (SI) scale (a linear combination of the RPS and the fatigue scales) and linear combinations of the Health Assessment Questionnaire, pain and global severity. We used logistic regression analyses with multivariable fractional polynomial predictors, and Random Forest analysis to determine the importance of the
predictors. RESULTS: The cross-sectional prevalence of self-reported depression was 15.2% (95% confidence interval [95% CI] 14.7-15.7%) and the incidence rate was 5.5 (95% CI 5.3-5.7) per 100 patient years of observation. The cumulative risk of SRD after 9 years was 38.3% (95% CI 36.6-40.1%). Almost all variables were significant predictors in logistic models. In Random Forest analyses, the SI scale, followed by comorbidity, best predicted self-reported depression, and no other variable or combination of variables improved prediction compared with the SI scale. CONCLUSION: Pain extent and fatigue (SI scale) are the dominant predictors of SRD. These variables, also of central importance in the symptomatology of fibromyalgia, are powerful markers of distress. A strong case can be made for the inclusion of these assessments in routine rheumatology practice. In addition, actual knowledge of comorbidity provides important insights into the patient's global health and associated perceptions.

PMID: 19404997 [PubMed - indexed for MEDLINE]


How the economy affects teenage weight.

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Much research has focused on the proximate determinants of weight gain and obesity for adolescents, but not much information has emerged on identifying which adolescents might be at risk or on prevention. This research focuses on a distal determinant of teenage weight gain, namely changes in the economy, which may help identify geographical areas where adolescents may be at risk and may provide insights into the mechanisms by which adolescents gain weight. This study uses a nationally representative sample of individuals, between 15 and 18 years old from the 1997 US National Longitudinal Survey of Youth, to estimate a model with state and year fixed effects to examine how within-state changes in the unemployment rate affect four teenage weight outcomes: an age- and gender-standardized percentile in the body-mass-index distribution and indicators for being overweight, obese, and underweight. I found statistically significant estimates, indicating that females gain weight in weaker economic periods and males gain weight in stronger economic periods. Possible causes for the contrasting results across gender include, among other things, differences in the responsiveness of labor market work to the economy and differences in the types of jobs generally occupied by female and male teenagers.

PMID: 19364624 [PubMed - indexed for MEDLINE]


Relationship between Multiple Forms of Maltreatment by a Parent or Guardian and Adolescent Alcohol Use.

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This study examined the effect of the co-occurrence of multiple categories of maltreatment on adolescent alcohol use. Data were from the National Longitudinal Study of Adolescent Health which used a nationally representative sample of adolescents (n = 14,078). Among those reporting any maltreatment, over one-third had experienced more than one type of maltreatment. Logistic regression models found that all types or combinations of types of maltreatment except physical-abuse-only were strongly associated with adolescent alcohol use,
controlling for age, gender, race, and parental alcoholism. These results add to accumulating evidence that child maltreatment has a deleterious impact on adolescent alcohol use.

PMID: 19340641 [PubMed - indexed for MEDLINE]


Changes in perceived job strain and the risk of major depression: results from a population-based longitudinal study.

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Comment in:

Major depression is a prevalent mental disorder in the working population. Improving the work environment may reduce the risk of major depression. The authors examined data from the longitudinal cohort of the Canadian National Population Health Survey from 1994-1995 to 2004-2005. Survey participants were classified into 4 groups by changes in job strain status from 1994-1995 to 2000-2001 (no change in low job strain, no change in high job strain, changing from high to low job strain, and changing from low to high job strain). The incidence proportion of major depressive episodes in each of the 4 groups was 4.0%, 8.0%, 4.4%, and 6.9%, respectively. Participants who reported a change from high to low job strain had a risk of major depression similar to those exposed to persistently low job strain. Among those exposed to persistent high job strain, only participants who reported good or excellent health at baseline had a higher risk of major depression, but those who reported fair or poor health did not. Reducing job strain may have positive impacts on the risk of depression. Self-rated health is a strong predictor of depression and plays an important role in the relation between job strain and depression.

PMID: 19318611 [PubMed - indexed for MEDLINE]


Does health predict the reporting of racial discrimination or do reports of discrimination predict health? Findings from the National Longitudinal Study of Youth.

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Racial discrimination may contribute to diminished well-being, possibly through stress and restricted economic advancement. Our study examines whether reports of racial discrimination predict health problems, and whether health problems predict the reporting of racial discrimination. Data come from years 1979 to 1983 of the US National Longitudinal Study of Youth, focusing on respondents of Black (n=1851), Hispanic (n=1170), White (n=3450) and other (n=1387) descent. Our analyses indicate that reports of racial discrimination in seeking employment predict health-related work limitations, although these limitations develop over time, and not immediately. We also find that reports of discrimination at two time-points appear more strongly related to health-related work limitations than reports at one time-point. A key finding is that these limitations do not predict the subsequent reporting of racial discrimination in seeking employment. These
findings inform our knowledge of the temporal ordering of racial discrimination in seeking employment and health-related work conditions among young adults. The findings also indicate that future research should carefully attend to the patterns and timing of discrimination.

PMID: 19289253 [PubMed - indexed for MEDLINE]

Economic burden of transformed migraine: results from the American Migraine Prevalence and Prevention (AMPP) Study.

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OBJECTIVE: To evaluate the impact of incident transformed migraine on health care resource utilization, medication use, and productivity loss. In addition, the study estimates the total direct and indirect costs associated with transformed migraine. BACKGROUND: Emerging evidence indicates that migraine may be a chronic progressive disorder characterized by escalating frequency of headache attacks, often termed transformed migraine. Little is known about the economic impact of transformed migraine. METHODS: AMPP is a 5-year, national, longitudinal survey study of headache in the US. The study utilized data from the 2006 follow-up survey based on an initial sample of 14,544 adults identified as having migraine in either the 2004 screening or 2005 baseline survey. A diagnosis of migraine was assigned based on criteria proposed by the International Classification of Headache Disorders, 2nd Edition. Participants completed self-administered, validated questionnaires on headache features, frequency, impairment, resource use, medication use, and productivity loss. Direct and indirect headache-related costs were estimated using unit cost assumptions from the PharMetrics Patient-Centric database, wholesale acquisition costs (Red Book), and wage data from the US Bureau of Labor Statistics. Those who developed transformed migraine were compared with those who did not develop transformed migraine in the 1-2 year interval between screening/baseline and follow-up. RESULTS: A total of 7796 (54%) identified migraine cases completed the 2006 follow-up survey. Of those cases, 359 (4.6%) developed transformed migraine. Participants who developed transformed migraine reported significantly more primary care visits, neurologist or headache specialist visits, pain clinic visits, and emergency room visits compared with participants whose migraine remained episodic. Hospital nights and urgent care visits did not reach statistical significance. Transformed migraine participants reported significantly more time missed at work or school because of headaches and more time where work or school productivity was reduced by >50% in the previous 3 months because of headaches. Average per-person annual total costs, including direct and indirect costs, were 4.4-fold greater for those who developed transformed migraine ($7750) compared with those who remained episodic ($1757). CONCLUSION: Transformed migraine exacts a significantly higher economic toll on patients and health care systems compared with other forms of migraine. Our findings support the need to prevent migraine progression and to provide appropriate management and treatment of transformed migraine.

PMID: 19245386 [PubMed - indexed for MEDLINE]


BACKGROUND: Poor co-ordination of services can have severe consequences for disadvantaged children with complex needs. Since 2003 national and local governments in England embarked on sweeping reforms aimed at improving and integrating local health, education and social services for children. These were to be organized locally by children's trusts and piloted by 35 children's trust pathfinders. METHODS: This study described and compared the experience of integrating children's services in all 35 children's trust pathfinders, covering 20% of children in England. It had a prospective mixed-methods design. Over 3 years we interviewed 147 managers and professionals working in the children's trusts, including 172 semi-structured interviews, carried out two questionnaire surveys of the 35 children's trusts and analysed official documents. RESULTS: In most areas different agencies jointly commissioned children's services, especially for mental health, disabilities and multi-purpose children's centres, and increasingly pooled finances. Provision of multi-agency and multi-professional services was increasing. Professionals generally supported these changes but found them stressful. All children's trusts appointed directors of children's services and established boards representing multiple agencies. Systems for sharing information about individual children were mostly in place but were still underused. Health services were generally less involved in joint work than were local authorities' education and social care services, with notable exceptions. Areas where local authorities and health authorities shared geographical boundaries made most progress. Some children's trusts made few changes beyond their statutory obligations. CONCLUSION: Children's trusts enabled major changes to services in areas where local actors and organizations were motivated and empowered. In other areas the remit of children's trusts was often too broad and vague to overcome entrenched organizational and professional divisions and interests. Policymakers need to balance facilitation of change in areas with dynamic change agents with methods for ensuring that dormant areas and agencies are not left behind.

PMID: 19228159 [PubMed - indexed for MEDLINE]


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OBJECTIVES: The aim of the study was to explore the smoking habits of Swedish dental hygienists over a 15-year period from 1987 through 2002, and compare these with the smoking habits of Swedish women in general during the same period. METHODS: Random samples of dental hygienists in the age range 20-65 years representing 95% of the Swedish work force were collected based on professional membership. Smoking prevalence data for Swedish women in the general population were retrieved from national statistics. RESULTS: The overall prevalence of current smokers among dental hygienists was 14.9%, 13.4% and 11.2% in 1994, 1998 and 2002, respectively, suggesting a slight decline during the period. The corresponding prevalence for Swedish women in general was 28.2%, 24.8% and 20.9% respectively. The observations indicate a considerably lower prevalence for dental hygienists than for women in general. For Metropolitan areas, the prevalence of current smokers among dental hygienists was 25.3%, 18.1%, 14.9% and 15.6% in 1987, 1994, 1998 and 2002, respectively, compared with 32.4%, 28.1%,
22.8% and 20.0%, respectively, of Swedish women in general, confirming a lower prevalence among dental hygienists. A vast majority of dental hygienists smokers consented to smoke a maximum of 10 cigarettes per day; a consumption that remained stable over the years studied. CONCLUSION: The prevalence of current smokers among Swedish dental hygienists was considerably lower than the corresponding prevalence among Swedish women in general during the years 1987 through 2002. A continuous decline in smoking prevalence was observed among dental hygienists as well as among women in general.

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Pain induced by a single simulated office-work session: time course and association with muscle blood flux and muscle activity.

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The present study aimed to assess the development of pain during computer work with high precision demand and time pressure, and the association between pain and muscle blood fluxes and muscle activity. Twenty-eight healthy subjects (range 22-44 years) performed a 90-min standardized task of correcting a text on a word-processor. Monetary reward was given according to productivity in order to induce time pressure. Pain intensity, general tension, and eye strain were reported on visual analogue scales before, during and after the computer session. Intramuscular trapezius blood fluxes were recorded by laser-Doppler flowmetry (LDF) and analyzed as % of baseline level. Muscle activity was measured from the upper trapezius and forearm extensors by surface electromyography (EMG), analyzed as % of a maximal calibration contraction, %EMG(max). Pain, tension, and eye strain increased considerably during the computer session with different time course for pain and tension. The LDF of the active side of trapezius was elevated for 30 min followed by a falling trend. There was an initial short-lasting increase in the inactive trapezius. The upper trapezius EMG was low (<3 % of EMG(max)) but increased during the work, similar in both the active and passive side. There was a significant time and blood flux interaction effect on pain in the shoulders/neck, but no association with EMG. In conclusion, considerable neck/shoulder pain may develop in healthy pain-free subjects during 90 min of office-work and seems to be related to the regulation of trapezius muscle blood flow.

PMID: 19083247 [PubMed - indexed for MEDLINE]


Child abuse and neglect: relations to adolescent binge drinking in the national longitudinal study of Adolescent Health (AddHealth) Study.

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The purpose of this study was to examine the relationship between child maltreatment and adolescent binge drinking. Given that many victimized children have been maltreated in multiple ways, we examine the effects of co-occurrence of multiple types of maltreatment on adolescent binge drinking. We used the National Longitudinal Study of Adolescent Health (AddHealth), which included a nationally representative sample of adolescents (n=12,748). Adolescent binge drinking was defined as five or more drinks in a row at least 2-3 times per month in the past
year. Among those reporting any maltreatment, 12.4% reported binge drinking compared to 9.9% among those reporting no maltreatment. Logistic regression models found that child maltreatment is a robust risk factor for adolescent binge drinking controlling for parental alcoholism. In particular, all types of or combinations of types of maltreatment were strongly associated with adolescent binge drinking, controlling for age, gender, race, parental alcoholism and monitoring. Research examining the effect of childhood maltreatment on later alcohol abuse needs to recognize the clustering effects of multiple types of childhood maltreatment on alcohol problems.

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PMID: 19028418 [PubMed - indexed for MEDLINE]


Need-service matching in substance abuse treatment: racial/ethnic differences.

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This study examines the impact of ancillary health and social services matched to client needs in substance abuse treatment for African Americans, Latinos and Whites. The study uses data collected from 1992 to 1997 for the National Treatment Improvement Evaluation Study, a prospective cohort study of substance abuse treatment programs and their clients. The analytic sample consists of 3142 clients (1812 African Americans, 486 Latinos, 844 Whites) from 59 treatment facilities. Results show that racial/ethnic minorities are underserved compared to Whites in the substance abuse service system. Different racial/ethnic groups come into treatment with distinct needs and receive distinct services. Although groups respond differentially to service types, substance abuse counseling and matching services to needs is an effective strategy both for retaining clients in treatment and for reducing post-treatment substance use for African Americans and Whites. Receipt of access services was related to reduced post-treatment substance use for Latinos. Study findings are relevant to planning special services for African Americans and Latinos.

PMID: 19019434 [PubMed - indexed for MEDLINE]


Social dysfunctioning after mild to moderate first-ever stroke at vocational age.

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BACKGROUND: With improvements in stroke treatments, the number of patients with dramatic recovery is increasing. However, many of them are still complaining of difficulties in returning to work and every day activities. The aim was to assess work and social dysfunctioning in patients with minor to moderate stroke and explore its contributing factors. METHODS: Consecutive patients were prospectively included at a median 7 months after a first-ever stroke. Scores on the Work and Social Adjustment Scale (WSAS), a generic self-reported scale for assessing social functioning, were correlated with scores on the National Institutes of Health Stroke Scale (NIHSS), activities of daily living, Hospital Anxiety and Depression scale (HAD) and MMSE, Iowa Scale of Personality Changes and return to work at 1 year. RESULTS: Among the 84 included patients (mean age 43.5 years), 57 (68%; 95% CI 57 to 78%) complained of significant perturbation of
functioning attributed to stroke. WSAS was highly significantly related to modified Rankin scale, daily living activities, Iowa Scale of Personality Changes and return to work at 1 year. Using ordinal logistic regression, the contributors to WSAS were initial neurological severity (NIHSS at admission), HAD and MMSE. CONCLUSIONS: The study showed that up to 68% of our patients complained of significant work and social dysfunction due to stroke, despite a good clinical outcome. This self-estimation was correlated to external validation criteria, stressing the high burden of stroke from the patient's viewpoint. Moreover, when compared across diseases, social dysfunctioning after mild stroke was as important as in other major disabling diseases.

PMID: 19010942 [PubMed - indexed for MEDLINE]


A multi-group cross-lagged analyses of work stressors and health using Canadian National sample.

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This article examines the reciprocal relationships between work variables and health outcomes and if these relationships differ by social class (measured by occupational grouping). We used longitudinal data from the 1994/95--2002/03 Canadian National Population Health Survey (NPHS). Karasek's work stress variables were measured in the 1994/95 (cycle 1, time 1), 2000/01 (cycle 4, time 2) and 2002/03 (cycle 5, time 3) surveys. Analyses were limited to 2556 respondents aged 18-56 at time 1 and who remained in the same social class (as defined by occupational position) for all the three time points. Work variables used were job strain ratio, work social support and job insecurity. Health outcomes used were distress, depression and self-rated health. Multi-group path analyses were used to investigate the reciprocal relationships between work and health variables and if these relationships differed by social class. Analyses controlled for age, gender, marital status and work status. We find there is a differential burden of work psychosocial factors and health outcomes by social class. The cross-lagged relationships between work and health depended on the outcome, social class and time lag. More significant paths from work to health were observed than reverse paths from health to work. More significant relationships between work and health were observed for the shorter time lag (2 years) compared to longer time lags (6 years). Low work social support and job insecurity were more detrimental to health for respondents in lower social class positions. Findings from this study highlight the importance of time lag, and to some extent social class, in the reciprocal relationships between work and health.

PMID: 19010577 [PubMed - indexed for MEDLINE]


Does watching sex on television predict teen pregnancy? Findings from a national longitudinal survey of youth.

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Comment in:

OBJECTIVE: There is increasing evidence that youth exposure to sexual content on television shapes sexual attitudes and behavior in a manner that may influence reproductive health outcomes. To our knowledge, no previous work has empirically examined associations between exposure to television sexual content and adolescent pregnancy. METHODS: Data from a national longitudinal survey of teens (12-17 years of age, monitored to 15-20 years of age) were used to assess whether exposure to televised sexual content predicted subsequent pregnancy for girls or responsibility for pregnancy for boys. Multivariate logistic regression models controlled for other known correlates of exposure to sexual content and pregnancy. We measured experience of a teen pregnancy during a 3-year period. RESULTS: Exposure to sexual content on television predicted teen pregnancy, with adjustment for all covariates. Teens who were exposed to high levels of television sexual content (90th percentile) were twice as likely to experience a pregnancy in the subsequent 3 years, compared with those with lower levels of exposure (10th percentile). CONCLUSIONS: This is the first study to demonstrate a prospective link between exposure to sexual content on television and the experience of a pregnancy before the age of 20. Limiting adolescent exposure to the sexual content on television and balancing portrayals of sex in the media with information about possible negative consequences might reduce the risk of teen pregnancy. Parents may be able to mitigate the influence of this sexual content by viewing with their children and discussing these depictions of sex.

PMID: 18977986 [PubMed - indexed for MEDLINE]


Immigration generation status and its association with suicide attempts, substance use, and depressive symptoms among latino adolescents in the USA.

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This study investigated the relation between suicide attempts and immigrant generation status using the Latino subset of the National Longitudinal Study of Adolescent Health, a school-based, nationally representative sample. This study also examined whether generation status predicted risk factors associated with elevated suicide behaviors, namely illicit substance use, problematic alcohol use, and depressive symptoms. Finally, hypothesizing that elevated depressive symptoms and substance use mediate the relation between immigrant generation status and suicide attempts among Latino adolescents, a path model was tested. Our findings revealed immigrant generation status was a determinant for suicide attempts, problematic alcohol use, repeated marijuana use, and repeated other drug use for Latino adolescents. US-born Latinos with immigrant parents (i.e., second-generation youth) were 2.87 (95% CI, 1.34, 6.14) times more likely to attempt suicide, 2.27 (95% CI, 1.53, 3.35) times more likely to engage in problematic alcohol use, 2.56 (95% CI, 1.62, 4.05) times more likely to engage in repeated marijuana use, and 2.28 (95% CI, 1.25, 4.17) times more likely to engage in repeated other drug use than were foreign-born youth (i.e., first-generation youth). Later-generations of US-born Latino youth with US-born parents were 3.57 (95% CI, 1.53-8.34) times more likely to attempt suicide, 3.34 (95% CI, 2.18-5.11) times more likely to engage in problematic alcohol use, 3.90 (95% CI, 2.46, 6.20) times more likely to engage in repeated marijuana use, and 2.80 (95% CI, 1.46, 5.34) times more likely to engage in repeated other drug use than were first-generation youth. Results from the path analysis indicated that repeated other drug use may mediate the effect of generation status on suicide attempts.

PMCID: PMC2662363
PMID: 18855139 [PubMed - indexed for MEDLINE]
PURPOSE: To describe Soldiers' (e.g., U.S. Army personnel) perspectives of the effect of musculoskeletal injuries. DESIGN: Data were collected in the summer of 2003 using a prospective survey design. The survey was mailed to active duty Soldiers on modified work plans because of musculoskeletal injuries. These Soldiers were assigned to one Army installation in the US. METHODS: Responses to the survey questions were analyzed using descriptive statistics. The numerous handwritten comments were evaluated qualitatively. FINDINGS: Injuries most often involved the back and knees (18% each). At least 47% of the injuries were work related. Injuries interfered with Soldiers' abilities to perform military tasks such as road marching (80%) and organized physical training (69%). Although many respondents indicated they were not experiencing pain, at least some Soldiers reported mild pain for each of 19 anatomic locations. Severe pain was reported most often for the lower back (21%). In their written comments, Soldiers expressed a sense of frustration with their injuries, the healthcare system and providers, and their unit leaders. CONCLUSIONS: Healthcare personnel are challenged to better manage Soldiers with musculoskeletal injuries and expedite their return to full duty. Unit leaders are challenged to create work environments that focus on injury prevention and allow injured Soldiers time to heal. CLINICAL RELEVANCE: The Soldiers in this study were often engaged in physically challenging work or sports activities when injured. Because people outside the Army engage in similar activities (e.g., construction workers, endurance athletes), the findings from this study might be applicable to nonmilitary communities. Additionally, with the number of Reserve and National Guard Soldiers currently on active duty, civilian nurses might be caring for Soldiers with musculoskeletal injuries.

PMID: 18840211 [PubMed - indexed for MEDLINE]
race/ethnicity and lifetime SEP (measured by parents' education and respondent's education). RESULTS: BMI trajectories exhibit a curvilinear rate of change from age 18 to 45, but there was a strong period effect, such that weight gain was more rapid for more recent cohorts. As a result, successive cohorts become overweight (BMI>25) at increasingly earlier points in the life course. BMI scores were also consistently higher for women, racial/ethnic minority groups and those from a lower SEP. However, BMI scores for socially advantaged groups in recent cohorts were actually higher than those for their socially disadvantaged counterparts who were born 10 years earlier. CONCLUSIONS: Results highlight the importance of social status and socio-economic resources for maintaining optimal weight. Yet, even those in advantaged social positions have experienced an increase in BMI in recent years.

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PMID: 18835869 [PubMed - indexed for MEDLINE]


Diagnostic validity of an expert tuberculosis commission that assists the diagnosis of bacteriologically negative suspected TB cases in Havana, Cuba.

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The Provincial Tuberculosis Commission of Havana, Cuba, a multi-speciality committee, assists clinicians in diagnosing bacteriologically negative tuberculosis (TB). At its weekly meetings, clinicians present the files of suspected TB cases for discussion, diagnosis and recommendations. This prospective study assessed the validity of the diagnoses made by the Commission by comparing the diagnoses made with diagnoses ascertained after one year of follow-up. Between October 2002 and December 2003, 126 patients suspected to have TB but who were bacteriologically negative completed diagnostic work at the Commission. Fifty-three (42%) were diagnosed as TB cases. The definite diagnosis of 116 patients (92%) was ascertained after one year of follow-up. Six patients diagnosed by the Commission as TB cases were suffering from other diseases, while one patient diagnosed with pneumonia had a definite diagnosis of pulmonary TB. The diagnostic sensitivity and specificity of the Commission were 98% (95% CI 93-100) and 92% (95% CI 85-98), respectively. The Provincial Tuberculosis Commission of Havana can be considered a valuable tool for the diagnosis of TB in patients suspected of TB but who are bacteriologically negative. A comparable approach, adapted to the local conditions, could prove useful in other epidemiological and healthcare settings.

PMID: 18814892 [PubMed - indexed for MEDLINE]


New injectors and the social context of injection initiation.

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BACKGROUND: Preventing the onset of injecting drug use is an important public health objective yet there is little understanding of the process that leads to injection initiation. This paper draws extensively on narrative data to describe
how injection initiation is influenced by social environment. We examine how watching other people inject can habitualise non-injectors to administering drugs with a needle and consider the process by which the stigma of injecting is replaced with curiosity. METHOD: In-depth interviews (n=54) were conducted as part of a 2-year longitudinal study examining the behaviours of new injecting drug users. RESULTS: Among our sample, injection initiation was the result of a dynamic process during which administering drugs with a needle became acceptable or even appealing. Most often, this occurred as a result of spending time with current injectors in a social context and the majority of this study's participants were given their first shot by a friend or sexual partner. Initiates could be tenacious in their efforts to acquire an injection trainer and findings suggest that once injecting had been introduced to a drug-using network, it was likely to spread throughout the group. CONCLUSION: Injection initiation should be viewed as a communicable process. New injectors are unlikely to have experienced the negative effects of injecting and may facilitate the initiation of their drug-using friends. Prevention messages should therefore aim to find innovative ways of targeting beginning injectors and present a realistic appraisal of the long-term consequences of injecting. Interventionists should also work with current injectors to develop strategies to refuse requests from non-injectors for their help to initiate.

PMCID: PMC2706152 [Available on 2010/7/1]
PMID: 18790623 [PubMed - indexed for MEDLINE]

Predictors of sexually coercive behavior in a nationally representative sample of adolescent males.
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Data from male participants in the National Longitudinal Study of Adolescent Health are used to examine childhood predictors of late adolescent and early adulthood sexually coercive behavior and adolescent mediators of these relationships. A path analysis shows that experiencing sexual abuse as a child has a direct effect on perpetrating subsequent coercion that is partially mediated by early sexual initiation. Involvement in delinquent activities in adolescence was the only additional significant predictor of sexually coercive behavior and completely mediated the relationship between physical abuse in childhood and later sexual coercion. Of note, more than half of men reporting sexually aggressive acts had no history of childhood victimization, so pathways to sexually coercive behavior for this group remain unidentified. In addition to the universal prevention approaches currently in use in the field, these findings suggest that targeted prevention programs need to be formulated for youth with histories of childhood sexual or physical abuse.

PMID: 18701744 [PubMed - indexed for MEDLINE]

Weight and wages: fat versus lean paychecks.
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Past empirical work has shown a negative relationship between the body mass index
(BMI) and wages in most cases. We improve on this work by allowing the marginal
effect of non-linear BMI groups to vary by gender, age, and type of interpersonal
relationships required in each occupation. We use the National Longitudinal
Survey of Youth 1979 (1982-1998). We find that the often-reported negative
relationship between the BMI and wages is larger in occupations requiring
interpersonal skills with presumably more social interactions. Also, the wage
penalty increases as the respondents get older beyond their mid-twenties. We show
that being overweight and obese penalizes the probability of employment across
all race-gender subgroups except black women and men. Our results for the
obesity-wage association can be explained by either consumers or employers having
distaste for obese workers. (c) 2008 John Wiley & Sons, Ltd.

PMID: 18677723 [PubMed - indexed for MEDLINE]


Causes and pattern of unilateral hand injuries.

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OBJECTIVE: To assess the causes and pattern of hand injuries in patients with
isolated unilateral acute hand injuries managed at the Kenyatta National Hospital
(KNH). Design: A prospective cross-sectional descriptive study. SETTING: Kenyatta
National Hospital, Nairobi, Kenya, between May and August 2006. SUBJECTS: All
patients with isolated unilateral acute hand injuries who presented at the
casualty department. RESULTS: A total of 99 patients were recruited. The mean age
was 28.2 years with the modal age being 21-30 years. More males were injured than
females. Occupational injuries and assaults were the most prevalent causes of
hand injury. Majority of the injuries included lacerations, fractures and tendon
injuries. The distal phalanges of the ring and long fingers were the most common
sites of injury on the digits. CONCLUSION: Occupational hand injuries, a largely
preventable problem, are the most prevalent cause of hand injury. This offers
opportunity for strategies in preventing a large number of hand injuries by
initiating safety measures at the work place.

PMID: 18663885 [PubMed - indexed for MEDLINE]


How the rich (and happy) get richer (and happier): relationship of core
self-evaluations to trajectories in attaining work success.

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In this study, the authors linked core self-evaluations to job and work success.
Utilizing a dynamic design from participants in the National Longitudinal Surveys
of Youth (NLSY79), core self-evaluations were hypothesized to predict
individuals' intercepts (starting levels of success), and their growth
trajectories (slope of individuals' success over time) with respect to job
satisfaction, pay, and occupational status. Results indicated that higher core
self-evaluations were associated with both higher initial levels of work success
and steeper work success trajectories. Education and health problems that
interfere with work mediated a portion of the hypothesized relationships,
suggesting that individuals with high core self-evaluations have more ascendant
jobs and careers, in part, because they are more apt to pursue further education
and maintain better health.

PMID: 18642988 [PubMed - indexed for MEDLINE]


First-episode psychosis: diagnostic stability over one and two years.


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BACKGROUND: Diagnostic stability is important for daily clinical work and planning of treatment. The aims of this study were to measure diagnostic stability in a clinical epidemiologic sample and to identify markers of change in diagnosis. SAMPLING AND METHODS: Diagnostic stability and change were measured in a sample of 301 patients with first-episode psychosis from four national health care sectors in Norway and Denmark at baseline, 1 and 2 years. RESULTS: Diagnostic stabilities were high for schizophrenia and schizoaffective disorder (85-99%), low for schizophreniform disorder (16-19%), and intermediate for other diagnoses. Diagnostic change from schizophreniform to schizophrenia was frequent in year 1 (72%). Characteristics discriminating schizophreniform patients keeping their diagnosis (i.e. having recovered within 6 months with no relapse) from those developing schizophrenia at 1 year were female gender, better childhood premorbid functioning, shorter duration of untreated psychosis and more severe general psychotic symptoms, especially excitement. CONCLUSIONS: Findings provide validation for the DSM-IV categories within the schizophrenic spectrum. The limitations of the study were: the raters were not blind to baseline assessments; patients with longer duration of untreated psychosis were more likely to refuse participation; not all patients were assessed at 1- and 2-year follow-up, but the attrition was rather low. (c) 2008 S. Karger AG, Basel.

PMID: 18635935 [PubMed - indexed for MEDLINE]


Overweight in children and adolescents in relation to attention-deficit/hyperactivity disorder: results from a national sample.

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Comment in:


OBJECTIVE: As the prevalence of childhood obesity increases, identifying groups of children who are at increased risk of overweight is important. The current study estimated the prevalence of overweight in children and adolescents in relation to attention-deficit/hyperactivity disorder and medication use. PATIENTS AND METHODS: This study was a cross-sectional analysis of 62,887 children and adolescents aged 5 to 17 years from the 2003-2004 National Survey of Children's Health, a nationally representative sample of children and adolescents in the United States. Attention-deficit disorder/attention-deficit/hyperactivity disorder was determined by response to the question "Has a doctor or health professional ever told you that your child has attention-deficit disorder or attention-deficit/hyperactive disorder, that is, ADD or ADHD?" Children and
adolescents were classified as underweight, normal weight, at risk of overweight, or overweight according to BMI for age and gender. RESULTS: After adjustment for age, gender, race/ethnicity, socioeconomic status, and depression/anxiety, children and adolescents with attention-deficit disorder/attention-deficit/hyperactivity disorder not currently using medication had approximately 1.5 times the odds of being overweight, and children and adolescents currently medicated for attention-deficit disorder/attention-deficit/hyperactivity disorder had approximately 1.6 times the odds of being underweight compared with children and adolescents without either diagnosis. CONCLUSIONS: This study provides heightened awareness for pediatric providers about the relationship between attention-deficit disorder/attention-deficit/hyperactivity disorder, medication use, and weight status. Future work is needed to better understand the longitudinal and pharmacologic factors that influence the relationship between attention-deficit disorder/attention-deficit/hyperactivity disorder and weight status in children and adolescents.

PMID: 18595954 [PubMed - indexed for MEDLINE]

Association of childhood autism spectrum disorders and loss of family income.
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BACKGROUND: Parents of children with autism have significant out-of-pocket expenditures related to their child's care. The impact of having a child with autism on household income is not known. OBJECTIVE: The purpose of this work was to estimate the loss of household income associated with childhood autism using a nationally representative sample. METHODS: Parents of 11,684 children enrolled in kindergarten to eighth grade were surveyed by the National Household Education Survey-After School Programs and Activities in 2005. An autism spectrum disorder was defined as an affirmative response to the questions, "has a health professional told you that [child] has any of the following disabilities? 1) autism? 2) pervasive developmental disorder or PDD?" There were 131 children with autism spectrum disorder in the sample and 2775 children with other disabilities. We used ordinal logistic regression analyses to estimate the expected income of families of children with autism given their education level and demographic characteristics and compared the expected income with their reported income. RESULTS. Both having a child with autism spectrum disorder and having a child with other disabilities were associated with decreased odds of living in a higher income household after controlling for parental education, type of family, parental age, location of the household, and minority ethnicity. The average loss of annual income associated with having a child with autism spectrum disorder was $6200 or 14% of their reported income. CONCLUSION: Childhood autism is associated with a substantial loss of annual household income. This likely places a significant burden on families in the face of additional out-of-pocket expenditures.

PMID: 18381511 [PubMed - indexed for MEDLINE]

Sniadack MM, Neff LJ, Swerdlow DL, Schieber RA, McCauley MM, Mootrey GT.
Limited information exists regarding intermediate or long-term consequences of cardiac adverse events (CAEs) after smallpox vaccination. We conducted follow up at 5-12 months after vaccination of 203 US civilian vaccinees who reported a possible CAE. Among 31 of the 33 with confirmed CAEs, at least 1 health-related quality-of-life change persisted for approximately 48%; approximately 87% missed work (average, 11.5 days). Among 168 of the 170 case patients with other reported cardiovascular conditions, at least 1 health-related quality-of-life change persisted for approximately 40%; almost 49% missed work (average, 10.2 days). Almost all vaccinees with possible CAEs were working the same number of hours at follow-up compared with before vaccination. Although intermediate-term consequences among possible postvaccination CAEs were not considered serious, lost days of work and a decline in health-related quality of life at the time of follow-up were common, resulting in personal economic and quality-of-life burden.

PMID: 18284366 [PubMed - indexed for MEDLINE]
symptom experience of adult patients pre-transplantation and days 0, 30, and 100 after allogeneic HSCT. METHODS: Data from 76 participants enrolled in a prospective health-related quality of life (HRQL) study were used. Symptom occurrence, distress, and clusters were determined based on the 11 symptoms of the Symptom Distress Scale (SDS). RESULTS: Participants were on average 40 years old (SD +/- 13.5). The majority (54%) received reduced intensity conditioning. Prevalent symptoms included fatigue (68%) and worry (68%) at baseline, appetite change (88%) at day 0, and fatigue at days 30 (90%) and 100 (81%). Participants reported the following symptoms as severely distressing: worry (16%) [baseline], insomnia (32%) [day 0], appetite change (22%) [day 30], and fatigue (11%) [day 100]. The total SDS score was highest at day 0 (M = 26.6 +/- 7.6) when the highest number of symptoms were reported [median = 8 (1-11)]. Symptoms formed clusters comprised of fatigue, appearance change, and worry at baseline, and fatigue, insomnia, and bowel changes at days 0 and 30. Compared to those with low symptom distress, participants with moderate/severe symptom distress reported poorer HRQL. CONCLUSION: Allogeneic HSCT patients present for transplantation with low symptom distress yet experience multiple symptoms and high symptom distress after HSCT conditioning. Understanding the symptom experience of allogeneic HSCT patients can guide management strategies and improve HRQL.

PMID: 18322708 [PubMed - indexed for MEDLINE]


Substance use among Asian Americans and Pacific Islanders sexual minority adolescents: findings from the National Longitudinal Study of Adolescent Health.

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PURPOSE: We assessed the prevalence, incidence, and correlates of substance use among Asian American individuals transitioning from adolescence to young adulthood. METHODS: Data were obtained from the National Longitudinal Study of Adolescent Health, Wave II (1996) and Wave III (2001). Information on substance use was abstracted from a nationally representative sample of 1108 Asian Americans and Pacific Islanders (AAPIs) from both Waves. Weighted prevalence, incidence, and patterns of smoking, binge drinking, marijuana use, and other drug use were analyzed by sexual orientation and gender. Multiple logistic regression analyses were conducted to investigate the unique contribution of being a sexual minority in relation to four types of substance use by gender. RESULTS: A link between sexual orientation and substance use behaviors among AAPIs did not emerge until young adulthood. Significant increases in the incidence and prevalence of all four types of substance use (tobacco, binge drinking, marijuana, and other drugs) were found among sexual minority AAPIs. Specifically being an AAPI sexual minority young woman, compared with being a heterosexual young woman, a heterosexual young man, or a sexual minority young man, was significantly associated with substance use after controlling for demographic characteristics, problem behaviors, and substance use during adolescence. Also the highest prevalence of substance use was found among AAPI sexual minority women. CONCLUSIONS: These findings add greater urgency to addressing the role of sexual orientation in designing substance abuse programs.

PMID: 18295136 [PubMed - indexed for MEDLINE]


Association of physical job demands, smoking and alcohol abuse with subsequent premature mortality: a 9-year follow-up population-based study.
This study assessed the relationships of physical job demands (PJD), smoking, and alcohol abuse, with premature mortality before age 70 (PM-70) among the working or inactive population. The sample included 4,268 subjects aged 15 or more randomly selected in north-eastern France. They completed a mailed questionnaire (birth date, sex, weight, height, job, PJD, smoking habit, alcohol abuse (Deta questionnaire)) in 1996 and were followed for mortality until 2004 (9 yr). PJD score was defined by the cumulative number of the following high job demands at work: hammer, vibrating platform, pneumatic tools, other vibrating hand tools, screwdriver, handling objects, awkward posture, tasks at heights, machine tools, pace, working on a production line, standing about and walking. The data were analyzed using the Poisson regression model. Those with PM-70 were 126 (3.81 per 1,000 person-years). The leading causes of death were cancers (46.4% in men, 57.1% in women), cardiovascular diseases (20.2% and 11.9%), suicide (9.5% and 7.1%), respiratory diseases (6.0% and 4.8%), and digestive diseases (2.4% and 4.8%). PJD3, smoker, and alcohol abuse had adjusted risk ratios of 1.71 (95% CI 1.02-2.88), 1.76 (1.08-2.88), and 2.07 (1.31-3.26) respectively for all-cause mortality. Manual workers had a risk ratio of 1.84 (1.00-3.37) compared to the higher socio-economic classes. The men had a two-fold higher mortality rate than the women; this difference became non-significant when controlling for job, PJD, smoker and alcohol abuse. For cancer mortality the factors PJD3, smoker, and alcohol abuse had adjusted risk ratios of 2.00 (1.00-3.99), 2.34 (1.19-4.63), and 2.22 (1.17-4.20), respectively. Health promotion efforts should be directed at structural measures of task redesign and they should also concern lifestyle.

PMID: 18285642 [PubMed - indexed for MEDLINE]


A 15-year prospective study of shift work and disability pension.

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OBJECTIVE: To estimate the hazard ratio for disability pension associated with shift work. METHODS: Cohorts of shift and day workers were identified in three waves of the Danish Work Environment Cohort Study and followed up for incidence of disability pension in a national register of social transfer payment. A total of 3980 female and 4025 male employees were included in the cohorts. Information about shift work status, age, smoking habits, body mass index and ergonomic work environment were updated according to responses in subsequent waves of the survey when possible. Respondents reporting shift work were classified as shift workers in the following waves as well. Respondents were followed in the register from the time of first interview and were censored at the time of their 60th birthday, emigration, death or end of follow-up (18 June 2006). The authors used the Cox proportional hazards model to estimate hazard ratios for incidence of disability pension and 95% confidence intervals. RESULTS: The authors observed 253 new disability pensions among women and 173 among men during 56 903 and 57 886 person-years at risk respectively, Among women, shift work predicted disability after adjustment for age, general health and socioeconomic status HR 1.39 (95% CI 1.07 to 1.82). After further adjustment for body mass index, smoking habits, socioeconomic status and ergonomic exposures the association remained statistically significant HR 1.34 (95% CI 1.02 to 1.75). Shift work was not associated with disability among men. CONCLUSION: Shift work might be moderately associated with disability pension among women; however, more powerful studies
are needed to establish the possible association.

PMCID: PMC2564866
PMID: 18198201 [PubMed - indexed for MEDLINE]


A five-city trial of a behavioural intervention to reduce sexually transmitted disease/HIV risk among sex workers in China.

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OBJECTIVES: To explore and evaluate a sexually transmitted disease (STD)/HIV intervention program targeting female sex workers working in entertainment establishments in five different settings in China. DESIGN AND METHOD: A prospective, community-based, pre/post, intervention trial set in entertainment establishments (karaoke bars, massage parlours, dance halls, beauty parlours) where sex workers operate at sites in five provinces of China: Anhui, Beijing, Fujian, Guangxi and Xinjiang. The participants were all sex workers working in targeted entertainment establishments. A Women's Health Clinic was set up near participants' places of work at each site. Clinic-based outreach activities, including awareness-raising, condom promotion, and sexual health care, were developed and delivered to sex workers. Cross-sectional surveys at baseline and post-intervention were used to evaluate changes in condom use with the last three clients, and the prevalence of chlamydia and gonorrhoea. RESULTS: In total, 907 sex workers were surveyed at baseline and 782 at 12 months post-intervention. Outreach teams made 2552 visits to the target entertainment establishments, approached 13,785 female sex workers, and distributed 33,575 copies of education material and 5102 packets of condoms. The rate of condom use with the most recent three clients increased from 55.2% at baseline to 67.5% at 12 months evaluation. The prevalence of gonorrhoea fell from 26% at baseline to 4% after intervention, and that of chlamydia fell from about 41 to 26%. CONCLUSION: The intervention was effective for increasing condom use and reducing STD among sex workers. The results were used to develop national guidelines on sex worker interventions for nationwide scale up.

PMID: 18172399 [PubMed - indexed for MEDLINE]


Behaviors of youth involved in the child welfare system.

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OBJECTIVE: Using data from a nationally representative panel study, the National Survey of Child and Adolescent Well-Being (NSCAW), we address the following questions: (a) What are the youth, family, community, and child welfare system risk factors that place youth (ages 11-14 years) living at home, who are referred for maltreatment, at increased risk of delinquent behaviors over time? and (b) What promotive factors at the youth, family, community, and child welfare system levels appear to minimize the risk of delinquent behaviors for these youth over time? METHODS: The study uses the NSCAW data collected at baseline (Wave 1) and 18 months later (Wave 3). The multivariate analyses were conducted using a tobit model adjusted for longitudinal data and a complex survey sample. RESULTS: Several significant risk and promotive factors were found to influence the risk
of delinquent behaviors over time. Older youth were more likely to engage in delinquent behaviors than younger youth. Girls were less likely to engage in delinquent behaviors than boys. Race or ethnicity did not have a statistically significant relationship with engaging in delinquent behaviors. Compared with neglected youth, youth who were physically abused were more likely to engage in delinquent behaviors. Increases in caregiver monitoring and in the quality of relationship with caregivers were associated with decreases in delinquent behaviors. Youth at greatest risk and those who engaged in more delinquent behaviors received more child welfare services than youth who did not engage in delinquent behaviors. CONCLUSIONS: The current child welfare delivery system emphasizes provision of services to youth experiencing the more serious problems and less on preventive services. The study findings suggest that preventive services when youth first enter the child welfare system that focus on enhancing caregiver skills in building positive relationships with their youth and increased monitoring of the youth's activity may alter the pathway to delinquent behaviors for these youth.

PMID: 18155294 [PubMed - indexed for MEDLINE]


Predictors of STDs among Asian and Pacific Islander young adults.

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CONTEXT: Limited information is available on factors associated with STDs among Asian and Pacific Islander young adults. Such information is vital to developing effective interventions to reduce STDs within this group. METHODS: Data were derived from the National Longitudinal Study of Adolescent Health, Wave 3; the sample consisted of 605 female and 578 male Asian and Pacific Islander young adults. Logistic regression analysis was used to assess factors associated with ever having had an STD. RESULTS: Thirteen percent of females and 4% of males had ever had an STD. Among those who had had an STD, 75% were female, 9% had ever been paid for sex, 31% had had sex before age 15 and 55% had had multiple sex partners in the previous 12 months. Being female (odds ratio, 4.1), being Indian (compared with being Filipino; 4.8), having ever been paid money for sex (4.7) and having had more than one sex partner in the past 12 months (2.5) were associated with increased odds of having had an STD diagnosis. The more respondents believed that STDs were responsive to treatment, the greater their odds of having had an STD (2.3); the more they believed that STDs had negative consequences for a relationship, the lower their odds of having had an STD (0.7). CONCLUSIONS: Asian and Pacific Islander women and Indians are priority groups for both research and clinical attention; prevention efforts to reduce STDs should be tailored to these groups. Clinicians working with Asians and Pacific Islanders need to focus on clients' number of sexual partners and health-related beliefs.

PMID: 18093040 [PubMed - indexed for MEDLINE]


Analysis of nonresponse in the assessment of health-related quality of life of childhood cancer survivors.

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The aim of this study was to compare the characteristics of respondents and nonrespondents in a survey of childhood cancer survivors recorded in the Childhood Cancer Registry of Piedmont and their current primary care general practitioners. Eligible subjects were identified from the Childhood Cancer Registry of Piedmont and the referring general practitioners were traced through the National Health Service. A postal questionnaire was sent both to childhood cancer survivors and to their general practitioners. Prevalence odds ratios were estimated for demographic and clinical characteristics in survivors and for demographic characteristics in general practitioners. A total of 1005 childhood cancer survivors and 857 general practitioners (132 of them had two or more cancer survivors in care) were included in the study. Completed questionnaires were obtained from 691 survivors (69%) and 615 general practitioners (72%). For survivors, the only associations with nonresponse were for age 35-44 years [prevalence odds ratio: 0.53 (95% confidence interval: 0.33-0.85)], being married [prevalence odds ratio: 1.45 (95% confidence interval: 0.96-2.18)] and diagnosis after 1977 [prevalence odds ratio: 0.66 (95% confidence interval: 0.42-1.03)]. For general practitioners, the only associations were for male sex [prevalence odds ratio: 1.62 (95% confidence interval: 1.13-2.32)] and place of work outside of the city of Turin [prevalence odds ratio: 1.93 (95% confidence interval: 1.07-3.47)]; furthermore associations were relatively weak. An association was also found between nonresponse in survivors and nonresponse in their general practitioners [prevalence odds ratio: 3.40 (95% confidence interval: 2.54-4.56)]. In conclusion, apart from age, marital status and period of diagnosis, there were little differences between respondent and nonrespondents, for the considered clinical and demographical characteristics. Participation of survivors and their general practitioners correlated, suggesting that involvement of the general practitioners in the study may be a method to increase participation of survivors of childhood cancers.

PMID: 18090133 [PubMed - indexed for MEDLINE]

49. Arch Gen Psychiatry. 2007 Dec;64(12):1393-401.

Emotional vitality and incident coronary heart disease: benefits of healthy psychological functioning.

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CONTEXT: The potentially toxic effects of psychopathology and poorly regulated emotion on physical health have long been considered, but less work has addressed whether healthy psychological functioning may also benefit physical health. Emotional vitality--characterized by a sense of energy, positive well-being, and effective emotion regulation--has been hypothesized to reduce risk of heart disease, but no studies have examined this relationship. OBJECTIVES: To examine whether emotional vitality is associated with reduced risk of coronary heart disease (CHD). Secondary aims are to consider whether effects are independent of negative emotion and how they may occur. DESIGN: A prospective population-based cohort study. SETTING: National Health and Nutrition Examination Survey I and follow-up studies (a probability sample of US adults). PARTICIPANTS: Six thousand twenty-five men and women aged 25 to 74 years without CHD at baseline, followed up for a mean 15 years after the baseline interview. MAIN OUTCOME MEASURES: Measures of incident CHD were obtained from hospital records and death certificates. During the follow-up period, 1141 cases of incident CHD occurred. RESULTS: At the baseline interview (1971-1975), participants completed the General Well-being Schedule from which we derived a measure of emotional vitality. Compared with individuals with low levels, those reporting high levels of emotional vitality had multivariate-adjusted relative risks of 0.81 (95% confidence interval, 0.69-0.94) for CHD. A dose-response relationship was evident
Significant associations were also found for each individual emotional vitality component with CHD, but findings with the overall emotional vitality measure were more reliable. Further analyses suggested that one way in which emotional vitality may influence coronary health is via health behaviors. However, the effect remained significant after controlling for health behaviors and other potential confounders, including depressive symptoms or other psychological problems. CONCLUSION: Emotional vitality may protect against risk of CHD in men and women.

PMID: 18056547 [PubMed - indexed for MEDLINE]

Transition from a pediatric HIV intramural clinical research program to adolescent and adult community-based care services: assessing transition readiness.

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As treatment options have improved, there has been a significant increase in the life expectancy of HIV-infected children and adolescents. For most adolescents, the time comes when it is appropriate to transition from pediatric care to an adult or community-based provider. In response to a program closure, a transition readiness scale was developed. A total of 39 caregivers of HIV-infected youth (ages 10-18) and 12 youth over the age of 18 years were interviewed at two time points. Barriers associated with transition were identified and addressed between visits. Transition readiness improved and state anxiety decreased significantly from the first time point to the last visit (approximately 7 months later). Not having a home social worker was the most reported concern/need identified. Barriers to transition and interventions utilized to assist with transitioning care are discussed.

PMCID: PMC2366035
PMID: 18032153 [PubMed - indexed for MEDLINE]

Israeli parents' involvement with their adult children with intellectual disabilities after placement in institutional care: a national study.

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This Israeli national study examined a research model predicting parental behavioral involvement with their adult children several years after their placement in institutional care. The sample studied consisted of 278 parents of children with intellectual disabilities in Israel between January 1993 and December 2001. Predictors of behavioral involvement were analyzed by a path analysis, followed by several differential regression analyses. Parental behavioral involvement with their adult children after placement is differential, and explained primarily by the children's gender and age at placement. Parental behavioral involvement with their daughters is predicted by cognitive and emotional involvement, whereas their behavioral involvement with their sons is related to background data. The child's age at the time of placement also plays a role in predicting parental involvement. Parental behavioral involvement with their children is related to gender and age at the time of placement in
institutional care. Longitudinal research should be carried out to track the involvement process.

PMID: 17975458 [PubMed - indexed for MEDLINE]


The prevalence of and risk factors for erosive oesophagitis and non-erosive reflux disease: a nationwide multicentre prospective study in Korea.


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BACKGROUND: Prospective nationwide multicentre studies that have evaluated endoscopic findings and reflux symptoms using a well-designed questionnaire are very rare. AIM: To compare the prevalence rates of and risk factors for erosive oesophagitis and non-erosive reflux disease (NERD) in the Korean population. METHODS: A gastroscopic examination was performed on 25 536 subjects who visited 40 Healthcare Centers for a health check-up. A gastro-oesophageal reflux questionnaire and multivariate analysis were used to determine the risk factors for erosive oesophagitis and NERD. RESULTS: 2019 (8%) and 996 subjects (4%) had erosive oesophagitis and non-erosive reflux disease, respectively; only 58% of subjects with erosive oesophagitis had reflux symptoms. Multivariate analysis showed that the risk factors for erosive oesophagitis and NERD differed, i.e. those of erosive oesophagitis were male, a Helicobacter pylori eradication history, alcohol, body mass index > or =25 and hiatal hernia. In contrast, the risk factors for NERD were female, age <40 and > or =60 vs. 40-59 years, body mass index <23 and a monthly income <$1000, glucose > or =126 mg/dL, smoking, a stooping posture at work and antibiotic usage. CONCLUSIONS: The prevalence rates of erosive oesophagitis and NERD were 8% and 4%, respectively, in Korean health check-up subjects. The risk factors for erosive oesophagitis and NERD were found to differ, which indicates that their underlying pathogeneses are distinct.

PMID: 17973646 [PubMed - indexed for MEDLINE]


Does self-efficacy predict return-to-work after sickness absence? A prospective study among 930 employees with sickness absence for three weeks or more.

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AIM: To compare levels of self-efficacy among the general working population and employees with sickness absence from work, and to examine if general self-efficacy measured before occurrence of sickness absence predicted subsequent onset of sickness absence and Return-to-Work. METHODS: The study follows a cohort of 5357 working employees and 106 long-term sickness absent employees in Denmark. They were interviewed in 2000 regarding self-efficacy and various co-variates, and followed for 78 weeks in a national sickness absence register. Cox regression analysis was performed in order to assess the effect of self-efficacy on Return-to-Work after sickness absence. RESULTS: General self-efficacy was significantly lower among those with sickness absence compared to the general working population. Self-efficacy showed no statistically significant association with later onset of sickness absence or with Return-to-Work. CONCLUSION: The
results may suggest that lower self-efficacy among employees with sickness absence is a result of the sickness absence itself rather than a precursor of it. This indicates a need to investigate the potential change in self-efficacy in relation to the employee's change in labor market status; this will help to focus Return-to-Work interventions where planning has to be attentive towards the change in self-efficacy that can occur after onset of disease and sickness absence.

PMID: 17942994 [PubMed - indexed for MEDLINE]


Smoking bans: influence on smoking prevalence.

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OBJECTIVES: This article reports trends in smoking prevalence and smoking restrictions in Canada since 2000, and examines associations between home and workplace restrictions and smoking cessation. DATA SOURCES: Data are from the Canadian Tobacco Use Monitoring Survey and the longitudinal component of the National Population Health Survey. ANALYTICAL TECHNIQUES: Trends in smoking prevalence and smoking restrictions were calculated. Associations between home and workplace smoking restrictions and smoking cessation were examined in the context of the Transtheoretical Model, which proposes that smokers go through five distinct stages in attempting to quit. The likelihood of current and former smokers being at specific stages was studied in relation to smoking restrictions at home and at work. Longitudinal data were used to determine if home and workplace smoking restrictions were predictors of quitting over a two-year period. MAIN RESULTS: Since 2000, Canadians smokers have faced a growing number of restrictions on where they can smoke. Bans at home and at work were associated with a reduced likelihood of being in the initial "stages of change," and an increased likelihood of being in the latter stages. Smokers who reported newly smoke-free homes or workplaces were more likely to quit over the next two years, compared with those who did not encounter such restrictions at home or at work.

PMID: 17892249 [PubMed - indexed for MEDLINE]


Child and adolescent psychiatric patients and later criminality.

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BACKGROUND: Sweden has an extensive child and adolescent psychiatric (CAP) research tradition in which longitudinal methods are used to study juvenile delinquency. Up to the 1980s, results from descriptions and follow-ups of cohorts of CAP patients showed that children's behavioural disturbances or disorders and school problems, together with dysfunctional family situations, were the main reasons for families, children, and youth to seek help from CAP units. Such factors were also related to registered criminality and registered alcohol and drug abuse in former CAP patients as adults. This study investigated the risk for patients treated 1975-1990 to be registered as criminals until the end of 2003. METHODS: A regional sample of 1,400 former CAP patients, whose treatment occurred between 1975 and 1990, was followed to 2003, using database-record links to the
Register of Persons Convicted of Offences at the National Council for Crime Prevention (NCCP). RESULTS: Every third CAP patient treated between 1975 and 1990 (every second man and every fifth woman) had entered the Register of Persons Convicted of Offences during the observation period, which is a significantly higher rate than the general population. CONCLUSION: Results were compared to published results for CAP patients who were treated between 1953 and 1955 and followed over 20 years. Compared to the group of CAP patients from the 1950s, the results indicate that the risk for boys to enter the register for criminality has doubled and for girls, the risk seems to have increased sevenfold. The reasons for this change are discussed. Although hypothetical and perhaps speculative this higher risk of later criminality may be the result of lack of social control due to (1) rising consumption of alcohol, (2) changes in organisation of child social welfare work, (3) the school system, and (4) CAP methods that were implemented since 1970.

PMCID: PMC2225414
PMID: 17727714 [PubMed - indexed for MEDLINE]


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BACKGROUND: More mothers are choosing to return to work during the first 2 years of their child’s life with an uncertain impact on early developmental outcomes. AIMS: To determine the association between duration of maternity leave and motor and social development of toddlers. STUDY DESIGN: Population-based, retrospective cohort study. SUBJECTS: The Canadian National Longitudinal Survey on Children and Youth (NLSCY) Cycle 3 provides data on the characteristics and life experience of Canadian children. For sampled households, the person most knowledgeable about the child completed a survey on demographics, parent characteristics and family environment. The analysis was limited to 6664 families with children up to 2 years. OUTCOME MEASURES: Logistic regression was used to assess the association between duration of maternity leave and impaired performance (<=1 SD below the mean) on the Motor and Social Development (MSD) scale adjusted for multiple covariates including maternal age, gender, breastfeeding and socioeconomic status. RESULTS: One month of maternity leave increased the odds of impaired performance on the MSD by 3% (OR 1.03, 95% CI 1.02, 1.04). This was also seen with categorized maternity leave duration. Being male (OR 1.53, 95% CI 1.35, 1.74) and having a younger mother (OR 1.48, 95% CI 0.98, 2.23) increased the risk of impaired performance on the MSD while being of higher SES reduced the risk (OR 0.96, 95% CI 0.93, 1.00). CONCLUSIONS: There is an association between duration of maternity leave and impaired performance in motor and social development in children up to 2 years.

PMID: 17662542 [PubMed - indexed for MEDLINE]


Health status, work limitations, and return-to-work trajectories in injured workers with musculoskeletal disorders.


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BACKGROUND: The purpose of this study was to describe the health status and work limitations in injured workers with musculoskeletal disorders at 1 month post-injury, stratified by return-to-work status, and to document their return-to-work trajectories 6 months post-injury. METHODS: A sample of 632 workers with a back or upper extremity musculoskeletal disorder, who filed a Workplace Safety and Insurance Board lost-time claim injury, participated in this prospective study. Participants were assessed at baseline (1 month post-injury) and at 6 months follow-up. RESULTS: One month post-injury, poor physical health, high levels of depressive symptoms and high work limitations are prevalent in workers, including in those with a sustained first return to work. Workers with a sustained first return to work report a better health status and fewer work limitations than those who experienced a recurrence of work absence or who never returned to work. Six months post-injury, the rate of recurrence of work absence in the trajectories of injured workers who have made at least one return to work attempt is high (38%), including the rate for workers with an initial sustained first return to work (27%). CONCLUSIONS: There are return-to-work status specific health outcomes in injured workers. A sustained first return to work is not equivalent to a complete recovery from musculoskeletal disorders.

PMCID: PMC2039824
PMID: 17616838 [PubMed - indexed for MEDLINE]

Life transitions and mental health in a national cohort of young Australian women.

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Young adulthood, a time of major life transitions and risk of poor mental health, may affect emotional well-being throughout adult life. This article uses longitudinal survey data to examine young Australian women's transitions across 4 domains: residential independence, relationships, work and study, and motherhood. Changes over 3 years in health-related quality of life, optimism, depressive symptoms, stress, and life satisfaction, were examined in relation to these transitions among 7,619 young adult participants in the nationally representative Australian Longitudinal Study on Women's Health. Positive changes in mental health occurred for women moving into cohabitation and marriage, whereas reductions were observed among those experiencing marital separation or divorce and those taking on or remaining in traditionally "feminine" roles (out of the workforce, motherhood). The data suggest that women cope well with major life changes at this life stage, but reductions in psychological well-being are associated with some transitions. The findings suggest that preventive interventions to improve women's resilience and coping might target women undergoing these transitions and that social structures may not be providing sufficient support for women making traditional life choices. Copyright 2007 APA.

PMID: 17605521 [PubMed - indexed for MEDLINE]


The predictors and consequences of adolescent amphetamine use: findings from the Victoria Adolescent Health Cohort Study.

Degenhardt L, Coffey C, Moran P, Carlin JB, Patton GC.
OBJECTIVES: Previous work has highlighted the adverse consequences of early-onset cannabis use. However, little is known about the predictors and effects of early-onset amphetamine use. We set out to examine these issues using a representative cohort of young people followed-up over 11 years in Victoria, Australia. METHODS: A stratified, random sample of 1943 adolescents was recruited from secondary schools across Victoria at age 14-15 years. This cohort was interviewed on eight occasions until the age of 24-25 years (78% follow-up at that age). Cross-sectional associations were assessed using logistic regression with allowance for repeated measures. Both proportional hazards models and logistic regression models were used to assess prospective associations. RESULTS: Approximately 7% of the sample had used amphetamines by the age of 17 years. Amphetamine use by this age was associated with poorer mental health and other drug use. The incidence of amphetamine use during the teenage years was predicted by heavier drug use and by mental health problems. By young adulthood (age 24-25 years), adolescent amphetamine users were more likely to meet criteria for dependence upon a range of drugs, to have greater psychological morbidity and to have some limitations in educational attainment. Most of these associations were not sustained after adjustment for early-onset cannabis use. CONCLUSION: Young people in Australia who begin amphetamine use by age 17 years are at increased risk for a range of mental health, substance use and psychosocial problems in young adulthood. However, these problems are largely accounted for by their even earlier-onset cannabis use.

PMID: 17567396 [PubMed - indexed for MEDLINE]

Stepfather involvement and adolescents' disposition toward having sex.

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CONTEXT: Existing literature suggests that stepfather relationships may be associated with adolescents' attitudes toward sex. Given the large number of children living with stepfathers, these associations call for the attention of researchers and intervention programs. METHODS: Attitudes toward sex among participants in the first wave (1994-1995) of the National Longitudinal Study of Adolescent Health (Add Health) who were living in households headed by biological mothers and stepfathers were analyzed using linear regression models. Parental involvement and maternal attitudes toward sex were included as predictors. RESULTS: The greater the involvement between adolescents and their stepfathers, the less positively disposed adolescents are toward having sex; however, the association holds only for males. Females' dispositions toward sex are tied to their religiosity and their mothers' attitudes toward sex. Both males and females who are sexually experienced view sex more positively than do those who have never had sex. CONCLUSIONS: Different factors influence males' and females' motivations to engage in sex, and intervention programs need to be structured with these differences in mind. Programs that work toward cultivating close relationships between stepfathers and stepchildren will likely be most effective for males, while programs that highlight the important role that mothers play in making clear their beliefs about the acceptability of teenagers' sexual activity will likely be most effective for females.

PMID: 17565621 [PubMed - indexed for MEDLINE]

Self-reported sickness absence as a risk marker of future disability pension. Prospective findings from the DWECS/DREAM study 1990-2004.

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OBJECTIVES: This prospective cohort study examines number of self-reported days of sickness absence as a risk marker for future disability pension among a representative sample of employees in Denmark 1990-2004.

MATERIAL AND METHODS: 4177 employees between 18 and 45 years were interviewed using a self-administered questionnaire in 1990 regarding sickness absence, age, gender, socioeconomic position, health behaviour, and physical and psychosocial work environment. They were followed for 168 months in a national disability pension register. Logistic regression analysis was performed in order to assess risk estimates for levels of absence and future disability pension.

RESULTS: During follow-up, a total of 140 persons (3.4%) received disability pension. Of these, 82 (58.6%) were women, 58 (41.4%) were men. There was a 2.5 fold risk of future disability pension for the part of the population reporting more than 6 days of sickness absence per annum at baseline, when taking into account gender, age, socioeconomic position, health behaviour, physical and psychosocial work environment.

CONCLUSION: The findings suggest that information on self-reported days of sickness absence can be used to effectively identify "at risk" groups for disability pension.

PMCID: PMC1885553
PMID: 17554400 [PubMed - indexed for MEDLINE]


Are we failing vulnerable workers? The case of black women in poultry processing in rural North Carolina.

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In 1989, North Carolina Occupational Safety and Health Administration (OSHA) inspectors cited two poultry processing plants in northeastern North Carolina for serious repetitive motion problems. In 1990, investigators from the National Institute for Occupational Safety and Health confirmed significant upper extremity musculoskeletal symptoms and disorders among workers. We now report on analyses of baseline data collected from a cohort of women employed in one of these plants. The plant, which is the largest employer of women in the area, is located in a sparsely populated area with a black majority where nearly one-third of the population lives below the poverty level. Conditions we report suggest failure of existing health and safety systems, both regulatory and consultative, to prevent morbidity among vulnerable women in this industry, as well as social and economic conditions that influence availability of work and use of benefits to which they are entitled.

PMID: 17434856 [PubMed - indexed for MEDLINE]


Lund T, Labriola M, Villadsen E.
AIM: The aim of this study was to identify who is at risk for long-term sickness absence according to occupation, gender, education, age, business sector, agency size and ownership. METHODS: The study is based on a sample of 5357 employees aged 18-69, interviewed in 2000. The cohort was followed up in a national register from January 1st 2001 to June 30th 2003, to identify cases with sickness absences that exceeded 8 weeks. RESULTS: During follow-up 486 persons (9.1%) experienced one or more periods of absence that exceeded 8 weeks. Higher risk of long-term sickness absence was associated with gender, age, educational level, and the municipal employment sector. Kindergarten teachers and people employed in day care, health care, janitorial work, food preparation, and unskilled workers were at greatest risk. Managers, computer professionals, technicians and designers, and professionals had lower risks. The health care and social service sectors were also in the high risk category, whereas the private administration sector had a lower risk. CONCLUSIONS: The study identifies specific occupational target populations and documents the need to perform job-specific research and tailor interventions if the intended policy of decreasing long-term sickness absence within the Danish labour market is to be realized.

PMID: 17429148 [PubMed - indexed for MEDLINE]


Masculine beliefs, parental communication, and male adolescents' health care use.

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OBJECTIVES: Male adolescents frequently become disconnected from health care, especially as they get older, which limits physicians' abilities to address their health needs and results in missed opportunities to connect them to the health care system as they enter adulthood. In this study we tested the ability of modifiable (beliefs about masculinity, parental communication, sex education, and health insurance) and nonmodifiable (age, race/ethnicity, and region of residence) factors to prospectively predict health care use by male adolescents. PATIENTS AND METHODS: We conducted a prospective analysis of data from 1677 male participants aged 15 to 19 years who completed the National Survey of Adolescent Males, a household probability survey conducted throughout the United States in 1988 (wave 1, participation rate: 74%) and in 1990-1991 (wave 2, follow-up rate: 89%). We present percentages and adjusted relative risks of the factors that predict male adolescents' self-report of a physical examination by a regular provider in the past year measured at wave 2. RESULTS: On average, 1067 (66%) of 1677 male adolescents at wave 2 reported having a physical examination within the last year. Factors associated with a lower likelihood of a physical examination included living in the South, Midwest, and West; being older in age; and holding more traditional masculine beliefs. Factors associated with a higher likelihood of a physical examination included communicating about reproductive health with both parents and being insured. Male adolescents who were sexually active or engaged in > or = 2 other risk behaviors had neither a higher nor lower likelihood of a physical examination. CONCLUSIONS: Efforts to enhance male adolescents' health through health care should include work to modify masculine stereotypes, improve mothers' and fathers' communication about health with their sons, expand health insurance coverage, and identify interventions to connect male adolescents at increased risk for health problems with health care.

PMCID: PMC2488152
PMID: 17403834 [PubMed - indexed for MEDLINE]
Scaffolded interviewing with lesbian, gay, bisexual, transgender, queer, and questioning youth: a developmental approach to HIV education and prevention.

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The field of education has long recognized that adolescent development and learning are made possible by the structural supports or "scaffolds" that adults create with young people. Although the work of Lev Vygotsky (1978, 1987) has inspired developmentally-supportive approaches to education in the United States and internationally, his work has been largely overlooked in the field of HIV education and prevention. This article introduces an approach to scaffolded interviewing that builds narrative and relational "platforms" for young people's self-development and facilitates health communication, trust and rapport, and HIV awareness. Developed over the course of a 2-year longitudinal ethnographic study with 45 lesbian, gay, bisexual, transgender, queer, and questioning youths, scaffolded interviewing aims to build the relational and narrative foundations for young people's active engagement in HIV education and prevention. In scaffolded interviewing, three kinds of platforms or supportive structures serve to scaffold enhanced health communication and HIV awareness: (a) the interview design (a strategic sequencing of life history and HIV-related questions), (b) the developing relationship between interviewer and study participant, and (c) the young person's own narration of a "real" and developing self. Through their participation in scaffolded interviewing, young people develop their own foundations for HIV awareness and HIV prevention by using the narrative and relational supports of the research or clinical interview and the identity terminologies relevant to their own self-development.

PMID: 17403491 [PubMed - indexed for MEDLINE]

The roles of magnetic resonance and endoscopic retrograde cholangiopancreatography (MRCP and ERCP) in the diagnosis of patients with suspected sclerosing cholangitis: a cost-effectiveness analysis.

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BACKGROUND AND STUDY AIMS: The optimal approach for diagnosing sclerosing cholangitis remains unclear in the face of competing imaging technologies. We aimed to determine the most cost-effective strategy. PATIENTS AND METHODS: A decision model compared three approaches in the work-up of patients with suspected sclerosing cholangitis; all included an initial test, with, if unsuccessful, performance of a second cholangiographic method. They were magnetic resonance cholangiopancreatography (MRCP) and endoscopic retrograde cholangiopancreatography (ERCP), termed "MRCP-ERCP", ERCP and MRCP ("ERCP-MRCP"), or ERCP and a repeat ERCP ("ERCP-ERCP"). The implications of true and false positive and negative results with regard to costs and procedural complications were considered, including that of a liver biopsy, if indicated as a result of a negative work-up in the face of persistent clinical suspicion. The unit of effectiveness adopted was that of a correct diagnosis. Probability assumptions were derived from published literature, while cost estimates were derived from time-motion microanalyses or a national database, and expressed in Canadian
dollars at 2004 values. Sensitivity analyses, including clinically relevant threshold analyses, were carried out. RESULTS: The average cost-effectiveness ratios were $414 for MRCP_ERCP, $1101 for ERCP_MRCP and $1123 for ERCP_ERCP, per correct diagnosis. The ERCP_MRCP strategy was dominated (more expensive and less effective) by MRCP_ERCP, while ERCP_ERCP was more effective and more costly than MRCP_ERCP, at $289,292 per additional correct diagnosis. Sensitivity and threshold analyses confirmed the robustness of these findings. CONCLUSIONS: Based on the model assumptions, a strategy of initial MRCP, followed, if negative, by ERCP is currently the most cost-effective approach to the work-up of patients with suspected sclerosing cholangitis.

PMID: 17385107 [PubMed - indexed for MEDLINE]


Health-related quality of life in thyroid cancer survivors.

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OBJECTIVE: The study objective was to study the impact of the diagnosis, treatment, and follow-up of differentiated thyroid cancer (DTC) on the quality of life and related issues in an urban multi-ethnic Asian population. DESIGN: A self-administered questionnaire containing the Short Form 36 Health Survey (SF-36) and assessing sociodemographic, disease, and treatment-related status was mailed to patients with DTC. MAIN OUTCOMES: One hundred fifty-two (52.4%) of 290 patients answered the questionnaire. There was a statistically significant decrease in SF-36 scores between thyroid cancer survivors and the general population in all domains except for social functioning (SF). Physical functioning (PF) was worse in those survivors who were aged 50 years or older. Mental health (MH) scores were better in those who had more than 12 years of formal education. Being employed had a positive influence on role physical (RP) and role emotional (RE) scores. Being of Malay/Indian ethnicity strongly correlated with lower scores in bodily pain (BP), SF, RE and MH domains. CONCLUSION: Although most patients with well-differentiated thyroid cancer have near normal life expectancy, our study has shown that there is a significant decrease in their quality of life, especially in the elderly and poorer educated. Returning to work should be encouraged to improve the quality of life in DTC survivors.

PMID: 17334313 [PubMed - indexed for MEDLINE]


Limitations of therapy and a guarded prognosis in an American cohort of Takayasu arteritis patients.

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OBJECTIVE: To describe the clinical, laboratory, and radiographic manifestations of Takayasu arteritis (TA) in a cohort from the US, evaluate the response to interventions, remission and relapse rates, and disease progression, and compare these observations with those from other cohorts in the US, Japan, India, Italy, and Mexico. METHODS: Seventy-five patients were retrospectively studied using a uniform database that included clinical, laboratory, and imaging data. Vascular
imaging studies were performed at least yearly to monitor disease progression.

RESULTS: Common manifestations at disease onset included loss or asymmetry of pulses (57%), limb blood pressure discrepancy (53%), and bruits (53%). Eleven percent of patients were asymptomatic prior to disease diagnosis. Initial angiographic studies showed aortic abnormalities in 79% of patients and frequent involvement of the subclavian (65%) and carotid (43%) arteries. Ninety-three percent of longitudinally followed patients attained disease remission of any duration, but only 28% sustained remission of at least 6 months' duration after prednisone was tapered to <10 mg daily. Both angioplasty and vascular surgery were initially successful, but recurrent stenosis occurred in 78% of angioplasty and 36% of bypass/reconstruction procedures. More than two-thirds of patients had difficulty performing routine daily activities and approximately one-fourth of all patients were unable to work. Our cohort was similar to the National Institutes of Health, Italian, Japanese, and Mexican cohorts in terms of the predominance of female subjects and disease manifestations, but differed from the Indian cohort in that the latter group had a higher frequency of male subjects, abdominal aorta and renal artery involvement, and hypertension. CONCLUSION: Although improvement of symptoms in TA usually follows glucocorticoid therapy, relapses usually occur with dosage reduction. Attempts to restore vascular patency are often initially successful, but restenosis occurs frequently. Chronic morbidity and disability occur in most patients with TA in the US.

PMID: 17328078 [PubMed - indexed for MEDLINE]


Work-family conflict and mental disorders in the United States: cross-sectional findings from The National Comorbidity Survey.

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BACKGROUND: Work-family conflict (WFC) may have negative effects on workers' health and productivity. The objective of this analysis was to assess the association between WFC and mental disorders that occurred in the past month.

METHODS: Data from the U.S. National Comorbidity Survey were used. The 1-month prevalence of mental disorders was estimated by levels of WFC and by gender.

RESULTS: Compared to participants who reported low WFC, those who reported high WFC had a significantly higher prevalence of mental and/or substance use related disorders in the past month. Working hours and domestic roles did not have significant impacts on the association between WFC and mental disorders, irrespective of gender. CONCLUSIONS: Work and family roles and the balance between the two are important for workers' mental health. The influence of WFC on mental health should be investigated in conjunction with important work environment characteristics in longitudinal studies.

PMID: 17238143 [PubMed - indexed for MEDLINE]


[Uro-genital schistosomiasis with S. haematobium and infertility in Niger. Prospective study of 109 cases]

[Article in French]


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Schistosomiasis represents the second most endemic diseases following malaria. It is now endemic in 76 countries of the world, and it is estimated that more than 200 million persons are infected. The objective of this work is to help in the improvement of knowledge about Female Genital Schistosomiasis (FSG) effects on the women reproductive. A transversal prospective survey during six months, on women consulting for infertility in the health reproductive center of Niamey. The women included (109 persons) have been asked and consulted in gynecology, cervical smears urine pathology, urine ragent strips test, vesico-renal and gynecologic trans-abdominal ultrasound, hysterosalpingography (HSG) and cervical biopsy on infected patients. The infestation prevalence at S.haematobium was 38,5%. The infected persons have presented more gyneco-obstétrical symptomatology than the non infested ones. The proportion of excocervicite was 31,0% by clinical examination. The cervical biopsy done on 26 bilharziosis patients confirmed the frequence of highs chronic exocervicites (50%) and leucoplasia (11,5%). Echography and HSG noticed that the bilharzios patients can let develop other annexiel pathologies such as: ovary cyst, peri-tuboovary adhesions and wide ovaries. The symptomatology felt by infested women showed the parasitose consequence on women in endemic area. The treatment in o large schaddle by the national program allows to reduce morbidity caused by that infection in Niger.

PMID: 19434988 [PubMed – indexed for MEDLINE]

Gene-environment contributions to young adult sexual partnering.
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To date, there has been relatively little work on gene-environment contributions to human sexuality, especially molecular analyses examining the potential contributions of specific polymorphisms in conjunction with life experiences. Using Wave III data from 717 heterozygous young adult sibling pairs included in the National Longitudinal Study of Adolescent Health, this article examined the combined contributions of attendance at religious services and three genetic polymorphisms (in the dopamine D4 receptor [DRD4]), dopamine D2 receptor [DRD2]), and the serotonin transporter promoter [5HTT]) to sensation seeking, a personality construct related to sexual behavior, and the number of vaginal sex partners participants had in the year before interview. Data analyses used an Allison mixed model approach to account for population stratification and correlated observations. DRD4 was unrelated to sensation seeking and to the number of sex partners in tests of both main effects and in interaction with religious attendance. Contrary to hypothesis, presence of the A1 DRD2 allele was associated with having had fewer sex partners in the past year. Associations between the 5HTT allele and sex partners varied by religious attendance, but again the patterns of associations were contrary to hypothesized relationships and were small in magnitude. These findings underscore the necessity of using more comprehensive multiple gene-multiple life experience approaches to investigations of complex behaviors such as sexual patterns.

PMID: 17186131 [PubMed – indexed for MEDLINE]


Functional outcomes and life satisfaction in long-term survivors of pediatric sarcomas.
OBJECTIVES: To describe the inter-relationships among impairments, performance, and disabilities in survivors of pediatric sarcoma and to identify measurements that profile survivors at risk for functional loss. DESIGN: Prospective, cross-sectional. SETTING: Research facility. PARTICIPANTS: Thirty-two participants in National Cancer Institute clinical trials. INTERVENTIONS: Not applicable. MAIN OUTCOME MEASURES: Range of motion (ROM), strength, limb volume, grip strength, walk velocity, Assessment of Motor and Process Skills (AMPS); Human Activity Profile (HAP), Sickness Impact Profile (SIP), standard form of the Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36); and vocational attitudes and leisure satisfaction. RESULTS: Twenty of 30 survivors tested had moderate or severe loss of ROM; 13 of 31 tested had 90% or less of predicted walk velocity; all of whom had trunk or lower-extremity lesions. Women with decreased ROM (r=.50, P=.06) or strength (r=.74, P=.002) had slow gait velocity. Sixteen of 31 tested were more than 1 standard deviation below normal grip strength. Eighteen had increased limb volume. These 18 had low physical competence (SF-36) (r=-.70, P=.001) and high SIP scores (r=.73, P=.005). AMPS scores were lower than those of the matched normed sample (P<.001). HAP identified 15 of 30 who had moderately or severely reduced activity. Leisure satisfaction was higher in the subjects (P<.001). Eight reported cancer had negatively impacted work and 17 reported that it negatively impacted vocational plans. CONCLUSIONS: Survivors with lower-extremity or truncal lesions and women with decreased ROM and strength likely have slow walk velocity, low exercise tolerance, and high risk for functional loss. They should be identified using ROM, strength, limb volume, and walk time measures.

PMID: 17141641 [PubMed - indexed for MEDLINE]


Stress and depression in the employed population.

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OBJECTIVES: This article describes stress levels among the employed population aged 18 to 75 and examines associations between stress and depression. DATA SOURCES: Data are from the 2002 Canadian Community Health Survey: Mental Health and Well-being and the longitudinal component of the 1994/95 through 2002/03 National Population Health Survey. ANALYTICAL TECHNIQUES: Stress levels were calculated by sex, age and employment characteristics. Multivariate analyses were used to examine associations between stress and depression in 2002, and between stress and incident depression over a two-year period, while controlling for age, employment characteristics, and factors originating outside the workplace. MAIN RESULTS: In 2002, women reported higher levels of job strain and general day-to-day stress. When the various sources of stress were considered simultaneously, along with other possible confounders, for both sexes, high levels of general day-to-day stress and low levels of co-worker support were associated with higher odds of depression, as was high job strain for men. Over a two-year period, men with high strain jobs and women with high personal stress and low co-worker support had elevated odds of incident depression.

PMID: 17111591 [PubMed - indexed for MEDLINE]
Schools, parents, and youth violence: a multilevel, ecological analysis.

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Using data from the National Longitudinal Study of Adolescent Health (Add Health), this study utilized an ecological approach to investigate the joint contribution of parents and schools on changes in violent behavior over time among a sample of 6,397 students (54% female) from 125 schools. This study examined the main and interactive effects of parent and school connectedness as buffers of violent behavior within a hierarchical linear model, focusing on both students and schools as the unit of analysis. Results show that students who feel more connected to their schools demonstrate reductions in violent behavior over time. On the school level, our findings suggest that school climate serves as a protective factor for student violent behavior. Finally, parent and school connectedness appear to work together to buffer adolescents from the effects of violence exposure on subsequent violent behavior.

PMID: 17007596 [PubMed - indexed for MEDLINE]

Depressive symptoms and the risk of long-term sickness absence: a prospective study among 4747 employees in Denmark.

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BACKGROUND: The aim of this paper is to examine the impact of depressive symptoms on long-term sickness absence in a representative sample of the Danish workforce. METHODS: This prospective study is based on 4,747 male and female employees, participating in the Danish Work Environment Cohort Study. Depressive symptoms were measured at baseline. Data on sickness absence were obtained from a national register on social transfer payments. Onset of long-term sickness absence was followed up for 78 weeks. RESULTS: The cumulative 78 weeks incidence for the onset of long-term sickness absence was 6.5% in men and 8.9% in women. Both men and women with severe depressive symptoms (<or=52 points) were at increased risk of long-term sickness absence during follow-up (men: HR=2.69; 95% CI: 1.18, 6.12; women: HR=2.27; 95% CI: 1.25, 4.11), after adjustment for demographic, health related, and lifestyle factors. When we divided the depressive symptom scores into quartiles, we found no significant effects with regard to long-term sickness absence. CONCLUSIONS: Severe depressive symptoms, as measured with the MHI-5, increased the risk of future long-term sickness absence in the general Danish working population. However, effects were not linear, but occurred mostly only in those employees with high levels of depressive symptoms.

PMID: 16951921 [PubMed - indexed for MEDLINE]

German short forms of the Oral Health Impact Profile.


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OBJECTIVES: We report the development and psychometric evaluation of short forms of the Oral Health Impact Profile German version (OHIP-G) - an instrument to assess oral health-related quality of life (OHRQoL). METHODS: A five-item short form was developed using best subset regression in 2050 subjects from a national survey. Two 14-item versions were derived from English-language short forms and a 21-item version from previous factor analytic work. A second sample from the general population (n = 163) and a sample of clinical patients with temporomandibular disorders (TMD; n = 175) were used to investigate validity and internal consistency. Test-retest reliability was evaluated in 30 prosthodontic patients before treatment. Responsiveness was assessed in 67 patients treated for their TMD pain. RESULTS: Associations between short form summary scores and self-report of oral health and four oral disorders in the general population and in TMD patients were interpreted as support for convergent/groups validity. The instruments' responsiveness (effect measures of 0.55-0.98), test-retest reliability (intraclass correlation coefficients: 0.72-0.87), and internal consistency (Cronbach's alpha: 0.65-0.92) were sufficient. CONCLUSIONS: Sufficient discriminative and evaluative psychometric properties of short forms of the OHIP-G make the instruments suitable to assess OHRQoL in cross-sectional as well as longitudinal studies.

PMID: 16856948 [PubMed - indexed for MEDLINE]


Maternal perceptions of alcohol use by adolescents who drink alcohol.

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OBJECTIVE: This research examines correlates of mothers' misperceptions of their adolescent children's regular alcohol consumption. Theories of adolescent autonomy, attribution processes, and stereotypes were used to make predictions about the biasing effects on attribution accuracy of maternal age, relationship satisfaction, and supervision of one's adolescent, as well as the adolescent's age, gender, physical development level, and peers. METHOD: The present research used a nationally representative sample of approximately 20,000 parent-adolescent dyads from the National Longitudinal Study of Adolescent Health (Add Health). Add Health is a school-based sample of 20,745 adolescents in Grades 7-12. Mothers indicated their perceptions of their adolescent children's alcohol use, and adolescents reported their actual use of alcohol. RESULTS: There was a tendency for mothers to underestimate alcohol use, sometimes substantially so. Maternal attributions followed a correlational pattern consistent with the scientific literature. There was evidence, however, that mothers may overgeneralize the applicability of these correlates, resulting in misattributions. CONCLUSIONS: Our analyses have important practical implications for parent-based intervention programs aimed at preventing adolescent alcohol use. First, programs should alert parents to the cues that signify adolescent alcohol consumption. Second, intervention programs should appropriately sensitize parents to identifying adolescent alcohol use in cases in which the child may not fit the stereotype of an adolescent drinker. Third, intervention messages should emphasize firm and consistent parental actions that minimize alcohol use independent of the particular cues that an adolescent is projecting.

PMID: 16847542 [PubMed - indexed for MEDLINE]

Psychosocial work environment predictors of short and long spells of registered sickness absence during a 2-year follow up.

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OBJECTIVE: The objective of this study was to investigate the impact of psychosocial work environment factors on short and long absence spells. METHODS: Questionnaire data on work environment exposures and registered absence data during 2-year follow up were analyzed with Poisson regression for 1919 employees from the private and public sector. RESULTS: Short spells (1-10 working days) were predicted by low supervisor support, low predictability, and low meaning at work among men and high skill discretion among women. Long spells (>10 days) were predicted by low decision authority, low supervisor support, and low predictability among men and high psychologic demands and low decision authority among women. The variables predictability and meaning at work were developed for this study. CONCLUSION: Specific psychosocial work environment factors have both common and different effects on short and long absence spells. Effects also differ by gender.

PMID: 16766923 [PubMed - indexed for MEDLINE]


Health, education, work, and independence of young adults with disabilities.

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PURPOSE: Healthy People 2010, the U.S. government's goal for a healthier nation, calls for improved data collection to understand the health status of relatively small population groups, such as young adults with disabilities. This study looks at the transition outcomes of graduates of pediatric systems of care for children with disabilities and chronic conditions. METHODS: Young adult graduates of a state program for children with special healthcare needs and a specialty children's hospital were sent a mail survey that focused on their healthcare access and use, insurance status, health behaviors and perceptions, education, work, and markers of independent living. The survey was based on the National Longitudinal Survey of Youth, Behavioral Risk Factor Surveillance System, the U.S. Census and other surveys done by the state and hospital programs. Experts in healthcare and school-to-work transition of youth with special needs, health and labor economists, independent living center counselors, program administrators, nurses, social workers, and physicians offered ideas on various versions of the instrument that were piloted on youth before mailing to graduates. A follow-up mailing was sent to all those who did not respond to the first mailing. Results from the surveys of these young people with special healthcare needs are compared with data on typical young adults to determine the disparities. SAMPLE: Mail surveys were sent to all patients aged 18 years and older at the time of their discharge in the preceding fiscal (state program) or calendar (children's hospital) year. The response rate was 51%. Ninety-one percent of the respondents were Whites and 61% were women, with a median age of 21.1 years; 69% reported independence in activities of daily living. RESULTS AND DISCUSSION/CLINICAL RESULTS: Eighty percent of graduates reported having a usual source of care, but 42% used the emergency room compared with 25% of typical young adults. Twenty-nine percent had no health insurance and only 11% had insurance through their work. Only 44% of respondents were working compared with 56% of all 19 year olds and 72% of 18-29 year olds in studies of typical youth; 67% of those not working wanted to work. One great concern is the 26% who are not working, in school, or at home with children. Nurses working with children, families, and
young adults can use the information to improve pediatric and adult healthcare systems and collaborate with educational, independent living, and workforce development agencies to improve transition to adult roles and responsibilities for young people with disabilities.

PMID: 16735848 [PubMed - indexed for MEDLINE]


Hearing impairment and psychosis: a replication in a cohort of young adults.

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Previous work has demonstrated an association between hearing impairment and psychosis. In the current study, this association was studied in a cohort of young people. In addition, it was studied to what degree duration of hearing problems (i.e. onset earlier in life) impacted on risk. Data were derived from the Greek National Perinatal Survey, a prospective birth cohort study of 11,048 neonates at baseline, 6594 seven-year olds at T1 and 3500 nineteen-year olds at T2. A significant association was found at age 19 years between the presence of hearing impairment and the presence of self-reported positive psychotic-like experiences (beta = 0.18, S.E. = 0.02, p < 0.000). In addition, this association was conditional on the duration of hearing problems, in that the association at age 19 years was stronger if hearing impairment had already been reported at age 7 years (test for interaction: p = 0.022). These results replicate previous findings of an association between hearing impairment and psychosis, extend it to the age range of late adolescence, and suggest that longer duration is associated with stronger risk.

PMID: 16650736 [PubMed - indexed for MEDLINE]


The frequency of workplace exacerbation among health maintenance organisation members with asthma.

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OBJECTIVES: Workplace conditions can potentially contribute to the worsening of asthma, yet it is unclear what percentage of adults with asthma experience workplace exacerbation of symptoms. The objective of this investigation was to determine the prevalence of workplace exacerbation of asthma (WEA). METHODS: Adults with asthma aged 18-44 were enrolled into the baseline survey of a longitudinal study. Members of a health maintenance organisation were considered candidates for participation if they fulfilled membership, diagnostic, and treatment criteria based on automated review of electronic billing, claims, and pharmacy records. Diagnosis and treatment were confirmed by manual review of medical records. A telephone questionnaire was administered. A work related symptom score was assigned to each participant based on responses to questions about work related asthma symptoms, medication use, and symptom triggers. Blinded to participants' answers to these questions, two researchers independently reviewed the self-reported work histories and assigned exposure ratings. A final exposure score was then calculated. Participants with sufficient evidence for
work related symptoms and exposure were classified as having WEA. RESULTS: Of the 598 participants with complete data, 557 (93%) were working, and 136 (23%) fulfilled the criteria for WEA. Those with WEA were more likely to be male and to report that they had been bothered by asthma symptoms during the past seven days. CONCLUSIONS: Workplace exacerbation of asthma was common in this study population, occurring in over a fifth of these adults with asthma. Physicians should consider that work can contribute to the exacerbation of symptoms when treating adults with asthma.

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PMID: 16601014 [PubMed - indexed for MEDLINE]


Physical activity and sedentary behavior patterns are associated with selected adolescent health risk behaviors.

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OBJECTIVE: Little is known about how physical activity (PA), sedentary behavior, and various adolescent health risk behaviors are associated. The objective of this study was to examine relationships between PA and sedentary behavior patterns and an array of risk behaviors, including leading causes of adolescent morbidity/mortality. METHODS: Nationally representative self-reported data were collected (National Longitudinal Study of Adolescent Health; wave I: 1994-1995; II: 1996; N = 11957). Previously developed and validated cluster analyses identified 7 homogeneous groups of adolescents sharing PA and sedentary behaviors. Poisson regression predicted the relative risk of health risk behaviors, other weekly activities, and self-esteem across the 7 PA/sedentary behavior clusters controlling for demographics and socioeconomic status. Main outcome measures were adolescent risk behaviors (eg, truancy, cigarette smoking, sexual intercourse, delinquency), other weekly activities (eg, work, academic performance, sleep), self-esteem. RESULTS: Relative to high television (TV) and video viewers, adolescents in clusters characterized by skating and video gaming, high overall sports and sports participation with parents, using neighborhood recreation center, strict parental control of TV, reporting few activities overall, and being active in school were less likely to participate in a range of risky behaviors, ranging from an adjusted risk ratio (ARR) of 0.42 (outcome: illegal drug use, cluster: strict parental control of TV) to 0.88 (outcome: violence, cluster: sports with parents). Active teens were less likely to have low self-esteem (eg, adolescents engaging in sports with parents, ARR: 0.73) and more likely to have higher grades (eg, active in school, ARR: 1.20). CONCLUSIONS: Participation in a range of PA-related behaviors, particularly those characterized by high parental sports/exercise involvement, was associated with favorable adolescent risk profiles. Adolescents with high TV/video viewership were less likely to have positive risk behavior outcomes. Enhancing opportunities for PA and sport may have a beneficial effect on leading adolescent risk behaviors.

PMID: 16585325 [PubMed - indexed for MEDLINE]


Asian American adolescents' first sexual intercourse: gender and acculturation differences.

Hahm HC, Lahiff M, Barreto RM.
CONTEXT: Interventions aimed at adolescents need to be culturally specific. The dearth of data on Asian American adolescents has made it difficult to meet their needs. METHODS: Data from the National Longitudinal Study of Adolescent Health were used, with a sample of 323 Asian American female adolescents and 366 Asian American male adolescents. Logistic regression analysis was used to assess the association between acculturation at Wave 1 (1995) and sexual experience at Wave 2 (1996), controlling for demographic, psychosocial and family variables. RESULTS: Overall, 24% of young women and 20% of young men had had sexual intercourse. Among young women, the most acculturated were more likely to have had sexual intercourse than the least acculturated (odds ratio, 4.9); acculturation was not associated with sexual intercourse for young men. Medium and high levels of parental attachment were associated with decreased odds of sexual experience for young women (0.4 and 0.2), but not for young men. Binge drinking was associated with an increased risk of sexual experience for young women (6.4), and tobacco use was associated with increased risk for young men (3.0). CONCLUSIONS: Like all adolescents, Asian Americans are at high risk for the consequences of sexual activity. For this fast-growing population, there is a crucial need for preventive programs that are culturally sensitive, inclusive of family and gender-specific.

PMID: 16554269 [PubMed - indexed for MEDLINE]


The Sonya Slifka Longitudinal Multiple Sclerosis Study: methods and sample characteristics.

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The Sonya Slifka Longitudinal Multiple Sclerosis Study follows a population-based cohort of approximately 2000 people with multiple sclerosis (MS) to study demographic and clinical characteristics, course of illness, utilization and cost of health services, provider characteristics, use of MS specialists and disease modifying agents, and neurologic, economic and psychosocial outcomes. This report describes the study methodology, presents baseline demographic and clinical data, and evaluates the representativeness of the sample. A stratified random sample of persons with established and recently-diagnosed MS selected from the National Multiple Sclerosis Society (NMSS) mailing lists was supplemented with recently-diagnosed patients recruited through systematic nationwide outreach. Baseline data were collected by computer-assisted telephone interviews derived from standardized instruments; data collection continues at six-month intervals. The cohort was comparable to population-based and clinical samples with respect to demographics, course, relapse rate, symptoms, and severity of disability. Almost two-thirds of the cohort needed help with activities of daily living, three-quarters were limited in work or other activities, and half had emotional problems that compromised quality of life. The Slifka Study cohort is broadly representative of the MS population and the database can be used to address questions not answered by natural history studies, clinical databases, or population-based surveys.

PMID: 16459717 [PubMed - indexed for MEDLINE]


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AIM: This paper reports a study to assess stress, well-being and supportive resources experienced by mothers and fathers of children with rare disabilities, and how these variables were affected by an intensive family competence intervention. BACKGROUND: Despite diagnosis-specific studies, little overall knowledge exists about life-consequences for families of children with rare disorders. METHOD: We used a prospective design with baseline data and two follow-ups (at 6 and 12 months) after an intervention. The intervention aimed at empowering parents in managing their child's disability. Parents from all parts of Sweden visiting a national centre for families of children with rare disabilities were consecutively selected (n = 136 mothers, 108 fathers). Instruments of parental stress, social support, self-rated health, optimism and life satisfaction and perceived physical or psychological strain were used. Stratified analyses were carried out for mothers and fathers, and related to parental demands: single mothers, full-time employment, participation in a parent association, child's age and type of disability. RESULTS: We found high parental stress, physical and emotional strain among mothers, especially among single mothers. Fathers showed high stress related to incompetence, which decreased after the intervention. Decreased strain was found among full-time working mothers and fathers after the intervention. Parents' perceived knowledge and active coping and mothers' perceived social support were increased at follow-up. Factors related to parents' overall life satisfaction (57-70% explained variance) changed after the intervention, from being more related to internal demands (perceived strain, incompetence and social isolation) to other conditions, such as problems related to spouse, paid work and social network. CONCLUSION: Parents, especially fathers and full-time working parents, may benefit from an intensive family competence programme.

PMID: 16448482 [PubMed - indexed for MEDLINE]


Predicting risky drinking outcomes longitudinally: what kind of advance notice can we get?


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This paper summarizes the proceedings of a symposium presented at the 2005 Research Society on Alcoholism meeting in Santa Barbara, California, that spans the interval from toddlerhood to early middle adulthood and addresses questions about how far ahead developmentally we can anticipate alcohol problems and related substance use disorder and how such work informs our understanding of the causes and course of alcohol problems and alcohol use disorder. The context of these questions both historically and developmentally is set by Robert Zucker in an introductory section. Next, Maria Wong and colleagues describe the developmental trajectories of behavioral and affective control from preschool to early adolescence in a high risk for alcoholism longitudinal study and demonstrate their ability to predict alcohol and drug outcomes in adolescence. Duncan Clark and Jack Cornelius follow with a report on the predictive utility of parental disruptive behavior disorders in predicting onset of alcohol problems in
their adolescent offspring in late adolescence. Next, Kenneth Leonard and Gregory Homish report on adult development study findings relating baseline individual, spouse, and peer network drinking indicators at marriage onset that distinguish different patterns of stability and change in alcohol problems over the first 2 years of marriage. In the final paper, John Schulenberg and colleagues, utilizing national panel data from the Monitoring the Future Study, which cover the 18- to 35-year age span, show how trajectories of alcohol use in early adulthood predict differential alcohol abuse and dependence outcomes at age 35. Finally, Robert Zucker examines the degree to which the core symposium questions are answered and comments on next step research and clinical practice changes that are called for by these findings.

PMCID: PMC1761127
PMID: 16441273 [PubMed - indexed for MEDLINE]


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Myanmar migrants are at increased risk for nocturnally periodic Wuchereria bancrofti causing imported bancroftian filariasis. They have a significant influence on the effectiveness of diethylcarbamazine (DEC) mass treatment at the provincial level in the National Program to Eliminate Lymphatic Filariasis (PELF) during the fiscal years (FY) 2002-2006, in Thailand. Two oral doses of DEC 6 mg/kg are given twice a year to the eligible Myanmar migrants (> or = 2 years old). A 300 mg DEC provocation test is given once a year to all Myanmar migrants with work permits. Effectiveness evaluation parameters, such as cumulative index (CI) and the effectiveness ratio (ER), were obtained after 2 years of the multiple-dose DEC treatment program in Ranong Province, Southern Thailand. By cross-sectional night blood surveys at the end of FY 2003 in two districts of Ranong Province, the microfilarial positive rates (MFR) were 0.8% and 1.2% for Mueang Ranong and Kra Buri, respectively. The MFR in the agricultural (1.5%) and industrial (0.4%) occupations were not significantly different from each other. Our findings suggest that most untreated microfilaremics working in agriculture, with short-term residency in Thailand, may have delayed multiple-dose DEC treatment.

PMID: 16295532 [PubMed - indexed for MEDLINE]


Long workhours, work scheduling and work-related injuries among construction workers in the United States.

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OBJECTIVES: The objectives of this study were (i) to examine work scheduling in construction and (ii) to establish whether there is any connection between workhours and safety outcomes among construction workers. METHODS: The National Longitudinal Survey of Youth, 1979 cohort (NLSY79), was used for the data analysis. Odds ratios were used to measure the risk of work-related injury in different worker groups. RESULTS: The findings showed that (i) construction
workers started work earlier, worked longer days and fewer weeks a year, and were more likely to hold multiple jobs and change jobs than their nonconstruction counterparts and (ii) long workhours and irregular work schedules were significantly associated with a higher work-related injury rate after control for possible confounders. CONCLUSION: The results provide evidence that overtime and irregular work scheduling have an adverse effect on worker safety.

PMID: 16273958 [PubMed - indexed for MEDLINE]


Smoking and height as risk factors for prevalence and 5-year incidence of hearing loss. A questionnaire-based follow-up study of employees in Denmark aged 18-59 years exposed and unexposed to noise.

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This paper investigated whether smoking and short stature in adulthood were independent risk factors for hearing loss. We reanalyzed data from the Danish Work Environment Cohort Study (an existing cohort study), on prevalence of self-reported hearing loss among 7,221 employees and on five-year incidence among 4,610 employees. We found that smoking predicted hearing loss incidence and prevalence. Smoking did not predict incidence at noise exposure during half or more of a worker's hours. Very short stature predicted prevalence in the total adult population only weakly, but strongly among employees born before 1951. These prospective findings indicate that smoking is an independent risk factor for incidence of hearing loss. Very short stature predicted prevalence of hearing loss only in a subpopulation.

PMID: 16238184 [PubMed - indexed for MEDLINE]


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AIMS: To investigate the early pattern of longitudinal change in forced expiratory volume in 1 second (FEV1) among new Chinese coal miners, and the relation between coal mine dust exposure and the decline of lung function. METHODS: The early pattern of lung function changes in 317 newly hired Chinese underground coal miners was compared to 132 referents. This three year prospective cohort study involved a pre-employment and 15 follow up health surveys, including a questionnaire and spirometry tests. Twice a month, total and respirable dust area sampling was done. The authors used a two stage analysis and a linear mixed effects model approach to analyse the longitudinal spirometry data, and to investigate the changes in FEV1 over time, controlling for age, height, pack years of smoking, mean respirable dust concentration, the room temperature during testing, and the groupxtime interaction terms. RESULTS: FEV1 change over time in new miners is non-linear. New miners experience initial rapid FEV1 declines, primarily during the first year of mining, little change during the second year, and partial recovery during the third year. Both linear and quadratic time trends in FEV1 change are highly significant. Smoking miners lost more FEV1 than non-smokers. Referents, all age less than 20 years, showed continued lung growth, whereas the miners who were under age 20 exhibited a
decline in FEV1. CONCLUSION: Dust and smoking affect lung function in young, newly hired Chinese coal miners. FEV1 change over the first three years of employment is non-linear. The findings have implications for both methods and interpretation of medical screening in coal mining and other dusty work: during the first several years of employment more frequent testing may be desirable, and caution is required in interpreting early FEV1 declines.

PMCID: PMC1740897
PMID: 16234407 [PubMed - indexed for MEDLINE]


Behavioral health risk factors of United States emergency medical technicians: the LEADS Project.

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OBJECTIVE: Personal risk behaviors are modifiable. This report describes the 2002 national baseline of behavioral health risk factors of US emergency medical technicians (EMTs) that can guide policy and program development in improving EMT well-being. METHODS: A 19-item Health Behavioral Risk Survey (Appendix) was added to the 2002 Longitudinal Emergency Medical Technician Demographic Study mail survey. Risk survey questions covering physical activity, tobacco use, and alcohol use were modeled after the Centers for Disease Control and Prevention 2002 Behavioral Risk Factor Surveillance System (BRFSS) questionnaire. Personal, non-work related seatbelt use and motor vehicle driving questions were adopted from the 2002 US National Highway Traffic Safety Administration (NHTSA) Motor Vehicle Occupant Safety Survey (MVOSS). Post-stratification adjustment factors were used to allow comparisons with BRFSS and MVOSS national estimates. RESULTS: A total of 1,919 EMT respondents were compared with 239,866 BRFSS and 5,220 MVOSS respondents. These comparisons indicate that EMT-Basics drove more slowly than paramedics; male EMTs drove faster, drank more, and wore their seatbelts less often than did female EMTs; female EMTs smoked more and engaged in vigorous exercise less than males. Those EMTs who reported to be in fair or poor health, smoked more and exercised less than those who reported to be in good or excellent health. Regardless of gender, age, or race, EMTs, on average, wore their seatbelts less often, drove faster than, and were less likely to engage in moderate physical exercise, compared to US adults. CONCLUSION: Stereotypical gender differences in risk behaviors exist among EMTs. An EMT's self-reported health positively correlates with smoking and exercising. Compared to US national estimates, except for smoking and vigorous exercise, EMTs have increased risk behaviors.

PMID: 16128471 [PubMed - indexed for MEDLINE]


Exclusive breastfeeding in 3 rural localities in Mexico.

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The purpose of this study was to assess the factors associated with exclusive breastfeeding (EBF) during the first 6 months of life. A prospective, cohort study was conducted in 291 newborn children in 3 semirural localities in Mexico. Data were collected on infant-feeding practices, anthropometry, morbidity, and
maternal and household characteristics. Two-stage multivariate regression models were used for statistical analysis. Prevalence of EBF was 50% at day 5. Average duration of EBF was 2.18 months. According to the 2-stage model, maternal age, maternal work, and better socioeconomic conditions were associated with EBF at day 5. Infant nutritional status, prevalence of diarrhea, giving colostrum to the newborn, and maternal experience in breastfeeding were associated with duration of EBF. The prevalence of EBF and its duration were much shorter than recommended internationally. EBF during the early days of life and EBF duration are 2 different processes that are determined by different factors.

PMID: 16113016 [PubMed - indexed for MEDLINE]

[Early change of pulmonary ventilation in new coal miners]
[Article in Chinese]
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OBJECTIVE: To study the early effects of coal dust on lung function in new underground coal miners. METHODS: Two hundred and eighty-seven male miners were selected from new employees at the Xuzhou Mining Group Company as study group, and 132 male students at a mining technical school were selected as control. Data collection included: individual demographic parameters, family medical history, occupational history, and smoking history, measurement of dust concentrations in work areas, and lung function tests. This prospective cohort study took place over 3 years during which time total dust and respirable dust concentrations in the new coal miners' work areas were measured twice each month. For both miner and student groups, FVC and FEV(1) were tested initially before dust exposure, and then 15 times over the 3 years. RESULTS: The average total dust and respirable dust concentrations in the miners' work areas were 23.8 mg/m(3) and 8.9 mg/m(3) respectively, which greatly exceeded national health criteria. During the first year of dust exposure, the miners's average FVC was higher than that of the controls (5.19 L vs 4.92 L, P < 0.01). During the 2nd and 3rd year the difference in average FVC between miners and control group was not significant (5.14 L vs 5.12 L, P > 0.05). Before dust exposure, the miners' FEV(1) was significantly higher than that of the control group (4.48 L vs 4.28 L). In the miners group, FEV(1) declined rapidly during the first year following dust exposure (from 4.48 L to 4.25 L), and in the 2nd and the 3rd year the average FEV(1) of the miners was significantly lower than that of controls (4.34 L vs 4.56 L, P < 0.01), although there were some fluctuations during the follow-up period. Overall, the average FEV(1) of miners group showed a significant decline during the study. There were significant correlations between FVC or FEV(1) and age, height, weight, and smoking. The three-year total loss of FVC and FEV(1) in smoking miners (154 ml, 184 ml) were greater than in non-smoking miners (83 ml, 91 ml). CONCLUSION: There are apparent effects of coal dust on lung function in new underground coal miners, with FEV(1) being more impacted than FVC. Smoking may aggravate the effect of dust exposure on reducing lung function.

PMID: 16105450 [PubMed - indexed for MEDLINE]

Cost-effectiveness and safety of epidural steroids in the management of sciatica.
Price C, Arden N, Coglan L, Rogers P.
OBJECTIVES: To investigate the clinical effectiveness of epidural steroid injections (ESIs) in the treatment of sciatica with an adequately powered study and to identify potential predictors of response to ESIs. Also, to investigate the safety and cost-effectiveness of lumbar ESIs in patients with sciatica.

DESIGN: A pragmatic, prospective, multicentre, double-blind, randomised, placebo-controlled trial with 12-month follow-up was performed. Patients were stratified according to acute (<4 months since onset) versus chronic (4-18 months) presentation. All analyses were performed on an intention-to-treat basis with last observation carried forward used to impute missing data.

SETTING: Rheumatology, orthopaedic and pain clinics in four participating centres: three district hospitals and one teaching hospital in the south of England.

PARTICIPANTS: Total of 228 patients listed for ESI with clinically diagnosed unilateral sciatica, aged between 18 and 70 years, who had a duration of symptoms between 4 weeks and 18 months.

INTERVENTIONS: Patients received up to three injections of epidural steroid and local anaesthetic (active), or an injection of normal saline into the interspinous ligament (placebo).

MAIN OUTCOME MEASURES: The primary outcome measure was the Oswestry Disability Questionnaire (ODQ); measures of pain relief and psychological and physical function were collected. Health economic data on return to work, analgesia use and other interventions were also measured. Quality-adjusted life-years (QALYs) were calculated using the SF-6D, calculated from the Short Form (SF-36). Costs per patient were derived from figures supplied by the centres' finance departments and a costings exercise performed as part of the study.

RESULTS: ESI led to a transient benefit in ODQ and pain relief, compared with placebo at 3 weeks (p = 0.017, number needed to treat = 11.4). There was no benefit over placebo between weeks 6 and 52. Using incremental QALYs, this equates to an additional 2.2 days of full health. Acute sciatica seemed to respond no differently to chronic sciatica. There were no significant differences in any other indices, including objective tests of function, return to work or need for surgery at any time-points. There were no clinical predictors of response, although the trial lacked sufficient power to be confident of this. Adverse events were uncommon, with no difference between groups. Costs per QALY to providers under the trial protocol were 44,701 pounds sterling. Costs to the purchaser per QALY were 354,171 pounds sterling. If only one ESI was provided then costs per QALY fell to 25,745 pounds sterling to the provider and 167,145 pounds sterling to the purchaser. ESIs thus failed the QALY threshold recommended by the National Institute for Health and Clinical Excellence (NICE).

CONCLUSIONS: Although ESIs appear relatively safe, it was found that they confer only transient benefit in symptoms and self-reported function in a small group of patients with sciatica at substantial costs. ESIs do not provide good value for money if NICE recommendations are followed. Additional research is suggested into the epidemiology of radicular pain, producing a register of all ESIs, possible subgroups who may benefit from ESIs, the use of radiological imaging, optimal early interventions, analgesic agents and nerve root injections, the use of cognitive behavioural therapy in rehabilitation, improved methods of assessment, a comparative cost-utility analysis between various treatment strategies, and methods to reduce the effect of scarring and inflammation.

PMID: 16095548 [PubMed - indexed for MEDLINE]
OBJECTIVE: Decreased on-the-job productivity represents a large yet poorly characterized indirect cost to employers. We studied the impact of employee health risk factors on self-reported worker productivity (presenteeism). METHODS: Using a brief version of the Work Limitation Questionnaire incorporated into a Health Risk Appraisal, 28,375 employees of a national company responded to the survey. The association between health risks and work limitation and each of the four domains was examined. Percentage of lost productivity also was estimated. RESULTS: Ten of 12 health risk factors studied were significantly associated with self-reported work limitations. The strength of the associations varied between risks and the four domains of work limitation. Perception-related risk factors such as life dissatisfaction, job dissatisfaction, poor health, and stress showed the greatest association with presenteeism. As the number of self-reported health risk factors increased, so did the percentage of employees reporting work limitations. Each additional risk factor was associated with 2.4% excess productivity reduction. Medium and high-risk individuals were 6.2% and 12.2% less productive than low-risk individuals, respectively. The annual cost of lost productivity in this corporation was estimated at between 99Mdollars and 185Mdollars or between 1392dollars and 2592dollars per employee. CONCLUSIONS: Health risk factors represent additional causes of lost productivity.

PMID: 16093926 [PubMed - indexed for MEDLINE]


Predictors of suicide in a community-based cohort of individuals with severe mental disorder.

Tidemalm D, Eloffsson S, Stefansson CG, Waern M, Runeson B.

BACKGROUND: Rate of suicide is probably an indicator of the quality of mental health services within an area. The aim of this study was to identify predictors of suicide in a large community-based cohort of persons with long-term mental disorder. METHODS: A survey was conducted in Stockholm County, Sweden, in 1997 to identify adults with long-term disabling mental disorder (mental retardation and dementia excluded). The survey included an inventory of unmet needs as perceived by the service providers. The 12,247 cases were linked to the national in-patient register and the cause-of-death register. Predictors of suicide in 1997-2000 were determined by bivariate analysis and multiple logistic regression. RESULTS: Predictors of suicide included a history of in-patient psychiatric care, previous suicide attempt, substance abuse and unmet need of a contact person. Personality disorder, especially borderline personality disorder, was the strongest diagnostic predictor of suicide among those with a history of in-patient psychiatric care. CONCLUSION: Unmet needs may signal increased suicide risk in persons with severe mental disorder. Methods to improve suicide prevention in persons with personality disorder should be further developed. Interventions to reduce suicide in persons with a long-term mental disorder will require collaboration between psychiatric and social services.

PMID: 16091857 [PubMed - indexed for MEDLINE]


[Youth sport--youth health. An overview of the current state of research]

[Article in German]

Sygusch R.
This article presents the current state of research about both the physical activity of young people in Germany and its potential effects on health and health behaviour. The extent to which adolescents are physically active in their leisure time and in sports clubs has been on an unchangingly high level for approximately 25 years. More than 80% of them are physically active at least once a week and almost every second adolescent is a member in a sports club. The findings available do not corroborate the popular belief that the lack of physical activity is increasing. All in all, the state of national and international research about the interrelationship between sport and health in youth age is highly insufficient and inconsistent. Cross-sectional studies show -- with overall weak correlations -- that physically active young people stand out from non-active young people in most parameters, e.g. physical and psychosocial health resources, risk factors, complaints, subjective health status, tobacco consumption. The comparisons of health relevant behaviour, e.g. accidents, eating disorders and alcohol consumption, work to the disadvantage of physically active people. So far, the few existing longitudinal studies do not verify systematic effects on physical and psychosocial health resources, subjective health and health behaviour. However, some international studies show slight effects on the risk-factor profile; these effects may well last up to adult age. While the comparison of physically active and non-active subjects shows only weak correlations, somewhat distinct effects are displayed if physical activity is defined in a more differentiated way (frequency, duration, competition orientation, kinds of sport).

PMID: 16086196 [PubMed - indexed for MEDLINE]


The first year after successful cardiac resuscitation: function, activity, participation and quality of life.

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AIM: To assess cognitive function, activities of daily living (ADL) and living situation longitudinally up to 1 year after cardiac arrest. SETTING: University hospital. MATERIALS: The study continued for 3 years and consecutive patients (18-75 years of age) who survived resuscitation were included. METHOD: A longitudinal study with examinations using the National Institute of Health Stroke Scale for assessing brain damage, along with the Mini Mental State Examination. To assess ADL, we used the Functional Independence Measure and the Instrumental Activity Measure. Life satisfaction was assessed, together with health-related quality of life. Social status and vocational status were recorded. RESULTS: Mortality was high during the first 90 days (31%). After discharge, not much improvement was seen in cognitive function. This was reflected in reduced dependency in ADL. Work capacity at 1 year was only 13%. The health related quality of life showed great improvement during the first year, being almost the same as for Swedish reference values. CONCLUSIONS: Most of the improvement resulting in the independence of ADL occurred during the first 45 days. It is important to give the next of kin information about the patient's progress and need for assistance in order to enable them to plan for the future before discharge.

PMID: 16039033 [PubMed - indexed for MEDLINE]


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BACKGROUND: Mortality in a population is regarded as an accurate and valid measure of the population's health. There are a few international studies, predominantly cross-sectional, of mortality among all foreign-born compared with an indigenous population, and the results have varied. No Swedish longitudinal study describing and analysing mortality data was found in a literature review.

METHODS: This study describes and analyses the differences in mortality between foreign-born persons and native Swedes during the period 1970-1999, based on data from Statistics Sweden and the National Board of Health and Welfare. The database consisted of 723,948 persons, 361,974 foreign-born living in Sweden in 1970, aged > or = 16 years, and 361,974 Swedish controls matched for age, sex, occupation and type of employment, living in the same county in 1970. RESULTS: The results showed increased mortality for foreign-born persons compared with the Swedish controls [odds ratio (OR) 1.08; 95% confidence interval (CI) 1.07-1.08]. Persons who had migrated 'late' (1941-1970) to Sweden were 2.5 years younger at time of death than controls. In relation to country of birth, the highest risk odds were for men born in Finland (OR 1.21), Denmark (OR 1.11) and Norway/Iceland (OR 1.074). Age cohorts of foreign-born persons born between 1901 and 1920 had higher mortality at age 55-69 years than cohorts born between 1921 and 1944.

CONCLUSIONS: Migrants had higher mortality than the native population, and migration may be a risk factor for health; therefore, this seems to be an important factor to consider when studying mortality and health.

PMID: 16037077 [PubMed - indexed for MEDLINE]


Community Asthma Program improves appropriate prescribing in moderate to severe asthma.

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Asthma guidelines, established by the National Asthma Education and Prevention Panel (NAEPP), seek to guide physicians in the appropriate assessment and treatment of asthma. Poor physician adherence to these guidelines has been documented because of a variety of reported barriers. We sought to test the efficacy of the Community Asthma Program (CAP), which was designed to help primary care physicians (PCP) assess asthma severity and to prescribe medications according to NAEPP guidelines. A prospective, observational study was conducted in 723 patients with asthma (aged < 1-85 years) in two primary care clinics. PCPs had access to patient responses to asthma symptom questions at each visit. The correlations between patient self-reported and PCP-classified asthma severity, treatment prescribed, and missed days from work or school were determined. The effect of the intervention on guideline adherence was assessed by asthma severity level and time. An overall moderate measure of agreement was found between patient self-reported and PCP-classified asthma severity (kappa = 0.48; p < 0.001) although this agreement decreased with increasing severity of asthma. Patient self-reported (r = 0.14; p < 0.001) and PCP-classified (r = 0.17; p < 0.001) asthma severity was weakly correlated with missed days from work or school. Those with severe persistent asthma were 89% less likely to be appropriately treated than the mild intermittent group (OR = 0.11; 95% CI-0.1-0.2). This relationship was not influenced by the different clinics or
providers nor by the age of the patient. Over time, the CAP-trained PCPs were more likely to appropriately prescribe asthma medications for those with moderate to severe asthma (Mantel-Haenszel \( \chi^2 = 5.11; p = 0.02 \)). Despite appropriate assessment of asthma severity, physicians are undertreating patients with severe asthma, the group with the highest health care use. Use of the CAP over time aided PCPs in appropriately medicating patients with moderate to severe asthma in accordance with guidelines.

PMID: 16032937 [PubMed - indexed for MEDLINE]


Racial, ethnic, and gender differences in smoking cessation associated with employment and joblessness through young adulthood in the US.

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The dynamics of labor force participation and joblessness during young adulthood influence access to social and material resources and shape exposure to different sources of psychosocial strain. Differences in these dynamics by race, ethnicity, and gender are related to changes in a behavioral determinant of poor health (tobacco use) for young adults aging into midlife. Using discrete-time hazards models, we estimate the relationship between labor force participation in the past year and smoking cessation for US adults (ages 14-21 years in 1979) followed in a population-representative sample until 1998 (i.e. the National Longitudinal Survey of Youth). We assess the unique role of racial, ethnic and gender differences in exposure, vulnerability, and reactivity to employment and joblessness by controlling for social and economic resources obtained through working and by controlling for early life factors that select individuals into certain labor force and smoking trajectories. There are three main findings: (1) joblessness is more strongly associated with persistent daily smoking among women than among men; (2) fewer social and economic resources for women out of the labor force compared to employed women explains their lower cessation rates; and (3) lower cessation among unemployed women compared to employed women can only partially be explained by these resources. These findings illustrate how differential access to work-related social and economic resources is an important mediator of poor health trajectories. Contextual factors such as social norms and psychosocial strains at work and at home may play a unique role among European American men and women in explaining gender differences in smoking.

PMID: 16029919 [PubMed - indexed for MEDLINE]


Characteristics of natural mentoring relationships and adolescent adjustment: evidence from a national study.

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This research investigated characteristics of natural mentoring relationships (mentor role, frequency of contact, closeness, duration) as predictors of adjustment outcomes among older adolescents and young adults (N = 2,053) in the Add Health study. Outcomes were assessed in the domains of education/work, problem behavior, psychological well-being, and physical health. Mentoring relationships with persons in roles outside of the family predicted greater likelihood of favorable outcomes in all domains except psychological well-being,
relative to mentoring relationships with family members. Greater reported
closeness in relationships was predictive of several favorable outcomes,
particularly those in the domain of psychological well-being. These findings
indicate that strategies to promote mentoring of adolescents may be more
effective if particular categories of adults are targeted and an effort is made
to cultivate relationships with strong emotional bonds. Editors' Strategic
Implications: These data suggest that the cultivation of natural (especially
non-familial) mentoring relationships during adolescence may be a promising
strategy for prevention and health promotion. This study is impressive due to its
large, nationally representative sample, the examination of relationship
characteristics and multiple mentors, and the links to a variety of outcomes
(controlling for earlier functioning). School officials and mentoring programs
must consider how to capitalize on - and promote - naturally occurring mentor
relationships.

PMID: 15977043 [PubMed - indexed for MEDLINE]


Do predisposing and family background characteristics modify or confound the
relationship between drinking frequency and alcohol-related aggression? A study
of late adolescent and young adult drinkers.

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The present study examined whether predisposing and family background
characteristics confounded (common cause/general deviance theory) or modified
(conditional/interactive theory) the association between drinking frequency and
alcohol-related aggression. A secondary analysis of the US National Longitudinal
Survey of Youth was conducted using a composite sample of drinkers, ages 17 to
21, from the 1994, 1996, and 1998 Young Adult surveys (n=602). No evidence of
confounding of the relationship between drinking frequency and alcohol-related
aggression was found. In addition, predisposing characteristics did not modify
the association between drinking frequency and alcohol-related aggression.
However, family background variables (mother's education and any poverty) were
important explanatory variables for alcohol-related aggression among males,
whereas recent aggression (fights at school or work) was an important predictor
for females. Overall, lack of support for the conditional/interactive and common
cause theories of the alcohol and aggression relationship suggests that alcohol
has an independent explanatory role in alcohol-related aggression. In addition,
the gender differences found in the present study highlight the need for more
gender-focussed research on predictors of alcohol-related aggression, especially
among adolescents and young adults.

PMID: 15975731 [PubMed - indexed for MEDLINE]


Associations among active transportation, physical activity, and weight status in
young adults.

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OBJECTIVE: To describe prevalence of active, public, and car transit by overweight status and amount of leisure-time physical activity in a nationally representative cohort of ethnically diverse young adults. RESEARCH METHODS AND PROCEDURES: Questionnaire data on patterns of transportation were collected from U.S. adolescents enrolled in Wave III (2001) of the National Longitudinal Study of Adolescent Health (N = 10,771). Measured height and weight data were used to calculate BMI and classify adults by overweight status (BMI \( \geq 25 \)). Self-reported physical activity data were used to classify adults into those who achieved \( \geq 5 \) bouts of weekly moderate-vigorous physical activity and those who did not. Results were stratified by overweight and physical activity status. RESULTS: The vast majority of young adults used car transit (work, 90.4%; school, 74.7%). A small proportion of young adults used active means of transportation to work (8.1%) and school (26.7%), and fewer used public transportation to work or school (<10%). The proportion of individuals using active transportation was higher among the nonoverweight traveling to work (9.2%) and school (29.7%) and among the more active traveling to work (15.2%) and school (37.0%) relative to the overweight and less active young adults. DISCUSSION: The vast majority of young adults of all racial/ethnic backgrounds, particularly blacks and Hispanics, did not use active transportation to school and/or work. Active transportation was more common among nonoverweight and more active young adults, of high socioeconomic status, particularly full-time students. Population-level efforts (and environmental supports) to increase non-leisure physical activity, particularly active transportation, are sorely needed as a means of supporting and promoting overall physical activity.

PMID: 15919840 [PubMed - indexed for MEDLINE]


Parental and school correlates of binge drinking among middle school students.

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OBJECTIVES: We examined the prevalence and dynamics of binge drinking among middle school students. METHODS: We analyzed data from the National Longitudinal Study of Adolescent Health. The sample was composed of approximately 5300 seventh-and eighth-grade students who were interviewed at 2 points in time. RESULTS: Approximately 8% of seventh graders and 17% of eighth graders reported engaging in binge drinking during the past 12 months. These rates varied as a function of school characteristics. Low scores on the parenting variables-communication quality, use of reasoning, and control and supervision-and binge drinking during middle school also were predictive of binge drinking during high school. CONCLUSIONS: Binge drinking among middle school students is an important phenomenon that for many students forecasts future binge drinking during high school.

PMCID: PMC1449274
PMID: 15855471 [PubMed - indexed for MEDLINE]


Stability of health care coverage among low-income working women.

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This article examines health insurance stability patterns and the factors associated with stable coverage in a sample of 453 low-income working women. Using data from the National Longitudinal Survey of Youth (NLSY), the authors found that only 51 percent of these women had stable coverage during 1995-1997. Logistic regression results indicate that, controlling for other factors, health insurance stability is significantly higher for those who have higher levels of welfare receipt, have more work hours, have fewer job changes, have higher education levels, are African American or Hispanic, and who live outside central cities. The findings suggest that point-in-time health coverage estimates substantially underestimate the health coverage problems of low-income working women. Health policies need to be more sensitive to transitional problems resulting from job changes, marital disruptions, and other changes in circumstances. Recommendations for revising health care policies and for improving existing health care programs are presented.

PMID: 15847233 [PubMed - indexed for MEDLINE]


Age, puberty, and exposure to intimate partner violence in adolescence.

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This paper links sociological and epidemiologic research on violence and the life course to biosocial perspectives on pubertal maturation to examine risk factors associated with exposure to intimate partner violence in adolescence. While prior research has established early puberty as a risk factor for delinquent behavior, studies to date have not yet investigated whether early puberty is also linked to intimate partner violence in adolescence. Prior epidemiologic research has found that increasing age in adolescence is a risk factor for dating violence, but this work has not yet incorporated the element of pubertal maturation. The present study examines the relative effects of chronological age and maturational age in a biosocial model predicting risk for intimate partner violence among adolescent females, net of established control variables, using three waves of data from the National Longitudinal Study of Adolescent Health. These findings indicate that early maturation in females is an additional risk factor for exposure to intimate partner violence in adolescence. The importance of disentangling types of age effects as raised in the developmental literature and as supported by these findings is discussed in relation to the prevention of youth violence.

PMID: 15817736 [PubMed - indexed for MEDLINE]


Mothers' time with infant and time in employment as predictors of mother-child relationships and children's early development.

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This study tested predictions from economic and developmental theories that maternal time with an infant is important for mother-child relationships and children's development, using time-use diaries for mothers of 7- to 8-month-old infants from the National Institute of Child Health and Human Development Study of Early Child Care (N = 1,053). Employment reduced time with infants, but mothers compensated for some work time by decreasing time in other activities.
With family and maternal characteristics controlled, time with infants predicted high Home Observation for Measurement of the Environment (HOME) scores and maternal sensitivity, but bore little relation to children's engagement with mothers, secure attachment, social behavior, or cognitive performance from 15 to 36 months. Mothers who spent more time at work had higher HOME scores. Maternal time with infants may reflect maternal characteristics that affect both time allocation and maternal behavior.

PMID: 15784094 [PubMed - indexed for MEDLINE]


Inadequacies in the first aid management of burns presenting to plastic surgery services.

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Burn injury is a significant cause of mortality and morbidity in Ireland. Simple first aid measures such as immediate wound cooling and removal of the source of injury can significantly improve clinical outcome. We conducted a six-month study, investigating the first aid measures taken by both patients and their primary carers following burn injury. Of the 63 patients referred to the plastic surgery services, only 23.2% had employed the correct first aid principles. Only 20% of patients who sustained burns at work reported that first aid was available in the workplace. This study illustrates that knowledge regarding the initial management of burn injury is very poor. We suggest that a national public health education campaign could have a positive effect on the outcome of burn injury.

PMID: 15782727 [PubMed - indexed for MEDLINE]


Natural mentoring relationships and adolescent health: evidence from a national study.

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OBJECTIVES: We used nationally representative data to examine the impact of natural (or informal) mentoring relationships on health-related outcomes among older adolescents and young adults. METHODS: We examined outcomes from Wave III of the National Longitudinal Study of Adolescent Health as a function of whether or not respondents reported a mentoring relationship. Logistic regression was used with control for demographic variables, previous level of functioning, and individual and environmental risk. RESULTS: Respondents who reported a mentoring relationship were more likely to exhibit favorable outcomes relating to education/work (completing high school, college attendance, working >/= 10 hours a week), reduced problem behavior (gang membership, hurting others in physical fights, risk taking), psychological well-being (heightened self-esteem, life satisfaction), and health (physical activity level, birth control use). However, effects of exposure to individual and environmental risk factors generally were larger in magnitude than protective effects associated with mentoring. CONCLUSIONS: These findings suggest a broad and multifaceted impact of mentoring relationships on adolescent health. However, mentoring relationships alone are not enough to meet the needs of at-risk youths and therefore should be
incorporated into more comprehensive interventions.

PMCID: PMC1449212
PMID: 15727987 [PubMed - indexed for MEDLINE]


Self-reported workplace related ergonomic conditions as prognostic factors for musculoskeletal symptoms: the "BIT" follow up study on office workers.

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AIMS: To identify prognostic ergonomic and work technique factors for musculoskeletal symptoms among office workers and in a subgroup with highly monotonous repetitive computer work. METHODS: A baseline questionnaire was delivered to 5033 office workers in 11 Danish companies in the first months of 1999, and a follow up questionnaire was mailed in the last months of 2000 to 3361 respondents. A subgroup with highly monotonous repetitive computer work was formed including those that were repeating the same movements and/or tasks for at least 75% of the work time. The questionnaire contained questions on ergonomic factors and factors related to work technique. The outcome variables were based on the frequency of musculoskeletal symptoms during the last 12 months. Logistic regression analyses were used to identify prognostic factors for symptoms in the three body regions. RESULTS: In total, 39%, 47%, and 51% of the symptomatic subjects had a reduced frequency of symptom days in the neck/shoulder, low back, or elbow/hand region, respectively. In all regions more men than women had reduced symptoms. In the multivariate logistic regression analyses, working no more than 75% of the work time with the computer was a prognostic factor for musculoskeletal symptoms in the neck/shoulder and elbow/hand, and a high influence on the speed of work was a prognostic factor for symptoms in the low back. In the subgroup with highly monotonous repetitive computer work, the odds ratios of the prognostic factors were similar to those for the whole group of office workers. CONCLUSION: When organising computer work it is important to allow for physical variation with other work tasks, thereby avoiding working with the computer during all the work time, and further to consider the worker's own influence on the speed of work.

PMCID: PMC1740969
PMID: 15723884 [PubMed - indexed for MEDLINE]


The influence of resources on perceived functional limitations among women with multiple sclerosis.

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The purpose of this longitudinal investigation was to identify the effects of external resources (i.e., education, marriage, employment, social support, economic status) on the trajectory of perceived functional limitation among women with multiple sclerosis (MS). We hypothesized that these resources would have a long-term influence upon MS-related functional limitation. As part of a longitudinal study of health promotion and quality of life among persons with MS, we tested hypothesized relationships using data obtained at five time points, using repeated-measures MANOVA. We found that functional limitation scores increased over time for all participants. In general, women who were unemployed
as a result of MS consistently had higher functional limitation scores, and employed women consistently had lower functional limitation scores. Women with lower social support scores consistently perceived greater functional limitation than those with higher social support scores. Women with lower perceived-economic-adequacy scores consistently had higher functional limitation scores than women with higher perceived-economic-adequacy scores. Nurses and other healthcare professionals are in an optimum position to observe and assess the resources of women with MS. They can use presence, listening, and observational skills to identify verbal and nonverbal cues of resource depletion. In addition, they can act as advocates for women with MS and speak out on policy issues and legislation at the local and national levels. Healthcare professionals can thus influence the presence of resources for those who are particularly vulnerable to resource loss, so they can participate successfully in work, recreational, and home environments.

PMID: 15673206 [PubMed - indexed for MEDLINE]


Grief experiences of parents whose children suffer from mental illness.

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OBJECTIVE: To examine the grief experience of parents of adult children with a mental illness and its relationship to parental health and well-being and parent child attachment and affective relationship. METHODS: Participants were recruited from a variety of organizations throughout Australia that provide support services for sufferers of mental illness and/or for their families. Seventy-one participants (62 mothers and nine fathers) all of whom had a child diagnosed with mental illness volunteered to take part in the study. All completed measures of grief, health status and parent-child relationship. RESULTS: Parents reported experiencing grief in relation to their child's illness as evidenced by intrusive thoughts and feelings and avoidance of behaviour as well as difficulties adapting to and distress associated with reminders of the illness. Parental grief appears to reduce over time, but only in some aspects of grief and after an extended period. Increased parental grief was related to lowered psychological well-being and health status and associated with an anxious/ambivalent and a negative affective parent-child relationship. CONCLUSION: The study provides important insights into the grief experiences of parents following their child's diagnosis with mental illness. The significant relationship between parental grief and parental psychological well-being and health status as well as to parent-child relationship has important implications for health professionals. Foremost amongst these are the need to validate the distress and grief of parents and to better understand how to provide interventions that promote grief work and family bonds while reducing emotional distress and life disruption.

PMID: 15660710 [PubMed - indexed for MEDLINE]


Acculturation-related variables, sexual initiation, and subsequent sexual behavior among Puerto Rican, Mexican, and Cuban youth.

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The relationship among acculturation-related variables, past sexual activity, and subsequent sexual behavior was examined for a sample of Latino youth in the United States over a 12-month period. A subsample from the National Longitudinal Study of Adolescent Health database was analyzed by means of a prospective design. History of sexual intercourse predicted subsequent sexual behavior over the ensuing 12 months. The acculturation-related variables were related to whether an adolescent reported being sexually active at Wave 1 but in a complex fashion. Among recent immigrants, youth from English-speaking homes were less likely to be sexually active than those from Spanish-speaking homes. The opposite was observed for youth who were born in the United States or who had resided in the United States most of their lives.

PMID: 15631566 [PubMed - indexed for MEDLINE]


Work-related psychosocial factors and chronic pain: a prospective cohort study in Canadian workers.

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OBJECTIVE: The purpose of this study was to determine whether organizational and psychosocial aspects of work experience affect the risk of chronic pain conditions. METHODS: We used longitudinal data from the National Population Health Survey in Canada (n = 6571). The data were analyzed using the Cox model. RESULTS: Work-related stress was a risk factor for developing chronic pain or discomfort. The relative risk was 1.39 (95% CI = 1.01-1.91) for medium stress and 1.80 (95% CI = 1.28-2.52) for high stress. High psychological demands and low skill discretion were independently associated with pain/discomfort. There was no association between psychosocial factors at work and physician-diagnosed chronic back problems, arthritis, or migraine headaches. CONCLUSIONS: Work-related stress is a significant risk factor for nonspecific complaints of pain or discomfort among workers.

PMID: 15591978 [PubMed - indexed for MEDLINE]


Quality of-life in male cancer patients at Kenyatta National Hospital, Nairobi.

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BACKGROUND: The quality of life of cancer patients is likely to be influenced by psychological reactions of the cancer patients yet there are no documented issues related to quality of life in cancer patients in Kenyan hospitals. OBJECTIVE: To investigate issues which affect the quality of life in male cancer patients. DESIGN: Prospective cross sectional study. SETTING: Kenyatta National Hospital, Nairobi, Kenya. METHODS AND SUBJECTS: Cancer patients above 12 years of age were interviewed during the course of their stay in the hospital, specifically to gather information on: semi structured questions and a modified Beck's 24 item depression inventory with a view to solicit for their reaction on issues which pertains to quality of life. MAIN OUTCOME MEASURES: Age group, level of education, tribe, geographical place (province) of birth, chief complains, main concerns, views on doctors, contact with psychiatrist and psychologist, the anatomic site of cancer, treatment given and responses on modified Beck's
depression inventory. RESULTS: Forty two patients were studied, their age range 13-72 years, mean 43.2 and peak 13-26 years. Forty seven per cent of cases had no formal education. The cancers were gastrointestinal tract 33%, blood and lymphoid tissue (26%), bone and muscle (11.9%), skin (9.4%) and genitourinary tract (4.8%). Treatment given was chemotherapy, radiotherapy and surgery. Ninety three per cent were unable to cope. Chief complaints were pain, inability to work, feeling miserable and concerns were families, health and work retardation. Modified Beck's depression score was 20%, with major issues being; work retardation, insomnia, weight loss, and anorexia. Most affected were, age group 27-35 years (and least 13-26 years), uneducated, living in Nairobi (city), having carcinomas, treatment with combined surgery and radiotherapy. Low education level and residence in Nairobi coped poorly. Radiation therapy group appeared to cope better than other modalities. CONCLUSION: The issues affecting the quality of life of male cancer patients stated were pain, inability to work, poor coping with cancer and psychological reactions of work retardation, insomnia, weight loss, fatigability and depression. Gambling, suicidal ideas and social withdrawal were minimal. Other concerns were families, health and work.

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Defining subgroups of adolescents at risk for experimental and regular smoking.

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If multiple etiologies of substance use are truly at work in the population, then further strides in the accurate prediction of smoking and the use of other substances will likely be built on diverse pattern-centered approaches that explore the presence of multiple population subgroups across various substance use stages. The present study aimed to identify population subgroups defined by individual risk factors or risk factor constellations that prospectively predict specific smoking stages. Using data from the National Longitudinal Study of Adolescent Health (Add Health), analyses were conducted on the sample that took part in the baseline and 1 year follow-up assessment between 1994 and 1996. Classification and regression tree procedures were used to investigate the structure of individual risk factors, or constellations of risk, that define population subgroups with high rates of both experimental and established smoking. For each level of smoking, a relatively simple model including two subgroups predicted over half of the smoking cases. Findings also indicated that the two group models identified higher rates of regular smokers compared to experimental smokers. Deviant behaviors and alcohol use without permission independently predicted movement to experimentation at follow-up. Progression to regular smoking from both a nonsmoking and experimental smoking status at baseline were each predicted by smoking friends. Additionally, baseline levels of experimental use predicted movement from experimental to regular smoking, while a relatively low grade point average predicted rapid progression from baseline nonuse to regular use at follow-up. By identifying first approximations of patterns, these analyses may lead to clues regarding the major multiple mechanisms at work for the progression of smoking among adolescents.

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The etiology and pathophysiology of cerebral sinus venous thrombosis (CSVT) in the paediatric population is still poorly understood, and the role of thrombophilic risk factors remains to be elucidated. In our multi-center case-controlled study we studied 46 patients with CSVT diagnosed from April 1996 to December 2003, consecutively referred for thrombophilia work-up. The results of thrombophilia screen were compared to 112 healthy paediatric controls. Anticoagulant therapy was applied according to treating physicians' decisions, and all cases were prospectively followed for a median of 4.1 years. Of 46 children, 8 had CSVT diagnosed in the neonatal period and therefore were analyzed separately. The prevalence of single thrombophilia markers and combinations of thrombophilic risk factors were similar among cases and controls. Among children with CSVT co-morbid systemic illness was present in most patients at diagnosis. Seven out of 8 children with idiopathic CSVT had thrombophilic risk factors as compared to 31/38 patients with co-morbid conditions. Anticoagulation was initiated in most patients, 11/46 patients continued therapy for a total of one year or more post event. Neither clinical presentation nor initial treatment decisions were affected by presence of thrombophilic risk factors in our study group. Thrombophilia prevalence was not increased in children with CSVT as compared to controls, however thrombophilia was more frequent among children with idiopathic CSVT. Thus, those selected patients would benefit most from thrombophilia work-up, required for long-term therapy considerations.

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Anti-IgE therapy in children with asthma.

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The prevalence of asthma continues to grow rapidly among children in areas undergoing urbanization. Current pharmacotherapy for asthma reduces inflammation and provides symptomatic relief, but it does not work for all patients and it does not entirely suppress the underlying disease. For these reasons new therapeutic approaches are still needed. Anti-IgE, the newest therapeutic modality for asthma, a biologic agent to control allergic disorders, represents a fundamentally new concept in treatment.

PMID: 15459572 [PubMed - indexed for MEDLINE]

Progressing from light experimentation to heavy episodic drinking in early and middle adolescence.

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OBJECTIVE: Few studies have examined psychological variables related to changes in drinking patterns from light experimentation with alcohol to heavy episodic
drinking in early and middle adolescence. The present study examined parental and peer influences, gender and grade level as predictors of such changes in adolescent alcohol consumption. METHOD: Approximately 1420 light drinkers were analyzed from Wave 1 of the National Longitudinal Study of Adolescent Health (Add Health). Heavy episodic drinking activity was assessed 1 year later. RESULTS: Gender differences in transitions to heavy episodic drinking were observed, with males being more likely than females to make a transition. Parent parameter setting and communication variables, as well as peer variables at different grade levels, buffered these gender differences. CONCLUSIONS: Adolescents who are light experimenters represent a high-risk group as a consequence of their initial consumption tendencies. Some of these adolescents graduated beyond simple experimentation and moved into patterns of consumption that could be considered dangerous. Our analyses implicated an array of parental-based buffers: parent involvement in the adolescent's life, development of good communication patterns and expressions of warmth and affection. Minimizing associations with peers who consume alcohol may also have a buffering effect. There was evidence that these buffers may dampen gender differences not so much by affecting female drinking tendencies as by keeping males at reduced levels of alcohol consumption comparable to those of females.

PMID: 15376824 [PubMed - indexed for MEDLINE]


Further evidence on adolescent employment and substance use: differences by race and ethnicity.

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In an on-going debate over the consequences of adolescent employment, there is growing agreement that work intensity (i.e., longer hours) fosters underage drinking and other substance use. The current study furthers our understanding of the relationship between hours of employment and substance use in adolescence by testing whether it is evident across racial/ethnic groups. Based on data from two waves of the National Longitudinal Study of Adolescent Health, the study finds that the effects of work intensity on substance use is mostly limited to whites. Work intensity is not consistently related to alcohol, cigarette, and marijuana use among minority adolescents.

PMID: 15305759 [PubMed - indexed for MEDLINE]


Pilot study of urinary iodine concentration and of biochemical thyroid parameters before and after cautious public health intervention on salt iodide content: the Swiss longitudinal 1996-2000 iodine study.

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OBJECTIVE AND DESIGN: Iodide concentration (IC) in salt was cautiously increased in Switzerland (15 --> 20 ppm iodide). We evaluated the dynamics of the effect of this intervention on urinary iodine concentration (UIC, microg/l) and on thyroid parameters. SETTING: University Hospital in Bern, Switzerland. SUBJECTS: A cohort of 36 subjects (12 children, 11 women, 13 men) out of 44 were recruited. INTERVENTIONS: During the study periods PRE (May 1996-May 1998) and POST (October
1998-December 2000, subdivided into equal subperiods POST1 and POST2), that is, before and after the increase of IC in salt, subjects collected 6248 urine spots for analysis of UIC. Thyroid volumes (n=2/subject) and serum thyroid parameters (n=8/subject) were sequentially evaluated. METHODS: Average PRE-POST data were compared (multiple regression analysis). RESULTS: UIC increased overall by 5.1% (P=0.0003). Increase of UIC was highest in children (11.3%, P<0.0001), significant in women (8%, P=0.0016), but not significant in men (P=0.143). Comparison between periods POST1 and POST2 showed that UIC changed more gradually in women than in children. Thyroid volumes were normal, no nonphysiological change occurred. TSH indicated euthyroidism; it decreased in children (1.98 => 1.74 mU/l, P=0.04) and increased in men (1.65 => 1.91 mU/l, P=0.025). FT3 decreased in children (P=0.004) and FT4 decreased in men (P=0.017), both within normal ranges. TSH, FT3 and FT4 were unchanged in women. FT3/FT4 ratios were stable. Anti-TPO-Ab titers were stable (P=0.9). Anti-Tg-Ab titers decreased (P=0.009). CONCLUSION: The significant UIC effects were of uncertain metabolic relevance. No pathological side effects occurred. Differential delays and penetrances of UIC increase in children and adults were hitherto unknown. The unspectacular stepwise policy seems to be safe. Our pilot results in a population with moderate iodine deficiency in women should be confirmed in population-based cluster studies. SPONSORSHIP: This work was supported by grants from the University Hospital in Bern, the Swiss Federal Office of Public Health (SFOPH), the 'Swiss National Foundation for Scientific Research' (32-49424.96), the 'Fondation Genevoise de Bienfaisance Valerie Rossi di Montelera', the 'Schweizerische Lebensversicherungs- und Rentenanstalt' and the 'Schüpbach Foundation of the University of Bern'.

PMID: 15226756 [PubMed - indexed for MEDLINE]

Work environment and smoking cessation over a five-year period.
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AIMS: The authors set out to estimate effects of occupational factors on smoking cessation among Danish employees. METHODS: Data from 3,606 observations of smokers gathered from the Danish National Work Environment Cohort Study in 1990, 1995, and 2000 were analysed by logistic regression. The model comprised background variables, smoking variables, and measures of psychosocial and other aspects of the work environment. RESULTS: Statistically significant odds ratios (OR) for cessation were found for medium versus no exposure to noise (OR 0.71, 95% CI 0.54-0.93), for high versus low physical workload (OR 0.49, 95% CI 0.47-0.73), for high versus low psychological demands (OR 1.42, 95% CI 1.12-1.80), and for medium versus low levels of responsibility at work (OR 1.31, 95% CI 1.03-1.65). CONCLUSION: The probability of smoking cessation differs between people with different exposures to certain work environmental factors.

PMID: 15204176 [PubMed - indexed for MEDLINE]

The cost-effectiveness of mirtazapine versus paroxetine in treating people with depression in primary care.
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Currently, there are no data available comparing cost-effectiveness of two antidepressants in the primary care setting in the UK. Alongside a randomized, double-blind, 24-week study of mirtazapine and paroxetine, data were prospectively collected on patients' use of hospital and non-hospital services and days off work. Costs were estimated in each treatment arm from National Health Service (NHS) and societal perspectives, and were compared with selected outcome measures (numbers of 17-item Hamilton Rating Scale for Depression (17-HAMD) responders and changes in Quality of Life in Depression Scale scores between baseline and 24-week endpoint) to explore and compare relative cost-effectiveness. Mirtazapine treatment resulted in a statistically significantly greater improvement in quality of life than paroxetine at endpoint (P=0.021). Although the 17-HAMD response rates were higher for the mirtazapine users at endpoint, the difference (7%) was not statistically significant (P=0.31). However, mean total societal costs per patient were 375 pounds less with mirtazapine (1850 pounds) compared to paroxetine (2225 pounds; P=0.32). Mean total NHS costs per patient were also lower (120 pounds) with mirtazapine (1408 pounds) compared to paroxetine (1528 pounds). The advantage for mirtazapine remained present on all variables analysed after performing sensitivity analyses. The results suggest that mirtazapine may be a cost-effective treatment choice compared to paroxetine for depression in a primary care setting.

PMID: 15107654 [PubMed - indexed for MEDLINE]


Shift work and health.

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OBJECTIVES: This article describes the characteristics of shift workers and compares stress factors and health behaviours of shift and regular daytime workers. Based on an analysis of people followed over four years, associations between the incidence of chronic conditions and changes in psychological distress levels are explored in relation to working shift. DATA SOURCES: Data are from the 2000/01 Canadian Community Health Survey, the longitudinal (1994/95, 1996/97 and 1998/99) and cross-sectional (1994/95) components of the National Population Health Survey, and the Survey of Work Arrangements (1991 and 1995). ANALYTICAL TECHNIQUES: Cross-tabulations were used to profile shift workers and to compare some of their health behaviours and sources of stress with those of regular daytime workers. Multivariate analyses were used to examine associations between shift work and the incidence of chronic conditions and changes in psychological distress levels over four years, controlling for other potential confounders. MAIN RESULTS: Men who worked an evening, rotating or irregular shift had increased odds of reporting having been diagnosed with a chronic condition over a four-year period. For both sexes, an evening shift was associated with increases in psychological distress levels over two years.

PMID: 15069802 [PubMed - indexed for MEDLINE]


Tinker, tailor, soldier, patient: work attributes and depression disparities among young adults.

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Prior studies have consistently found the occurrence of depression to be higher among persons with lower socio-economic status (SES), but causal mechanisms for this relationship are often not well understood. For example, while depression has been shown to increase during spells of unemployment, little work has been done on job attributes that may be related to depression among employed people early in their careers. This study links the 1992 wave of the National Longitudinal Survey of Youth 1979 cohort—which included Depression symptom scores on the Center for Epidemiologic Studies Depression (CES-D) instrument—to the US Department of Labor's new occupational characteristics O*Net dataset. The resulting dataset includes information regarding depression, SES, and specific attributes of jobs held by the young adult respondents. Job attributes included measures of social status, interpersonal stressors, and physical conditions. Multivariate analysis revealed that for young men, higher job status is associated with lower CES-D scores. Higher scores on the opposition scale, which measures the extent to which employees are obliged to take a position opposed to others, is associated with higher CES-D scores. For young women, physically uncomfortable or dangerous jobs are associated with more depressive symptoms. Results are stratified by race/ethnicity. For Black men, unlike for White men or Latinos, job security is associated with fewer depressive symptoms; and for Latino men, but not for Black or White men, physically uncomfortable or dangerous jobs are associated with more depressive symptoms. For Black women, job status is associated with fewer depressive symptoms. We conclude that part of the SES-depression relationship may arise from the psychosocial aspects of jobs, which we have found to be significantly and meaningfully associated with depressive symptoms among employed young adults.

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Self reported musculoskeletal symptoms in the neck/shoulders and/or arms and general health (SF-36): eight year follow up of a case-control study.

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AIMS: To explore and compare the prevalence after eight years of self reported musculoskeletal symptoms and general health (SF-36) for groups with initially different degrees of severity of symptoms in the neck/shoulders and/or arms. METHODS: A case-control study was performed in 1989 comprising 129 clinically examined cases and 655 survey controls. The study population was followed up in 1997 with a postal survey. The controls, none of which were clinically examined at baseline (1989), were divided into groups according to degree of severity of self reported symptoms in the neck/shoulders and/or arms at baseline: no symptoms, light symptoms, and severe symptoms. Cases were clinically diagnosed with a musculoskeletal disorder of the neck/shoulders and/or arms at baseline. RESULTS: At the 1997 follow up, there was a trend of increasing prevalence of musculoskeletal symptoms, as well as decreasing health status as rated in the SF-36 over the three severity groups among controls. Only small differences were seen between the cases and the controls reporting severe musculoskeletal symptoms or the neck/shoulders and/or arms. CONCLUSION: The degree of questionnaire based self reported musculoskeletal symptoms of the neck/shoulders and/or arms clearly indicate different degrees of future health problems (both in terms of self reported musculoskeletal problems and health in general as captured by the SF-36). Therefore, there is a need for improved intervention and health promotion strategies. Such effort should be implemented before musculoskeletal symptoms have developed to clinical cases, particularly in the realm of the workplace.
Why is work intensity associated with heavy alcohol use among adolescents?
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PURPOSE: To examine and explain the relationship between work intensity (number of hours worked per week) and heavy alcohol use among adolescents. METHODS: Analyses were conducted with two waves of in-home interview data provided by a representative sample of adolescents who participated in the National Longitudinal Study of Adolescent Health. Multinomial logistic regression analyses were conducted to determine whether a higher level of work intensity at Wave 1 predicted a higher level of past-year heavy drinking approximately 1 year later at Wave 2, and the degree to which the relationship between work intensity and heavy drinking persisted after adjusting for demographic characteristics, alcohol use before Wave 1, and psychosocial risk and protective factors in family, school, and peer-individual domains. RESULTS: Higher levels of work intensity at Wave 1 (11-20 or more than 20 hours/week) were predictive of heavy drinking at Wave 2. However, these effects were substantially attenuated after adjusting for demographic characteristics and prior alcohol use. Risk and protective factors such as school commitment, friends' drinking, and delinquency also partially explained the effects of work intensity and background variables on heavy drinking, suggesting that these factors may act as confounders and/or mediators. CONCLUSIONS: This study suggests that working more than 10 h/week increases the likelihood of heavy alcohol use among adolescents, and that the effect of work intensity is largely, but not completely attributable to demographic characteristics (e.g., age, race/ethnicity, personal income), prior alcohol use, and family, school, and peer-individual factors.

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Predictors of back pain in a general population cohort.
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STUDY DESIGN: The study used longitudinal data from the first and second cycles (1994-1995 and 1996-1997) of the Canadian National Population Health Survey. OBJECTIVE: Our objective was to derive prediction models for back pain in the general male and female household populations. SUMMARY OF BACKGROUND DATA: Little is known about the predictors of back pain in the general population. Most previous studies focused on specific occupational groups and used a cross-sectional or case-control design. METHODS: The study cohort consisted of all respondents aged 18+ years who reported no back problems in the 1994-1995 National Population Health Survey cycle (N = 11,063). Potential predictors of chronic back pain were classified into nine groups and entered into stepwise logistic regression models. Bootstrap methods were used to derive the final models and assess their predictive power. RESULTS: The overall incidence of back pain was 44.7 per 1,000 person-years and was higher in women (47.0 per 1,000 person-years) compared with men (42.2 per 1,000 person-years). In men,
significant predictors of back pain were age (peak effect in 45-64 years),
height, self-rated health, usual pattern of activity (especially heavy work),
yard work or gardening (negative association), and general chronic stress. In
women, significant factors were self-reported restrictions in activity, being
diagnosed with arthritis, personal stress, and history of psychological trauma in
childhood or adolescence. CONCLUSIONS: Overall health and psychosocial factors
are important predictors of back pain in both men and women. Other risk factors
differ between the two sexes.

PMID: 14699279 [PubMed - indexed for MEDLINE]


Mild disorders should not be eliminated from the DSM-V.

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BACKGROUND: High prevalence estimates in epidemiological surveys have led to
corns that the DSM system is overly inclusive and that mild cases should be
excluded from future DSM editions. OBJECTIVE: To demonstrate that the DSM-III-R
disorders in the baseline National Comorbidity Survey (NCS) can be placed on a
severity gradient that has a dose-response relationship with outcomes assessed a
decade later in the NCS follow-up survey (NCS-2) and that no inflection point
exists at the mild severity level. METHODS: The NCS was a nationally
representative household survey of DSM-III-R disorders in the 3-year time span
1990-1992. The NCS-2 is a follow-up survey of 4375 NCS respondents (76.6%
conditional response rate) reinterviewed in 2000 through 2002. The NCS-2 outcomes
include hospitalization for mental health or substance disorders, work disability
due to these disorders, suicide attempts, and serious mental illness. RESULTS:
Twelve-month NCS/DSM-III-R disorders were disaggregated into 3.2% severe, 3.2%
serious, 8.7% moderate, and 16.0% mild case categories. All 4 case categories
were associated with statistically significantly (P<.05, 2-sided tests) elevated
risk of the NCS-2 outcomes compared with baseline noncases, with odds ratios of
any outcome ranging monotonically from 2.4 (95% confidence interval, 1.6-3.4) to
15.1 (95% confidence interval, 10.0-22.9) for mild to severe cases. Odds ratios
comparing mild to moderate cases were generally nonsignificant. CONCLUSIONS:
There is a graded relationship between mental illness severity and later clinical
outcomes. Retention of mild cases in the DSM is important to represent the fact
that mental disorders (like physical disorders) vary in severity. Decisions about
treating mild cases should be based on cost-effectiveness not current severity.
Cost-effectiveness analysis should include recognition that treatment of mild
cases might prevent a substantial proportion of future serious cases.

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Public and private domains of religiosity and adolescent health risk behaviors:
evidence from the National Longitudinal Study of Adolescent Health.
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The purpose of this study was to examine the association of public and private
domains of religiosity and adolescent health-related outcomes using data from the National Longitudinal Study of Adolescent Health (Add Health), a nationally representative sample of American adolescents in grades 7-12. The public religiosity variable combines two items measuring frequency of attendance at religious services and frequency of participation in religious youth group activities. The private religiosity variable combines two items measuring frequency of prayer and importance of religion. Our results support previous evidence that religiosity is protective for a number of adolescent health-related outcomes. In general, both public and private religiosity was protective against cigarettes, alcohol, and marijuana use. On closer examination it appeared that private religiosity was more protective against experimental substance use, while public religiosity had a larger association with regular use, and in particular with regular cigarette use. Both public and private religiosity was associated with a lower probability of having ever had sexual intercourse. Only public religiosity had a significant effect on effective birth control at first sexual intercourse and, for females, for having ever been pregnant. However, neither dimension of religiosity was associated with birth control use at first or most recent sex. Public religiosity was associated with lower emotional distress while private religiosity was not. Only private religiosity was significantly associated with a lower probability of having had suicidal thoughts or having attempted suicide. Both public and private religiosity was associated with a lower probability of having engaged in violence in the last year. Our results suggest that further work is warranted to explore the causal mechanisms by which religiosity is protective for adolescents. Needed is both theoretical work that identifies mechanisms that could explain the different patterns of empirical results and surveys that collect data specific to the hypothesized mechanisms.

PMID: 14512236 [PubMed - indexed for MEDLINE]


A 14- to 24-year longitudinal study of a comprehensive sexual health model treatment program for adolescent sex offenders: predictors of successful completion and subsequent criminal recidivism.

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The study determines the effectiveness of a sexuality-positive adolescent sexual offender treatment program and examines subsequent criminal recidivism in the three outcome groups (completed, withdrawn, referred). The sample consists of 122 adolescent males and their families (491 individuals). Of the demographic variables, only living situation was significant, such that patients living with parents were more likely to graduate. None of the behavioral variables were found to be significant. Of the treatment variables, length of time in the program and participation in the Family Journey Seminar were included in the final model. When they were included in the model, no other treatment variable were significantly related to probability of graduation. There were no arrests or convictions for sex-related crimes in the population of participants that successfully completed the program. This group was also less likely than the other groups to be arrested (p = 0.014) or convicted (p = 0.004) across all crime categories.

PMID: 12971186 [PubMed - indexed for MEDLINE]


Acculturation and parental attachment in Asian-American adolescents' alcohol use.
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PURPOSE: To test whether the degree of acculturation predicts subsequent alcohol use among Asian-American adolescents, and to test the moderating effect of parental attachment. METHODS: This was a prospective study using a subsample of the National Longitudinal Adolescent Health data set. A nationally representative sample of 714 Asian-American boys (n = 332) and girls (n = 382) in grades 7-12 was analyzed. In-home self-report data were collected on two types of acculturation status, alcohol use, demographics, and parental attachment. After controlling for acculturation status and background variables at Wave I, logistic regression analysis was used to estimate the odds ratios to assess the association between acculturation and alcohol use at Wave II for adolescents. RESULTS: Asian-American adolescents with the highest level of acculturation (English use at home, born in the United States) were identified as the highest risk group. For adolescents with low parental attachment, the odds of alcohol use were 11 times greater in the highly acculturated group than in the least acculturated group. However, the odds of alcohol use for adolescents with moderate or high levels of parental attachment did not vary across acculturation groups. CONCLUSIONS: Overall, a greater level of acculturation was associated with greater alcohol use. However, when parental attachment was taken into account, highly acculturated adolescents with moderate or high parental attachment had no greater risk than adolescents with same levels of parental attachment who were less acculturated. Thus, it appears that acculturation per se was not a risk factor unless it was accompanied by a low level of parental attachment.

PMID: 12890603 [PubMed - indexed for MEDLINE]


Long-term symptomatic status of bipolar I vs. bipolar II disorders.

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Weekly affective symptom severity and polarity were compared in 135 bipolar I (BP I) and 71 bipolar II (BP II) patients during up to 20 yr of prospective symptomatic follow-up. The course of BP I and BP II was chronic; patients were symptomatic approximately half of all follow-up weeks (BP I 46.6% and BP II 55.8% of weeks). Most bipolar disorder research has concentrated on episodes of MDD and mania and yet minor and subsyndromal symptoms are three times more common during the long-term course. Weeks with depressive symptoms predominated over manichypomanic symptoms in both disorders (31%) in BP I and BP II at 37% in a largely depressive course (depressive symptoms=59.1% of weeks vs. hypomanic=1.9% of weeks). BP I patients had more weeks of cyclingmixed polarity, hypomanic and subsyndromal hypomanic symptoms. Weekly symptom severity and polarity fluctuated frequently within the same bipolar patient, in which the longitudinal symptomatic expression of BP I and BP II is dimensional in nature involving all levels of affective symptom severity of mania and depression. Although BP I is more severe, BP II with its intensely chronic depressive features is not simply the lesser of the bipolar disorders; it is also a serious illness, more so than previously thought (for instance, as described in DSM-IV and ICP-10). It is likely that this conventional view is the reason why BP II patients were prescribed pharmacological treatments significantly less often when acutely symptomatic and during intervals between episodes. Taken together with previous research by us on the long-term structure of unipolar depression, we submit that the thrust of our
work during the past decade supports classic notions of a broader affective disorder spectrum, bringing bipolarity and recurrent unipolarity closer together. However the genetic variation underlying such a putative spectrum remains to be clarified.

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Four-year follow-up of smoke exposure, attitudes and smoking behaviour following enactment of Finland's national smoke-free work-place law.

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AIMS: This study evaluated the possible impact of national smoke-free work-place legislation on employee exposure to environmental tobacco smoke (ETS), employee smoking habits and attitudes on work-place smoking regulations. DESIGN: Repeated cross-sectional questionnaire surveys and indoor air nicotine measurements were carried out before, and 1 and 3 years after the law had come into effect. SETTING: Industrial, service sector and office work-places from the Helsinki metropolitan area, Finland. PARTICIPANTS: A total of 880, 940 and 659 employees (response rates 70%, 75% and 75%) in eight work-places selected from a register kept by the Uusimaa Regional Institute of Occupational Health to represent various sectors of public and private work-places. MEASUREMENTS: Reported exposure to ETS, smoking habits, attitudes on smoking at work and measurements of indoor air nicotine concentration. FINDINGS: Employee exposure to ETS for at least 1 hour daily decreased steadily during the 4-year follow-up, from 51% in 1994 to 17% in 1995 and 12% in 1998. Respondents' daily smoking prevalence and tobacco consumption diminished 1 year after the enforcement of legislation from 30% to 25%, and remained at 25% in the last survey 3 years later. Long-term reduction in smoking was confined to men. Both smokers' and non-smokers' attitudes shifted gradually towards favouring a total ban on smoking at work. Median indoor airborne nicotine concentrations decreased from 0.9 micro g/m3 in 1994-95 to 0.1 micro g/m3 in 1995-96 and 1998. CONCLUSIONS: This is the first follow-up study on a nationally implemented smoke-free work-place law. We found that such legislation is associated with steadily reducing ETS exposure at work, particularly at work-places, where the voluntary smoking regulations have failed to reduce exposure. The implementation of the law also seemed to encourage smokers to accept a non-smoking work-place as the norm.

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Development of neck and hand-wrist symptoms in relation to duration of computer use at work.

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OBJECTIVES: This study attempted to identify risk factors for musculoskeletal symptoms in the neck and hand-wrist regions among employees using computers at work. METHODS: Computer users (N=5033) first received a questionnaire in the beginning of 1999 (69% response rate, N=3475), and a follow-up questionnaire was mailed in December of 2000 to the 3361 respondents to the baseline survey (77% response rate, N=2576). Health outcome was defined as musculoskeletal symptoms for >7 days within the last year of follow-up among the nonsymptomatic respondents at baseline. RESULTS: Men's and women's previous symptoms, women's
low influence at work and high-placed computer screen, and men's short time in
the same job and good computer skills were associated with neck symptoms.
Hand-wrist symptoms were predicted by previous symptoms and low influence at work
for both the men and women and sensorial demands for the women only. The duration
of computer use predicted hand-wrist symptoms [eg, odds ratio (OR) of 2.3, 95%
confidence interval (95% CI) 1.2-4.3, for almost continual computer use], but not
neck symptoms. For those with almost continual computer use, hand-wrist symptoms
were associated with mouse use for at least half of the worktime (OR 4.0, 95% CI
1.0-15.5) and not using the mouse at all (OR 4.0, 95% CI 1.1-14.4), as compared
with mouse use for one-fourth of the worktime. CONCLUSIONS: Limiting computer use
to less than three-fourths of the worktime would help to prevent hand-wrist
symptoms. Furthermore, low influence at work predicts both neck and hand-wrist
symptoms.

PMID: 12828389 [PubMed - indexed for MEDLINE]


Longitudinal prospective evaluation of quality of life in adult patients before
and one year after liver transplantation.

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We assessed the impact of liver transplantation (LT) on the quality of life (QOL)
of French recipients 1 year after surgery. A French version of the questionnaire
used by the National Institute of Diabetes and Digestive and Kidney
Disease-Pittsburg, USA (NIDDK), was validated by the back-translation method.
Five QOL domains were evaluated: measures of disease, psychological distress,
personal function, social function, and general health perception. Patients
enrolled onto the waiting list completed the questionnaire before and 1 year
after LT. Respondents were age- and gender-matched with healthy subjects
recruited from the general population (GP). One year after LT, the analysis of
data from 67 consecutive patients showed dramatic improvement in the five
domains. Compared with baseline, patients noted fewer disease-related symptoms (P
<.0001) and lower level of distress overall (P <.001). However, levels of
distress caused by excess appetite (P <.01), trembling (P <.05), and headaches (P
=.06) were more likely to increase than decrease. Twenty-five percent of patients
prevented by their disease from going to work before LT were no longer so limited
at 1-year follow-up. General health perception improved remarkably, with seven
times as many recipients reporting improved health as reporting worse health. A
correlation was found between the pretransplantation severity of cirrhosis and
the social and role function after LT (P <.05). In summary, the French version of
the NIDDK questionnaire seems to be reliable. The results of transplant
recipients were generally close to those of the general population. Although it
is not a true return to normal status, it approaches it.

PMID: 12827557 [PubMed - indexed for MEDLINE]


Assessing exposure to crystalline silica from farm work: a population-based study
in the Southeastern United States.

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PURPOSE: Farm workers are exposed to crystalline silica, but there are no established questionnaires to assess silica dust exposure from farm work in epidemiologic studies. This study examines aspects of farm work that were used to estimate potential silica dust exposure in a population-based study conducted in the southeastern United States. METHODS: We collected work and farming histories through in-person interviews with 620 participants in a population-based case-control study of systemic lupus erythematosus. A dust-exposure matrix was used to develop a telephone interview for 69 participants with potential medium- or high-level exposure, including questions on tasks, frequency, and farm location. Soil systems maps were used to infer soil type (sandy/other). Exposure indices were constructed based on tasks, frequency, and soil type. RESULTS: Thirty-six percent of study participants worked on a farm, but only 52 (8%) were classified in the high (n=16) or medium (n=36) exposure groups based on responses to follow-up interview questions. Exposure indices based on open-ended job descriptions in initial interviews correctly categorized 52% of participants who answered prompted questions on relevant dusty tasks in follow-up interviews. CONCLUSIONS: Specific questions on dusty tasks and frequency are needed to accurately assess silica exposure from farm work.

PMID: 12821278 [PubMed - indexed for MEDLINE]


Prognostic factors in lateral epicondylitis: a randomized trial with one-year follow-up in 266 new cases treated with minimal occupational intervention or the usual approach in general practice.

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OBJECTIVES: To determine whether minimal intervention by occupational specialists involving information about the disorder, encouragement to stay active and instruction in graded self-performed exercises could enhance the prognosis of lateral epicondylitis compared with the treatment usually given in general practice, to quantify workplace factors associated with the prognosis, and to consider treatments given in general practice. METHODS: A randomized controlled trial was performed in a cohort of 266 consecutive new cases of lateral epicondylitis diagnosed in general practice. Workplace factors were assessed with questionnaires at the time of inclusion, and patients completed follow-ups at 3, 6 and 12 months. Status at 1 yr was assessed as overall improvement and pain reduction compared with the time of diagnosis. General practitioners (GPs) registered the treatments given for both cases and controls during follow-up. Numbers of contacts with GPs and physiotherapists were obtained from the National Health Insurance registry. Prognostic factors were analysed by multiple logistic regression analysis. RESULTS: After 1 yr, 83% of cases showed improvement in the condition, but the intervention was found to have had no advantage. Poor overall improvement was associated with employment in manual jobs [odds ratio (OR) 3.0, 95% confidence interval (CI) 1.0-8.7], a high level of physical strain at work (OR 8.5, CI 1.0-74.7) and a high level of pain at baseline (OR 2.3, CI 1.0-5.3). Pain reduction less than 50% was associated with manual jobs (OR 2.3, CI 1.1-5.1), high physical strain at work (OR 3.6, CI 1.0-12.9), high baseline distress (OR 1.9, CI 1.0-4.0) and tennis elbow on the dominant side (OR 3.1, CI 1.4-6.8). The intervention group received less treatment and fewer treatment modalities, but the intervention was not followed by a reduction in the number of visits to GPs and physiotherapist clinics during 12 months of follow-up. CONCLUSIONS: Poor prognosis at 1 yr of follow-up for lateral epicondylitis was related to manual work and high baseline pain, whilst no relation was found between the type of medical treatment given/chosen and prognosis. This may have implications for the future management of lateral epicondylitis in terms of a
greater focus on interaction with the workplace regarding job modification to reduce physical demands during recovery.

PMID: 12810936 [PubMed - indexed for MEDLINE]


Sleeping problems and health behaviors as mediators between organizational justice and health.

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The aim of this longitudinal cohort study was to investigate whether sleeping problems and health behaviors (smoking, alcohol consumption, and sedentary lifestyle) mediate the association between organizational justice and employee health. Health indicators were minor psychiatric morbidity, as assessed by the General Health Questionnaire (U. Werneke, D. P. Goldberg, I. Yalcin, & B. T. Ustun, 2000), and poor self-rated health status. The results of logistic regression analysis of data for 416 male and 3,357 female hospital employees working during the 1998-2000 period in 10 Finnish hospitals suggest that sleeping problems are one of the underlying factors causing the adverse health effects of low organizational justice at work. No support for a mediating role of health behaviors between low organizational justice and health problems was obtained.

PMID: 12790256 [PubMed - indexed for MEDLINE]


Adolescent victimization and problem drinking.

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This study explores the connection between violent victimization in adolescence and subsequent problem drinking. Using national data we estimate the effects of adolescent victimization on a 3-category problem drinking measure (Abstainers, Moderate, and Binge Drinkers). We also examine the differences in the social and personal consequences of drinking across victims and non-victims. These consequences include harm to friendships, health, outlook on life, marriage, work, studies, and financial position. Victims of adolescent violence are more likely to engage in subsequent binge drinking and experience negative drinking consequences, particularly negative financial consequences. The findings are consistent with the adolescent development literature, which has highlighted the importance of violent victimization in the transition to adult roles and responsibilities. Additional research, particularly longitudinal data on violent victimization and substance abuse on a nationally representative sample of young people and adults is needed to further explore the connection between violent victimization and subsequent problem drinking.

PMID: 12680682 [PubMed - indexed for MEDLINE]


Factors influencing the impact of unemployment on mental health among young and older adults in a longitudinal, population-based survey.
OBJECTIVES: This study examined the relationship between unemployment and mental health. It particularly emphasized the potential differences in mental health status between younger workers entering the labor market and older workers with established laborforce involvement. METHODS: With the use of the National Population Health Survey in Canada, over 6000 respondents between 18 and 55 years of age in 1994 were followed up 2 years later. RESULTS: The results suggest that, among the 31- to 55-year-olds, becoming unemployed led to increases in distress and, to some extent, clinical depression at follow-up. This association between unemployment and mental health was not found among younger adults 18 to 30 years of age. Possible explanations for the null finding among young adults, such as decreased likelihood of low household income or increased likelihood of distressed young adults completely withdrawing from the workforce, were not supported. The notion that baseline mental health affects the chances of being unemployed at the time of a 24-month follow-up were partially supported. CONCLUSIONS: These findings from a representative sample suggest that both causation and selection processes lead to an association between unemployment and distress among older adults.

PMID: 12630430 [PubMed - indexed for MEDLINE]

The role of father involvement in children's later mental health.
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Data on 8441 cohort members of the National Child Development Study were used to explore links between father involvement at age 7 and emotional and behavioural problems at age 16, and between father involvement at age 16 and psychological distress at age 33, controlling for mother involvement and known confounds. Father involvement at age 7 protected against psychological maladjustment in adolescents from non-intact families, and father involvement at age 16 protected against adult psychological distress in women. There was no evidence suggesting that the impact of father involvement in adolescence on children's later mental health in adult life varies with the level of mother involvement.

PMID: 12550822 [PubMed - indexed for MEDLINE]

Generalized anxiety disorder and peptic ulcer disease among adults in the United States.
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OBJECTIVE: Previous research has suggested a link between chronic anxiety and peptic ulcer disease, though recent evidence documenting an infectious cause (Helicobacter pylori) for ulcer has led to doubt about this association. The goal of the current study was to determine the relationship between generalized anxiety disorder (GAD) and self-reported peptic ulcer disease (PUD) among adults...
in the community. METHODS: Data were drawn from the National Comorbidity Survey, a representative household survey of the adult population of the United States (N = 8098). Multivariate logistic regression analyses were used to determine the relationship between GAD and self-reported ulcer, controlling for differences in sociodemographic characteristics and psychiatric and medical comorbidity. RESULTS: GAD was associated with a significantly increased risk of self-reported PUD (odds ratio = 2.8, 95% confidence interval = 1.4-5.7; p = .0002) after adjusting for differences in sociodemographic characteristics, comorbid mental disorders, and physical morbidity. Further analyses revealed a dose-response relationship between number of GAD symptoms (odds ratio = 1.2, 95% confidence interval = 1.1-1.4; p = .001) and increased risk of self-reported PUD. CONCLUSIONS: These findings are consistent with and extend previous clinical and epidemiologic data, providing evidence of a dose-response relationship between GAD and self-reported PUD among adults in the general population. The mechanism of this association remains unknown. Future work investigating the relationship between onset of GAD and development of PUD in prospective, longitudinal, epidemiologic data with objective measures of physical health status and mental health may be useful in improving our understanding of this link.

PMID: 12461190 [PubMed - indexed for MEDLINE]

Will he get back to normal? Survival and functional status after intensive care therapy.

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The study aim was to address healthcare workers' and patients' questions about the likely level of recovery at 6 months of patients admitted to an Australian intensive care unit (ICU). Ninety-three consecutive, eligible adults were identified and followed prospectively. Severity of illness on admission was assessed using Acute Physiological and Chronic Health Evaluation (APACHE II), while functional status at 6 months was evaluated using the Sickness Impact Profile (SIP). Cumulative mortality was 25%. Admission severity of illness was associated with survival at 6 months (P < or = 0.001). Fifty-one (78%) of the 70 survivors were interviewed. Admission severity of illness scores correlated with functional status at 6 months (r = 0.34, P = 0.01), a finding reported in only one other study. More than half of those interviewed had returned to near pre-admission functional status. Those with poor functional status included high proportions of people with chronic illness and head injury. Overall, physical recovery was more complete than psychosocial recovery. The findings provide useful information for addressing questions relating to physical and psychosocial recovery, appetite, sleep patterns and return to work post discharge.

PMID: 12405268 [PubMed - indexed for MEDLINE]

Unemployment and obesity among young adults in a northern Finland 1966 birth cohort.

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OBJECTIVE: To establish (1) if obesity in adolescence predicts a long history of
unemployment and other adverse social outcomes at age 31 y and, conversely, (2) the effect of a long history of unemployment on the risk of obesity at 31 y.

DESIGN AND SUBJECTS: A longitudinal, population-based study of 9,754 subjects born in 1966 in Northern Finland was conducted. The cohort members were studied at birth, 1, 14 and 31 y. MEASUREMENTS: Body mass index (BMI) at 14 and 31 y; work history, as self-reported at 31 y and as recorded in national registers of the total number of days each subject had received unemployment allowance between 1985 and 1997; place of residence at 14 and 31 y; family social class at 14 y; subject's school performance at 16 y; marital status and number of children at 31 y. RESULTS: Overweight and obesity at 14 y did not predict a long history of unemployment at 31 y, but were associated with a low level of education, and being single or divorced at 31 y among females. A long history of unemployment (register data) was associated with an increased risk of obesity among women, but not men, after controlling for potential confounding factors (social class at 14 y, BMI at 14 y, school performance at 16 y, place of residence, and number of children). The adjusted OR (95% CI) was 1.09 (0.72-1.63) for men, and 1.64 (1.07-2.50) for women. CONCLUSION: Adverse social outcomes of adolescent obesity seemed to emerge more for women. Subjects with low school performance and women with a long unemployment history are at increased risk of obesity.

PMID: 12355341 [PubMed - indexed for MEDLINE]

Television viewing and initiation of smoking among youth.
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BACKGROUND: Smoking is the leading preventable cause of death in the United States, and the risk of disease increases the earlier in life smoking begins. The prevalence of smoking among US adolescents has increased since 1991. Despite bans on television tobacco advertising, smoking on television remains widespread.

OBJECTIVE: To determine whether youth with greater exposure to television viewing exhibit higher rates of smoking initiation. METHODS: We used the National Longitudinal Survey of Youth, Child Cohort to examine longitudinally the association of television viewing in 1990 among youth ages 10 to 15 years with smoking initiation from 1990-1992. Television viewing was based on the average of youth and parent reports. We used multiple logistic regression, taking into account sampling weights, and controlled for ethnicity; maternal education, IQ, and work; household structure; number of children; household poverty; child gender; and child aptitude test scores. RESULTS: Among these youth, smoking increased from 4.8% in 1990 to 12.3% in 1992. Controlling for baseline characteristics, youth who watched 5 or more hours of TV per day were 5.99 times more likely to initiate smoking behaviors (95% confidence interval: 1.39-25.71) than those youth who watched <2 hours. Similarly, youth who watched >4 to 5 hours per day were 5.24 times more likely to initiate smoking than youth who watched <2 hours (95% confidence interval: 1.19-23.10). CONCLUSIONS: Television viewing is associated in a dose-response relationship with the initiation of youth smoking. Television viewing should be included in adolescent risk behavior research. Interventions to reduce television viewing may also reduce youth smoking initiation.

PMID: 12205251 [PubMed - indexed for MEDLINE]

Changing patterns of "drug abuse" in the United States: connecting findings from macro- and microepidemiologic studies.
Trend analyses of the U.S. monitoring data systems (the National Household Survey on Drug Abuse and the Monitoring the Future Study) and of the country's surveillance program, the Community Epidemiology Work Group (CEWG), indicate that several new "drug abuse" patterns have emerged over the past several years. For adolescents, drug use rates are converging for females and males, the mean age at which youngsters initiate drug use has declined, and more young adolescents are reporting using drugs. Furthermore, emergent new drug use patterns are being observed by the CEWG. The use of drugs such as Rohypnol, the injecting of crack-cocaine, and the spread of methamphetamines by new traffickers challenge our existing knowledge and understanding of drug use and its prevention. The National Institute on Drug Abuse has funded several large longitudinal studies that follow selected children and adolescents into their twenties, and some into their thirties. This research has been a rich source of information on the determinants of initiating and continuing drug abuse. Yet the findings from the surveys have not been well explored by the longitudinal studies, nor have the findings from the longitudinal studies been used in the surveys to better understand the observed changing trends in drug use patterns. This paper addresses six issues that have been observed from the findings from analyses of data from the surveys or macroepidemiologic studies. Information from the sub-population or micro-epidemiologic studies are reviewed for possible hypotheses to explain each issue. Suggestions for further research and implications for prevention also are presented.

PMID: 12180563 [PubMed - indexed for MEDLINE]


Emotional and behavioural problems in childhood and distress in adult life: risk and protective factors.

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OBJECTIVE: To assess the relationship between risk and protective factors and the continuity of psychological problems from age 7 to age 33. METHODS: Data on 5,591 cohort members of the National Child Development Study were used to track continuity and discontinuity between internalizing and externalizing problems at age 7, as assessed by the Rutter 'A' Health and Behaviour Checklist, and psychological distress at age 33, as assessed by the Malaise Inventory, controlling for risk and protective groupings present at age 7. RESULTS: There was no association between malaise in adulthood and internalizing problems in childhood. However, people who had externalizing problems in childhood were nearly twice as likely as those without such problems to have high Malaise scores in adulthood. A grouping of risk factors (police/probation experience by family, agency referral for difficulties in school, social services involvement, domestic tension) did not predict malaise in adulthood. Also a grouping of protective factors (outings with mother, father reads to child, good creative skills, good numeric skills) predicted that women were less likely to have high Malaise scores in adult life. CONCLUSIONS: Protective factors in childhood were strongly associated with lower Malaise scores in adulthood. Research on factors associated with discontinuity of psychological problems may prove fruitful.

PMID: 12169153 [PubMed - indexed for MEDLINE]
Association between the engagement of relatives in a behavioural group intervention for smoking cessation and higher quit rates at 6-, 12- and 24-month follow-ups.

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OBJECTIVE: To assess the effectiveness of a behavioural group intervention for smoking cessation, which included as its most original feature the recommendation to participate with a relative or close friend. METHODS: A total of 1,060 subjects entered the programme, which consisted of 9 group sessions over a period of 5 weeks. The intervention consisted of a modified version of the Five-Day Plan, the main differences being the use of behavioural therapy techniques and small group work, and the addition of 4 weekly booster sessions. About two thirds of the participants came with a relative or close friend. Long-term abstinence from smoking was assessed with follow-up telephone interviews. RESULTS: Very few subjects were lost to follow-ups (9.2% at 6 months, 9.7% at 1 year, 10.8% at 2 years). The observed quit rates were 42.6% at 6 months, 35.5% at 1 year and 32% at 2 years. When considering as smokers all subjects who were lost to follow-ups, quit rates were also satisfactory (38.7% at 6 months, 32.1% at 1 year and 28.6% at 2 years). The main predictors of a good outcome were being male, smoking less than 20 cigarettes per day, having started smoking after 18 years of age, having made previous quitting attempts, not having a history of unsuccessful participation to smoking cessation interventions and attending the sessions with a relative or close friend. DISCUSSION: Although some limitations inherent in the design of our study suggest caution in interpreting the results and in making comparisons, the long-term effectiveness of the intervention was satisfactory. The inclusion of a relative or close friend appeared useful. This simple and inexpensive strategy may deserve recommendation, though in the future it should be tested in controlled trials. Copyright 2002 S. Karger AG, Basel

PMID: 12065959 [PubMed - indexed for MEDLINE]

Predictors of adolescent self-rated health. Analysis of the National Population Health Survey.

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OBJECTIVE: To examine what factors predict adolescents' concepts of their health. METHODS: The study, based on the longitudinal National Population Health Survey, included 1,493 adolescents who were 12-19 at the time of interview. Sex, age, grade, family structure, income, disability, chronic health problems, social supports, social involvement, school/work involvement, smoking, alcohol bingeing, physical activities, Body Mass Index (BMI) and psychological health status variables were examined. Using ordinal multivariate regression, self-rated health was regressed on all predictors, which were entered in blocks hierarchically. RESULTS: The analyses revealed that adolescent perceptions of health are framed not only by their physical health status, but also by personal, socio-environmental, behavioural and psychological factors. Specifically, health problems, disability, age, female status, lower income, smoking, and higher BMI were associated with lower self-rated health. CONCLUSIONS: This study suggests that adolescent appraisals of their health are shaped by their overall sense of
functioning, which includes both physical health and non-physical health dimensions.

PMID: 12050986 [PubMed - indexed for MEDLINE]


Beer and bongs: differential problems experienced by older adolescents using alcohol only compared to combined alcohol and marijuana use.

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Alcohol and other drug problems experienced by adolescents who use only alcohol compared to those who use both alcohol and marijuana (A + M) is studied. Using the national longitudinal survey of youth 1994 data, forward multiple regression analyses revealed that impulsivity, A + M use (compared to alcohol-only use), age, sex, religiosity, frequency of substance use were associated with a higher number of behavioral problems. Youth with more alcohol problems were found to be binge drinkers, impulsive, more frequent alcohol users, and nonHispanic. Implications and future research needs are discussed.

PMID: 12014822 [PubMed - indexed for MEDLINE]


The influence of work, household structure, and social, personal and material resources on gender differences in health: an analysis of the 1994 Canadian National Population Health Survey.

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Data from the 1994 Canadian National Population Health Survey (NPHS) do not confirm the widespread assumption that women experience considerably more ill health than men. The patterns vary by condition and age and at many ages, the health of women and men is more similar than is often assumed. However, we should not minimize the gender differences that do exist and in this paper we focus on three health problems which are more common among women: distress, migraine and arthritis/rheumatism. We consider to what extent work, household structure and social, personal and material resources explain these gender differences in health. Analysis of the distributions of paid work conditions, household circumstances and resources reveal mostly minor differences by gender and differences in exposure to these circumstances contribute little to understanding gender differences in health. There is also little evidence that greater vulnerability is a generalized health response of women to paid and household circumstances. We find limited evidence that social, personal and material resources are involved in pathways linking work and home circumstances to health in ways that differ between the sexes. In conclusion, we consider some reasons for the lack of support for our explanatory model: the measures available in the NPHS data set which contains little information on the household itself; the difficulty of separating 'gender' from the social and material conditions of men's and women's lives; and changes in women's and men's roles which may have led to a narrowing of differences in health.

PMID: 11999486 [PubMed - indexed for MEDLINE]
Adolescent victimization and subsequent use of mental health counseling services.

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PURPOSE: To test the extent to which adolescent victimization predicts subsequent use of mental health services in a prospectively assessed nationwide sample of high school students. METHODS: Data were analyzed from 4590 adolescents participating in Waves I and II of the National Longitudinal Survey of Adolescent Health. In-home self-report data were collected on four types of personal victimization, mental health service use, demographics, psychological symptoms/needs, and family connectedness. Using logistic regression analysis, adolescents' victimization and background variables at Wave I were entered as predictors of subsequent mental health service use, measured at Wave II. RESULTS: In this national sample, 19.6% of the respondents stated that they had experienced at least one of four forms of personal victimization in the prior year. Of those reporting personal victimization, 11.0% stated they had used mental health services at 1-year follow-up, as compared to 9.2% of those who did not report any personal victimization. After controlling for background variables in logistic regression analyses, however, adolescents' victimization reported at Wave I was associated with significantly lower odds of subsequent mental health service use at Wave II. CONCLUSIONS: Evidence does not indicate that adolescents' victimization prompts mental health service use, and rather indicates that in some instances victimization is associated with lower odds of subsequent mental health service use. These findings raise questions about the degree to which adolescents receive needed professional mental health supports in the wake of serious violence exposure.

PMID: 11996782 [PubMed - indexed for MEDLINE]

Risk factors for neck-shoulder and wrist-hand symptoms in a 5-year follow-up study of 3,990 employees in Denmark.

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OBJECTIVES: A prospective follow-up study of employees in Denmark was analyzed in order to investigate the association between physical and psychosocial exposures and musculoskeletal symptoms in the neck-shoulder and wrist-hand regions. METHODS: Data were derived from a 5-year follow-up questionnaire study of a sample of employees in Denmark, aged between 18 and 59 years. Occupational and individual background factors were assessed in 1990, and the associations with symptoms in 1995 were analyzed using logistic regression. The analysis was restricted to comprise employees free of symptoms in 1990. The neck-shoulder and wrist-hand analyses included 1,895 and 3,179 employees, respectively. RESULTS: Among men, neck-shoulder symptoms were predicted by twisting or bending (odds ratio (OR) 1.5, 95% confidence interval (CI) 1.01-2.26) and social support at work (OR 1.8, CI 1.24-2.50 for low versus rather high social support, OR 1.4, CI 1.00-2.09 for high versus rather high social support). Furthermore, an interacting effect of heavy lifting and sedentary work was indicated. Symptoms in the wrist-hand region were predicted by stress symptoms (OR 1.7, CI 1.12-2.71) and twisting or bending (OR 1.7, CI 1.18-2.57). For women, smoking habits predicted neck-shoulder symptoms (OR 1.8, CI 1.14-2.82, former versus never
smokers). Symptoms in the wrist-hand region were predicted by stress symptoms (OR 1.7, CI 1.16-2.41) and twisting or bending (OR 1.9, CI 1.34-2.80). CONCLUSION: The results confirm that physical exposures at work influence the development of musculoskeletal symptoms in the neck-shoulder and wrist-hand regions. However, the results also suggest that a psychosocial exposure (social support) and perceived stress symptoms influence musculoskeletal symptoms.

PMID: 11981658 [PubMed - indexed for MEDLINE]


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BACKGROUND: Both social class and unemployment have been shown in many studies to be related to ill health. Recent work in social epidemiology has demonstrated the importance of examining the accumulation of disadvantage over the life course. This paper therefore uses a large longitudinal data set to examine the accumulation of both disadvantaged class and unemployment over a 20-year period in a representative sample of the male working population of England and Wales.

METHODS: Logistic regression. RESULTS: Both membership of semi- or unskilled social class and unemployment in 1971 were related to limiting long-term illness (LLTI) in 1991 independently of each other, and of subsequent social class and unemployment. Any occurrence of disadvantaged social class or of unemployment added significantly to the risk of LLTI. A labour market disadvantage score comprising the number of occasions on which a study member had been either in a disadvantaged social class or unemployed showed a clear and graded relationship to illness, with odds of 4 to 1 in the worst-scoring group. CONCLUSION: The experiences of disadvantaged social class or unemployment at any time during this period contributed independently to an increased risk of chronic limiting illness up to 20 years later in the life course. Whereas improvements in social conditions at any one time will lessen the long-term combined impact of accumulated labour market disadvantage on health, it may not prove easy to obtain short term improvements in health inequality.

PMID: 11980794 [PubMed - indexed for MEDLINE]


The New Zealand Blood Donors' Health Study: baseline findings of a large prospective cohort study of injury.


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INTRODUCTION: Cohort studies have contributed important scientific knowledge regarding the determinants of chronic diseases. Despite the need for etiologic investigations, this design has been infrequently used in injury prevention research. OBJECTIVES: To describe the baseline findings of the New Zealand Blood Donors' Health Study, a large prospective study designed to investigate relationships between lifestyle, psychosocial factors, and serious injury due to road crashes, falls, self harm, assault, work, sport, and recreation. METHODS: Participants were recruited from fixed and mobile collection sites of a voluntary
non-profit blood donor program. Baseline exposure data (for example risk taking behaviors, alcohol and marijuana use, sleep habits, and depression) were collected using a self administered questionnaire. Outcome data regarding serious injury will be collected prospectively through computerized record linkage of participants' unique identifiers to national morbidity and mortality databases.

RESULTS: In total, 22,389 participants enrolled in the study (81% response rate). The diverse study population included 36% aged 16-24 years, 20% rural residents, and large variability in exposures of interest. For example, in the 12 months before recruitment, 21% had driven a motor vehicle when they considered themselves over the legal limit for alcohol, and 11% had been convicted of traffic violations (excluding parking infringements). Twelve per cent had seriously considered attempting suicide sometime in their life. CONCLUSIONS: This is the first, large scale cohort study investigating determinants of serious injury in New Zealand and among the largest worldwide. Preliminary findings from prospective analyses that can inform injury prevention policy are expected within five years.

PMCID: PMC1730807
PMID: 11928979 [PubMed - indexed for MEDLINE]

What causes job loss among former welfare recipients: the role of family health problems.
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OBJECTIVE: to test whether women's or children's health status influences the likelihood that low-income single mothers experience job loss. METHODS: Using a nationally representative probability sample from the National Longitudinal Survey of Youth, we estimated whether having a health limitation or having a child with a health limitation was associated with job loss for a sample of 783 women who had previously been on welfare. RESULTS: Both having a health limitation (odds ratio [OR]=1.53; 95% confidence interval [CI], 1.19-1.97) and having a child with a health limitation (OR=1.36; 95% CI, 1.18-1.56) were associated with significantly increased risk of job loss among women previously on welfare. The effects remained significant after adjustment for age, education, marital status, race, age and number of children, and economic conditions. CONCLUSIONS: Dramatic changes in welfare policy in the United States have made many single mothers living in poverty dependent on work as their sole source of income. Although studies have shown that families on welfare are more likely to have health limitations, little is known about how family health affects the ability of poor single mothers to remain employed. These results demonstrate that women with health limitations and mothers of children with health limitations are at particularly high risk of losing their jobs. Public and private policies that can help reduce job loss as a consequence of family health problems are discussed.

PMID: 11905494 [PubMed - indexed for MEDLINE]

A prospective study of fatal occupational accidents -- relationship to sleeping difficulties and occupational factors.
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Very little is known about the association between sleep and (fatal) occupational accidents. This study investigated this relationship using register data of self-rated sleep difficulties, together with occupational and demographic characteristics. The variables were related to subsequent occupational fatal accidents. A national sample of 47,860 individuals was selected at regular intervals over a period of 20 years, and interviewed over the phone on issues related to work and health. The responses were linked to the cause of death register (suicides excluded) and the data set was subjected to a (multivariate) Cox regression survival analysis. One hundred and sixty six fatal occupational accidents occurred, and the significant predictors were: male vs. female: relative risk (RR)=2.30 with a 95% confidence interval (CI) of 1.56-3.38; difficulties in sleeping (past 2 weeks): RR=1.89 with CI=1.22-2.94; and non-day work: RR=1.63 with CI=1.09-2.45. No significant effect was seen for age, socio-economic group, hectic work, overtime (>50 h per week), or physically strenuous work. It was concluded that self-reported disturbed sleep is a predictor of accidental death at work, in addition to non-day work and male gender.

PMID: 11869429 [PubMed - indexed for MEDLINE]

Quality-of-life assessment in patients who had been surgically treated for cerebellar pilocytic astrocytoma in childhood.
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OBJECT: After radical surgery for childhood cerebellar astrocytomas, patients are considered to be cured. Long-term follow up demonstrates that these patients survive, with most of them leading a normal life. The study reported here was aimed at assessing the quality of life (QOL) of these adults, which is defined as a person's sense of well-being, as derived from his or her current experience of life as a whole. METHODS: Twenty patients who had undergone surgery between 1970 and 1985 were enrolled in the study. In four patients ventriculoperitoneal shunts were in place; two of these patients had required more than six shunt revisions. At present, all patients have clear neuroimaging studies and their Karnofsky Performance Scale (KPS) scores are as follows: 70 in three, 80 in seven, 90 in six, and 100 in four. A QOL questionnaire was administered to the patients and to a control group consisting of 20 healthy volunteers of matching age and sex. The chi-square test was applied to compare patients and controls. Traditional questions on the level of education, work, whether the patients have their own families, and whether they possessed a driver's license were asked at the end of the questionnaire. In all the dimensions assessed except one (sex life), the difference between patients and control volunteers was significant, socializing and adolescence being the most striking ones. This was also true when the three patients with the lowest KPS scores and the worst QOL results were excluded. CONCLUSIONS: By traditional standards, these patients appear to fare quite well. Nevertheless, their self-reported life experience is unsatisfying when compared with the control group. The authors conclude that psychosocial factors are critical to complete recovery and the QOL of children who undergo successful operations for benign cerebellar astrocytoma.

PMID: 11838795 [PubMed - indexed for MEDLINE]

Multidimensional profiles of welfare and work dynamics: development, validation,
This prospective longitudinal study addresses the research gap in the literature regarding multidimensional variation in welfare use and employment patterns, and relationships of such variation with parent earnings and child development outcomes. This study also aims to address the limitations of welfare dynamics studies that do not examine how multiple dimensions of welfare receipt and employment co-occur. Cluster analysis was utilized, using monthly welfare and employment data from the National Longitudinal Survey of Youth, to examine variation within the welfare population in their welfare and work patterns across the first 5 years of children's lives. Six cluster profiles of welfare and work dynamics were found: Short-Term, Short-Term Work Exit, Working Cyclers, Nonworking Cyclers, Cycle to Long-Term Exit, and Long-Term. The clusters were validated using mother's 6th-year earnings as the criterion. The clusters' associations with child development outcomes in the cognitive and mental health domains (at ages 6 and 7) were then explored. Work following short-term welfare use was associated with higher child reading scores than that following long-term use (a moderate-size effect). Cycling on and off welfare in the context of high levels of employment was associated with higher child internalizing symptoms than cycling accompanied by low levels of employment (a moderate-size effect). Implications for evaluation of TANF welfare-to-work policies are discussed.

PMID: 11800512 [PubMed - indexed for MEDLINE]


How effective is the acute low back pain screening questionnaire for predicting 1-year follow-up in patients with low back pain?

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OBJECTIVES: The aim of this study was to investigate potential associations between the Acute Low Back Pain Screening Questionnaire (ALBPSQ), a biopsychosocial screening instrument for identifying patients at risk of chronicity, and relevant variables at 1-year follow-up in a cohort of patients with low back pain. STUDY DESIGN: A 1-year prospective study was conducted in which patients who had previously received treatment in the Northern Ireland National Health Service (n = 118) were requested to complete a follow-up questionnaire package of pain and functional disability measures and a patient-centered questionnaire of seven variables considered relevant from the patient's perspective. PATIENTS: Ninety patients (76% response rate) returned the completed questionnaire package. RESULTS: The ALBPSQ total score and cutoff score of 112 were significantly positively associated with the pain and functional disability questionnaire scores at follow-up but did not significantly discriminate for difference scores on these measures. Although six of the seven patient-centered variables were significantly associated with the screening questionnaire total score, the cutoff score was strongly predictive of only one variable (work loss) and failed to demonstrate high levels of sensitivity for other variables (i.e., medication use, additional treatment, poor exercise participation). CONCLUSIONS: The findings of this study demonstrate that scores on the ALBPSQ were positively correlated with patients' levels of pain and functional disability at 1-year follow-up and correctly classified all patients reporting some degree of work loss but had minimal predictive strength for the
other patient-centered variables evaluated.

PMID: 11587118 [PubMed - indexed for MEDLINE]


Chronic back problems among workers.

[Article in English, French]

Pérez CE.

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OBJECTIVES: This article examines associations between selected work- and non-work-related factors and the incidence of chronic back problems over the next two years. DATA SOURCE: The data are from the longitudinal household component of the National Population Health Survey, conducted by Statistics Canada. The analysis is based on 3,234 male and 3,129 female respondents who, in 1994/95, were aged 16 or older, employed, rated their health as good, very good or excellent, and reported no diagnosed chronic back problems. ANALYTICAL TECHNIQUES: All analyses were weighted to represent the Canadian population in 1994/95. Unadjusted cross-tabulations and multiple logistic regression were used to examine the associations between respondents' characteristics in 1994/95 and newly diagnosed chronic back problems in 1996/97. MAIN RESULTS: More than 1 million (9%) Canadian workers aged 16 or older developed chronic back problems between 1994/95 and 1996/97. Back injury, chronic stress, depression, and being aged 40 to 49 were significantly associated with subsequent chronic back problems.

PMID: 11565113 [PubMed - indexed for MEDLINE]


New evidence on the relationship between substance use and adolescent sexual behavior.

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Comment in:

Policymakers and the public have a clear interest in encouraging teens to delay becoming sexually active or, if they are sexually active, to use birth control. Many researchers have argued that reducing substance use among teens will accomplish both of these goals, yet work in this area has failed to control for unobservables that are potentially correlated with substance use and sexual behavior. Using a variety of estimation techniques and data from National Longitudinal Study of Adolescent Health, we estimate the effects of marijuana and alcohol use on two outcomes: the probability of being sexually active, and the probability of having sex without contraception. Our results highlight the importance of controlling for unobservables and indicate that the link between substance use and sexual behavior is much weaker than previously suggested.

PMID: 11558651 [PubMed - indexed for MEDLINE]
Maternity care practices: implications for breastfeeding.

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BACKGROUND: Many United States mothers never breastfeed their infants or do so for very short periods. The Baby-Friendly Hospital Initiative was developed to help make breastfeeding the norm in birthing environments, and consists of specific recommendations for maternity care practices. The objective of the current study was to assess the impact of the type and number of Baby-Friendly practices experienced on breastfeeding. METHODS: A longitudinal mail survey (1993-1994) was administered to women prenatally through 12 months postpartum. The study focused on the 1085 women with prenatal intentions to breastfeed for more than 2 months who initiated breastfeeding, using data from the prenatal and neonatal periods. Predictor variables included indicators of the absence of specific Baby-Friendly practices (late breastfeeding initiation, introduction of supplements, no rooming-in, not breastfeeding on demand, use of pacifiers), and number of Baby-Friendly practices experienced. The main outcome measure was breastfeeding termination before 6 weeks. RESULTS: Only 7 percent of mothers experienced all five Baby-Friendly practices. The strongest risk factors for early breastfeeding termination were late breastfeeding initiation and supplementing the infant. Compared with mothers experiencing all five Baby-Friendly practices, mothers experiencing none were approximately eight times more likely to stop breastfeeding early. Additional practices decreased the risk for early termination. CONCLUSION: Increased Baby-Friendly Hospital Initiative practices improve the chances of breastfeeding beyond 6 weeks. The need to work with hospitals to increase adoption of these practices is illustrated by the small proportion of mothers who experienced all five practices measured in this study.

PMID: 11380380 [PubMed - indexed for MEDLINE]
cytokine uniquely suited as a candidate regulator of T-cell homeostasis. Furthermore, in patients with idiopathic CD4 lymphopenia, a much weaker relationship between IL-7 levels and peripheral blood CD4 counts was observed, suggesting that an impaired IL-7 response to CD4 depletion may contribute to the impaired lymphocyte homeostasis observed in this population. In light of the known effects of IL-7 on T-cell regeneration, we postulate that increased availability of IL-7 could play a critical role in restoring T-cell homeostasis following T-cell depletion.

PMID: 11342421 [PubMed - indexed for MEDLINE]


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BACKGROUND: In epidemiological studies abundant physical activity has been related to decreased breast cancer risk, though the results have been inconsistent. The purpose of this paper was to study the association of physical activity at leisure and commuting to work and incidence of breast cancer.

METHODS: The study cohort consisted of 30,548 female participants of the Finnish adult health behaviour survey, based on annual random samples of Finns aged 15-64, collected in 1978-1993. By the end of 1995, 332 breast cancer cases had been diagnosed in the cohort. Relative risks of breast cancer were adjusted for age at survey, body mass index (BMI), education, length of follow-up, parity and age at first birth using Poisson regression models. RESULTS: Compared to women exercising less than once a week, the adjusted relative risk of breast cancer for women exercising once a week was 0.80 (95% confidence interval (CI): 0.58-1.10), for women exercising 2-3 times per week 0.92 (95% CI: 0.78-1.22) and for women exercising daily 1.01 (95% CI: 0.72-1.42). Women who reported commuting, walking or bicycling to work 30 min or more daily had slightly lower adjusted risk of breast cancer (RR: 0.87, 95% CI: 0.62-1.24) than women working at home, being unemployed or driving a car to working place. CONCLUSION: Although a small protective effect of regular physical activity for breast cancer incidence was found in physical activity when commuting to work, the role of the physical activity in breast cancer prevention is still an open question.

PMID: 11338130 [PubMed - indexed for MEDLINE]

Maternal depressive symptoms and child behavior problems in a nationally representative normal birthweight sample.

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OBJECTIVE: To evaluate the association between maternal depressive symptoms and child behavior problems in a nationally representative sample of U.S. mothers of normal birthweight babies. METHODS: We analyzed data from the 1988 National Maternal and Infant Health Survey (NMHS) and a 1991 follow-up survey. Depressive symptoms were measured at both surveys using the CES-D, and child behavior problems were assessed by maternal self-report at follow-up. RESULTS: Approximately 28% of the 5303 mothers reported depressive symptoms at a mean of
17 months after delivery, as did 20% at 36 months. In multivariate analyses, women with depressive symptoms at either or both surveys were significantly more likely than women without depressive symptoms to report that their children had frequent temper tantrums or difficulty getting along with other children, and were difficult to manage, unhappy, or fearful. Compared to women without depressive symptoms, the risks of reporting three out of the five child behavior problems for women with depressive symptoms were OR = 1.6 (CI = 1.1-2.1), 1988 only; OR = 2.3 (CI = 1.6-3.3), 1991 only; and OR = 3.6 (2.6-5.0), both 1988 and 1991. CONCLUSIONS: Study findings indicate that a substantial proportion of mothers of young children in the United States experience depressive symptoms and that their children are at significantly increased risk of maternally reported behavior problems. Our results suggest that efforts to identify and treat depression in new mothers should be increased and that mothers whose children are found to have behavior problems should be assessed for depression.

PMID: 11272341 [PubMed - indexed for MEDLINE]


Occupational fatigue and preterm premature rupture of membranes. National Institute of Child Health and Human Development Maternal-Fetal Medicine, Units Network.


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OBJECTIVE: The aim of this study was to prospectively determine the relationship between occupational fatigue and spontaneous preterm delivery segregated into the etiologically distinct categories of spontaneous preterm labor, preterm premature rupture of membranes, and indicated preterm delivery. STUDY DESIGN: A total of 2929 women with singleton pregnancies at 22 to 24 weeks' gestation were enrolled in a multicenter (10 sites) Preterm Prediction Study. Patients reported the number of hours worked per week and answered specific questions designed to determine the following 5 sources of occupational fatigue described by Mamelle et al: posture, work with industrial machines, physical exertion, mental stress, and environmental stress. Fatigue was quantified (0-5 index) according to the number of these sources positively reported. Simple and Mantel-Haenszel chi2 tests were used to test the univariate association and hypothesis of a linear trend between sources of occupational fatigue and spontaneous preterm delivery. Covariables were considered by multivariate logistic regression analysis. Women who did not work outside the home were considered separately from those who worked but did not report any sources of occupational fatigue. RESULTS: Each source of occupational fatigue was independently associated with a significantly increased risk of preterm premature rupture of membranes among nulliparous women but not among multiparous women. The risk of preterm premature rupture of membranes increased (P = .002) with an increasing number of sources of occupational fatigue—not working outside the home, 2.1%; working but not reporting fatigue, 3.7%; working with 1 source of fatigue, 3.2%; working with 2 sources of fatigue, 5.2%; working with 3 sources of fatigue, 5.1%; and working with 4 or 5 sources of fatigue, 7.4%. There was also a significant relationship (P = .01) between preterm premature rupture of membranes and an increasing number of hours worked per week among nulliparous women. Neither spontaneous preterm labor nor indicated preterm delivery was significantly associated with occupational fatigue among either nulliparous or multiparous women. CONCLUSION: The occupational fatigue index of Mamelle et al discriminated a group of nulliparous women at increased risk for preterm premature rupture of membranes. The relationship between preterm premature rupture of membranes and occupational fatigue or hours worked may provide guidelines according to which nulliparous women and their employers can
be advised.

PMID: 11228500 [PubMed - indexed for MEDLINE]


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OBJECTIVE: To describe differences in cervical screening and biopsy results by race or ethnicity from women in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). METHODS: We examined the percentage of abnormalities detected by Papanicolaou (Pap) tests and the rate of biopsy-diagnosed high-grade precancerous or cancerous lesions by racial or ethnic group. RESULTS: Almost half the 628,085 women screened were members of racial or ethnic minority groups. American Indian or Alaska Native women were more likely than others to report never having had a prior Pap test. American Indian or Alaska Native women had the highest proportion of abnormal Pap tests for first program screens (4.4%), followed by blacks (3.2%), whites (3.0%), Hispanics (2.7%), and Asians or Pacific Islanders (1.9%). Whites had the highest biopsy detection rate of high-grade lesions for first program screens (9.9 per 1000 Pap tests), followed by Hispanics (7.6), blacks (7.1), American Indians or Alaska Natives (6.7), and Asians or Pacific Islanders (5.4). CONCLUSIONS: This program provides important data on the prevalence of cervical neoplasia among diverse populations. Our findings that black women with a high-grade Pap test were less likely to get a work-up are disconcerting and merit further study and ultimate correction.

PMID: 11227926 [PubMed - indexed for MEDLINE]


Effects of drop out in a longitudinal study of musculoskeletal disorders.

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OBJECTIVES: The drop out rates in different longitudinal studies of musculoskeletal disorders range between 7% and 57%, and little is known about the characteristics of the subjects who dropped out. The aim was to analyse various consequences of drop out in a longitudinal study of musculoskeletal disorders and occupational risk factors during 1969-97. METHOD: Data about occupational conditions and health in 1969 and in 1993 were analysed. Differences between those who participated throughout (participants) and drop out subjects in these analyses formed the basis for recalculations of earlier reported analyses of associations between occupational conditions and low back pain. In the recalculation the data were weighted to compensate for the differences. RESULTS: More female and male drop out subjects than participants in 1993 had monotonous work, fewer women and more male drop out subjects had heavy lifting in 1969. In 1997, more female and male drop out subjects had had heavy lifting and low stimulation at work in 1993. At both occasions, there were differences between the drop out subjects and participants in occurrence of musculoskeletal disorders. The weighted analyses resulted in changes in risk ratio of 0.1-0.2.
CONCLUSIONS: Differences in occupational conditions and health among participants and drop out subjects in a longitudinal study of musculoskeletal disorders and occupational risk factors during 1969-97 did not markedly influence the risk ratios.

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PMID: 11171933 [PubMed - indexed for MEDLINE]


The societal costs of severe to profound hearing loss in the United States.

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OBJECTIVE: Severe to profound hearing impairment affects one-half to three-quarters of a million Americans. To function in a hearing society, hearing-impaired persons require specialized educational, social services, and other resources. The primary purpose of this study is to provide a comprehensive, national, and recent estimate of the economic burden of hearing impairment.

METHODS: We constructed a cohort-survival model to estimate the lifetime costs of hearing impairment. Data for the model were derived principally from the analyses of secondary data sources, including the National Health Interview Survey Hearing Loss and Disability Supplements (1990-91 and 1994-95), the Department of Education's National Longitudinal Transition Study (1987), and Gallaudet University's Annual Survey of Deaf and Hard of Hearing Youth (1997-98). These analyses were supplemented by a review of the literature and consultation with a four-member expert panel. Monte Carlo analysis was used for sensitivity testing.

RESULTS: Severe to profound hearing loss is expected to cost society $297,000 over the lifetime of an individual. Most of these losses (67%) are due to reduced work productivity, although the use of special education resources among children contributes an additional 21%. Lifetime costs for those with prelingual onset exceed $1 million. CONCLUSIONS: Results indicate that an additional $4.6 billion will be spent over the lifetime of persons who acquired their impairment in 1998. The particularly high costs associated with prelingual onset of severe to profound hearing impairment suggest interventions aimed at children, such as early identification and/or aggressive medical intervention, may have a substantial payback.

PMID: 11155832 [PubMed - indexed for MEDLINE]


A population-based longitudinal study on the incidence and disease burden of gastroenteritis and Campylobacter and Salmonella infection in four regions of The Netherlands.

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The aim of this study was to estimate the incidence of gastroenteritis and Campylobacter and Salmonella infection in the Dutch population, the disease burden, and the percentage of patients with gastroenteritis that consults a general practitioner. A sample of 6243 persons was invited to participate in the study, i.e. completing a questionnaire and submitting stool samples. The follow-up period was 17 weeks. In total, 2206 persons participated (= 35%),
contributing 660 person years. The incidence (standardised by age and gender) of first episodes of gastroenteritis was 45 per 100 person years. Among patients with gastroenteritis, Salmonella and Campylobacter were cultured in 1.6 and 4.5%, respectively. The standardised incidence of first Campylobacter infections was 9 per 100 person years, of first Salmonella infections 4 per 100 person years. For 22% of the episodes of gastroenteritis, a general practitioner was consulted (either by phone or by practice visit). For 52% of the episodes, medicine were used. For 34% of the episodes, absence from school was reported and for 15%, absence from work was reported. Despite of possible biases, we can conclude that the incidence of gastroenteritis is very high and causes considerable use of medication, consultation of general practitioners and absence from work and school.

PMID: 11142498 [PubMed - indexed for MEDLINE]


[ESTEV study on relationship between health, work and aging in Italy]

[Article in Italian]

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A longitudinal epidemiological study into the relationships between age/health/work is currently under way in different geographical areas throughout Italy. The research is co-ordinated by INRCA (Italian National Research Centres on Aging) in Ancona with the collaboration of the Universities of Ancona, Verona and Bari. This study concerns a population of approximately 2,000 employees from a variety of production sectors. The sample is made up of 5 groups of workers selected according to the year they were born and aged: 32, 37, 42, 47 and 52 years. The chosen research tool is modelled on ESTEV and VISAT researches, the former conducted on a sample of 20,000 French workers, the latter on approximately 3,000 workers and still under way. It involves a set of three questionnaires which allow for a number of variables to be taken into consideration: the first questionnaire concentrates on information regarding the occupation, both past and present; the second on the life style and self-assessed health according to the Nottingham Health Profile (NHP); the third, completed by the occupational physician, contains information on current and previous illnesses, the presence of disorders of the musculo-skeletal apparatus, the taking of any drugs and some anthropometrical and clinical-instrumental parameters (Respiratory Functionality Test, Visiotest and Audiogram). The study will be carried out in two phases: a first survey (under way) and a second one five years later on the same subjects. The results of the analysis will be compared with those of other European countries.

PMID: 11098600 [PubMed - indexed for MEDLINE]


Parental background, social disadvantage, public "care," and psychological problems in adolescence and adulthood.

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OBJECTIVE: To assess whether the structure of the parental background (birth, restructured, widowed, single) or the context (severe social disadvantage or care) in childhood is associated with psychological problems in adolescence and
adulthood. METHOD: Data on 8,441 cohort members of the National Child Development Study were used to explore the impact of parental background on maladjustment at age 16, as assessed by the Rutter A Health and Behaviour Checklist, and psychological distress at age 33, as assessed by the Malaise Inventory. RESULTS: Restructured parenting (without disadvantage or care) was not a risk factor for maladjustment at age 16. Rather, a childhood experience of care or social disadvantage was significantly related to psychosocial problems at age 16. Psychological distress at age 33 was associated with maladjustment at age 16. A childhood experience of care was associated with a tendency to adult psychological distress in men, as was growing up with a single parent. CONCLUSIONS: It is not the structure of the family background but the context that is more strongly associated with maladjustment in adolescence. A childhood experience of single parenthood and an experience of care predicted adult psychological distress in men but not in women.

PMID: 11068897 [PubMed - indexed for MEDLINE]


School disconnectedness: identifying adolescents at risk.

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OBJECTIVE: School connectedness, or the feeling of closeness to school personnel and the school environment, decreases the likelihood of health risk behaviors during adolescence. The objective of this study was to identify factors differentiating youth who do and do not feel connected to their schools in an effort to target school-based interventions to those at highest health risk. METHODS: The study population consisted of all students attending the 7th through 12th grades of 8 public schools. The students were asked to complete a modified version of the in-school survey designed for the National Longitudinal Study of Adolescent Health (Add Health). The school connectedness score (SCS) was the summation of 5 survey items. Bivariate analyses were used to evaluate the association between SCS and 13 self-reported variables. Stepwise linear regression was conducted to identify the set of factors best predicting connectedness, and logistic regression analysis was performed to identify students with SCS >1 standard deviation below the mean. RESULTS: Of the 3491 students receiving surveys, 1959 (56%) submitted usable surveys. The sample was 47% white and 38% black. Median age was 15. Median grade was 9th. The SCS was normally distributed with a mean of 15.7 and a possible range of 5 to 25. Of the 12 variables associated with connectedness, 7 (gender, race, extracurricular involvement, cigarette use, health status, school nurse visits, and school area) entered the linear regression model. All but gender were significant in the logistic model predicting students with SCS >1 standard deviation below the mean. CONCLUSIONS: In our sample, decreasing school connectedness was associated with 4 potentially modifiable factors: declining health status, increasing school nurse visits, cigarette use, and lack of extracurricular involvement. Black race, female gender, and urban schools were also associated with lower SCS. Further work is needed to better understand the link between these variables and school connectedness. If these associations are found in other populations, school health providers could use these markers to target youth in need of assistance.

PMID: 11061769 [PubMed - indexed for MEDLINE]


Social class and self-rated health: can the gradient be explained by differences in life style or work environment?
The purpose of the present paper is to describe differences in work environment and life style factors between social classes in Denmark and to investigate to what extent these factors can explain social class differences with regard to changes in self-rated health (SRH) over a 5 year period. We used data from a prospective study of a random sample of 5001 Danish employees, 18-59 years of age, interviewed at baseline in 1990 and again in 1995. At baseline we found higher prevalence in the lower classes of repetitive work, low skill discretion, low influence at work, high job insecurity, and ergonomic, physical, chemical, and climatic exposures. High psychological demands and conflicts at work were more prevalent in the higher classes. With regard to life style factors, we found more obese people and more smokers among the lower classes. The proportion with poor SRH increased with decreasing social class at baseline. The follow-up analyses showed a clear association between social class and worsening of SRH: the lower the social class, the higher the proportion with deterioration of SRH. There was no social gradient with regard to improved SRH over time. Approximately two thirds of the social gradient with regard to worsening of SRH could be explained by the work environment and life style factors. The largest contribution came from the work environment factors.

PMID: 11005390 [PubMed - indexed for MEDLINE]


Does early intervention with a light mobilization program reduce long-term sick leave for low back pain?

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STUDY DESIGN: A controlled randomized clinical trial was performed. OBJECTIVE: To investigate the effect of a light mobilization program on the duration of sick leave for patients with subacute low back pain. SUMMARY OF BACKGROUND DATA: Early intervention with information, diagnostics, and light mobilization may be a cost-effective method for returning patients quickly to normal activity. In this experiment, patients were referred to a low back pain clinic and given this simple and systematic program as an outpatient treatment. METHODS: In this study, 457 patients sick-listed 8 to 12 weeks for low back pain, as recorded by the National Insurance Offices, were randomized into two groups: an intervention group (n = 237) and a control group (n = 220). The intervention group was examined at a spine clinic and given information and advice to stay active. The control group was not examined at the clinic, but was treated with conventional primary health care. RESULTS: At 12-month follow-up assessment, 68.4% in the intervention group had returned to full-duty work, as compared with 56.4% in the control group. CONCLUSIONS: Early intervention with examination, information, and recommendations to stay active showed significant effects in reducing sick leave for patients with low back pain.

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Age-related decreases in the prevalence of myopia: longitudinal change or cohort effect?
PURPOSE: The prevalence of myopia shows a decline with age in cross-sectional studies. This pattern may represent an increase in the prevalence of myopia in younger generations, possibly through increased exposure to near work, or an intrinsic age-related decline in myopia prevalence. Data were analyzed from published studies to determine which of these two alternatives better explains the data: a cohort effect of changing prevalence by decade or a longitudinal effect of changing prevalence as a function of age. METHODS: Prevalence data were taken from three studies conducted in the late 1980s and compared with those obtained indirectly from a national survey conducted in the early 1970s. The prevalence of myopia was then plotted as a function of age and year of birth. RESULTS: The pattern of change in the prevalence of myopia as a function of age was consistent across all studies when data were scaled relative to the prevalence of myopia at age-range midpoints from 44.5 to 49.5 years. The pattern of change was not consistent as a function of year of birth. When the data were scaled relative to the prevalence of myopia among those with years of birth from 1940 to 1942 and plotted by year of birth, results from the early 1970s were offset from those of later studies by approximately 18 years. CONCLUSIONS: The decline in the prevalence of myopia in older adults between the early 1970s and the late 1980s can be better explained by age than by year of birth. The prevalence of myopia appears to decrease because of an intrinsic age-related decrease in the amount of an individual’s myopia rather than because of a cohort effect of increasing prevalence over time. The hypothesis that increasing environmental exposures to near work in recent decades have changed the prevalence of myopia is not supported by this analysis.

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Determinants of adolescent physical activity and inactivity patterns.

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OBJECTIVES: Despite recognition of the important influence of environmental determinants on physical activity patterns, minimal empirical research has been done to assess the impact of environmental/contextual determinants of physical activity. This article aims to investigate environmental and sociodemographic determinants of physical activity and inactivity patterns among subpopulations of US adolescents. We define environmental determinants as modifiable factors in the physical environment that impose a direct influence on the opportunity to engage in physical activity. The present research examines environmental and sociodemographic determinants of physical activity and inactivity with the implication that these findings can point toward societal-level intervention strategies for increasing physical activity and decreasing inactivity among adolescents. STUDY DESIGN AND METHODOLOGY: The study population consists of nationally representative data from the 1996 National Longitudinal Study of Adolescent Health on 17 766 US adolescents enrolled in US middle and high schools (including 3933 non-Hispanic blacks, 3148 Hispanics, and 1337 Asians). Hours/week of inactivity (TV/video viewing and video/computer games) and times/week of moderate to vigorous physical activity were collected by questionnaire. Outcome variables were moderate to vigorous physical activity and inactivity, which were broken into categories (physical activity: 0-2 times/week, 3-4 times/week, and >/=5 times/week; inactivity: 0-10 hours/week, 11-24 hours/week, and >/=25 hours/week). Sociodemographic and environmental correlates of physical activity
and inactivity were used as exposure and control variables and included sex, age, urban residence, participation in school physical education program, use of community recreation center, total reported incidents of serious crime in neighborhood, socioeconomic status, ethnicity, generation of residence in the United States, presence of mother/father in household, pregnancy status, work status, in-school status, region, and month of interview. Logistic regression models of high versus low and medium physical activity and inactivity were used to investigate sex and ethnic interactions in relation to environmental and sociodemographic factors to examine evidence for the potential impact of physical education and recreation programs and sociodemographic factors on physical activity and inactivity patterns. RESULTS: Moderate to vigorous physical activity was lower and inactivity higher for non-Hispanic black and Hispanic adolescents. Participation in school physical education programs was considerably low for these adolescents and decreased with age. Participation in daily school physical education (PE) program classes (adjusted odds ratio [AOR]: 2.21; confidence interval [CI]: 1.82-2.68) and use of a community recreation center (AOR: 1.75; CI: 1.56-1.96) were associated with an increased likelihood of engaging in high level moderate to vigorous physical activity. Maternal education was inversely associated with high inactivity patterns; for example, having a mother with a graduate or professional degree was associated with an AOR of 0.61 (CI: 0.48-0.76) for high inactivity. High family income was associated with increased moderate to vigorous physical activity (AOR: 1.43; CI: 1.22-1.67) and decreased inactivity (AOR: 0.70; CI: 0.59-0.82). High neighborhood serious crime level was associated with a decreased likelihood of falling in the highest category of moderate to vigorous physical activity (AOR: 0.77; CI: 0.66-0.91). CONCLUSIONS: These results show important associations between modifiable environmental factors, such as participation in school PE and community recreation programs, with activity patterns of adolescents. Despite the marked and significant impact of participation in school PE programs on physical activity patterns of US adolescents, few adolescents participated in such school PE programs; only 21.3% of all adolescents.

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Self-report stability of adolescent substance use: are there differences for gender, ethnicity and age?

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This study used the National Longitudinal Survey of Youth and is the first to examine a 2-year report stability of substance use among adolescents while stratifying for gender, ethnicity, and age. This study examined lifetime use and age at onset report stability, and the internal consistency of reports while excluding nonusers and incident cases (respondents who may have initiated substance use between the two reporting periods) from the analyses. Report agreement of lifetime use for each substance was over 80% and was highest among alcohol users and lowest for cigarette and marijuana users. Report agreement was higher for female compared to male cigarette users. External consistency of lifetime use of cigarettes and marijuana was higher for whites compared to Hispanic or African American adolescents. Internal consistency was high but lifetime use reports were more stable than age at onset reports.

PMID: 10821986 [PubMed - indexed for MEDLINE]

Growth and development of school children.


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With the support of the Internal Grant Agency of the Ministry of Health of the Czech Republic in 1997-1999 work proceeded on the grant "Semi-longitudinal study of the somatic growth of school children in the Czech Republic". The objective of this project is to assess the growth rate of the basic bodily characteristics in children and youth aged 6 to 14 years, to confirm the positive secular trend in height and body weight or its slowing or stagnation, and also to evaluate the growth and development of children under the new socio-economic conditions. In addition to thirty somatic characteristics which are assessed repeatedly every six months, in 1,925 children some supplementary data were obtained from parents. From hitherto assembled data ensues that there was no significant change of the mean length at birth nor of the birth weight as compared with 1989. The increase in height up to adolescence continues, in the higher age groups probably stagnation occurs. Despite a slight increase of mean body weight values since 1981, a gradual decline of the BMI values was observed. In boys this tendency is less marked than in girls, in particular in the oldest age groups. This trend was confirmed also by the results of the present investigation. As compared with the results of the 5th Nationwide Anthropological Survey in 1991 the group of overweight children, i.e. those above the 90th percentile of BMI comprises 6.9% boys and 8.9% girls from a total of almost 2,000 children, as compared with the expected 10%.

PMID: 10761622 [PubMed - indexed for MEDLINE]


Work disability in an inception cohort of patients with seropositive rheumatoid arthritis: a 20 year study.


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OBJECTIVE: Information from successive inception cohorts is needed to monitor the long-term prognosis of rheumatoid arthritis (RA) and the effect of treatment on it. We studied work disability and its association with the Health Assessment Questionnaire (HAQ) index and the Larsen score of radiographic damage. METHODS: Work disability was recorded at onset and at 1, 3, 8, 15 and 20 yr from entry among 103 patients with recent-onset (<6 months) seropositive RA. RESULTS: Work disability due to RA was already 31% [95% confidence interval (CI) 21-40] after 1 yr among patients of working age. It increased gradually and the cumulative rate reached 80% (95% CI 70-89) by the 20 yr check-up. The mean HAQ index was 0.96 at the 20 yr check-up and the mean Larsen score 45% of the maximum value. CONCLUSION: The data serve as a basis of comparison for later cohort studies.

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Injury surveillance in a pediatric emergency department.

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In this study we have tried to determine physician success in the collection of injury data during the emergency department visit. Prospective data were collected from all children between the ages of 0 to 18 treated for an injury. Data were collected at the time of the visit and by chart review the next day. At an urban, university-affiliated, children's hospital, data were collected on 2,156 injured children. Fifty-one percent of the data forms were completed by the treating physician. Physician completion rate was lower on the weekends (46%) than on weekdays (52%, P = .02). The most common mechanisms of injury were falls (34%), motor-vehicle crashes or pedestrians struck (13%), and nonintentional struck by blunt object (12%). The most common mechanism of injury in all age groups was falls. Our results demonstrate that emergency physicians are not successful data collectors. However, when physician data collection is combined with next-day review of patient records, virtually 100% of patients are captured. Active emergency department data collection is important because in contrast to studies which use hospital discharge and mortality data, we found that overall falls account for more injuries presenting to the ED than transportation-related causes. An active surveillance system in emergency departments that does not require extra work on the part of the treating physician would be ideal and may give a more comprehensive description of the scope of the injury problem.

PMID: 10530522 [PubMed - indexed for MEDLINE]


Relation between work and myopia in Singapore women.

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BACKGROUND: Work and related activities may be connected to myopia development and progression. We investigated the relationship between working activities and the onset as well as worsening of myopia. METHODS: Information on the working status of the mothers of 374 children, the number of hours of close-up work activity, and whether the mother was short-sighted, was obtained by a face-to-face interview. In addition, a subsample of 84 mothers was interviewed over the telephone and asked whether the myopia occurred in adulthood and, if so, the age of cessation of myopia. RESULTS: The adjusted odds ratio for myopia in working women was 1.9 [95% confidence interval (CI) 1.2 to 3.2] and the adjusted odds ratio for high myopia (> -6.0 D) was 1.6 (95% CI 0.8 to 3.0). Women who were working also had higher rates of adult-onset myopia, odds ratio 4.4 (95% CI 0.9 to 21.2), and a later age of cessation of myopia than nonworking women. CONCLUSIONS: In our study, work was related to myopia in Singapore women. Work may be a surrogate for another risk factor, close-up work activities such as reading, writing, and computer use.

PMID: 10416934 [PubMed - indexed for MEDLINE]


Incremental absenteeism due to headaches in migraine: results from the Mig-Access French national cohort.

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OBJECTIVE: To assess the costs of headache-related absenteeism of community-dwelling migraineurs, and to compare the amount of absenteeism between migraineurs aged 18 and older and age, sex, and occupation-matched nonheadache-prone subjects. DESIGN: Follow-up over a 3-month period. SAMPLES: 385 migraineurs and 313 nonheadache subjects representative of the setting. METHODS: Every day, the participants recorded the presence of headache, if any, and the work situation (unemployment, holiday, weekend, medical reason, nonmedical reason). Sickness-related absenteeism was the number of workdays missed or interrupted for medical reasons. Headache-related absenteeism was the sickness-related absenteeism during workdays with headaches. The annual headache-related absenteeism costs in France were extrapolated from these data in accordance with the mean income per occupational category. The incremental absenteeism and related costs were the difference between the two samples. RESULTS: Of working migraineurs, 20% had at least one period of absenteeism. During the 3 months, they missed or interrupted on average 1.4 days for medical reasons, 0.25 of which for headaches. Sickness-related absenteeism was statistically higher in migraineurs than in nonheadache-prone subjects. This difference was due to a higher absenteeism for comorbidity reasons, not for headache reasons, representing 20% of all sickness-related absenteeism. Migraineurs avoided sick leave for headache reasons. As an incremental total, 1.68 days or approximately 0.7% of the annual number of working days are lost on average per individual with migraine. The annual incremental headache-related absenteeism cost was 5.22 billions, i.e. 1,551 FF (US$240) per migraineur.

PMID: 10403066 [PubMed - indexed for MEDLINE]


The impact of welfare reform on parents' ability to care for their children's health.

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Comment in:


OBJECTIVES: Most of the national policy debate regarding welfare assumed that if middle-income mothers could balance work while caring for their children's health and development, mothers leaving welfare for work should be able to do so as well. Yet, previous research has not examined the conditions faced by mothers leaving welfare for work. METHODS: Using data from the National Longitudinal Survey of Youth, this study examined the availability of benefits that working parents commonly use to meet the health and developmental needs of their children; paid sick leave, vacation leave, and flexible hours. RESULTS: In comparison with mothers who had never received welfare, mothers who had been on Aid to Families with Dependent Children were more likely to be caring for at least 1 child with a chronic condition (37% vs 21%, respectively). Yet, they were more likely to lack sick leave for the entire time they worked (36% vs 20%) and less likely to receive other paid leave or flexibility. CONCLUSIONS: If current welfare recipients face similar conditions when they return to work, many will face working conditions that make it difficult or impossible to succeed in the labor force at the same time as meeting their children's health and developmental needs.

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PMID: 10191791 [PubMed - indexed for MEDLINE]

Incidence and occupational pattern of leukaemias, lymphomas, and testicular tumours in western Ireland over an 11 year period.

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STUDY OBJECTIVE: To determine incidence of the following malignancies, testicular tumours, all leukaemias and all lymphomas in the West of Ireland in an 11 year period. Secondly, to examine the relation between disease patterns and available occupational data in male subjects of working age. DESIGN: A census survey of all cases occurring in the three counties in the Western Health Board (WHB) area, Galway, Mayo and Roscommon, for the 11 year period 1980 to 1990 inclusive. Average annual age standardised incidence rates for the period were calculated using the 1986 census data. Rates for the area are compared with rates from the southern region of Ireland, which had a tumour registry. Trends over the time period are evaluated. All male subjects for whom occupational data were available were categorised using the Irish socioeconomic group classification and incidence rates by occupation were compared using the standardised incidence ratio method. In one of the counties, Galway, a detailed occupational history of selected cases and an age matched control group was also elicited through patients' general practitioners. SETTING: All available case records in the West of Ireland. RESULTS: There are no national incidence records for the period. Compared with data from the Southern Tumour Registry, the number of cases of women with myeloid leukaemias was significantly lower. Male leukaemia rates were significantly lower as a group (SIR 84 (95% CI 74, 95) but not when considered as individual categories. Regression analysis revealed an increasing trend in the number of new cases of non-Hodgkin's lymphoma among both men (r = 0.47, p = 0.02) and women (r = 0.90, p = 0.0001) and of chronic lymphocytic leukaemia in men (r = 0.77, p = 0.005) and women (r = 0.68 p = 0.02) in the WHB region over the last decade. Four hundred and fifty six male cases over the age of 15 years were identified and adequate occupational information was available for 74% of these. Standardised incidence ratios of testicular tumours (100, 938) and agriworkers other than farmers (SIR 377, 95% CI 103, 967). There were also significantly increased incidence ratios for both non-Hodgkin's lymphoma (SIR 169, 95% CI 124, 266) and three categories of leukaemias among farmers. Hodgkin's disease and acute myeloid leukaemias were significantly increased among semi-skilled people. Interview data with 90 cases and 54 controls of both sexes revealed that among farmers, cases (n = 31) were significantly less likely than controls (n = 20) to use tractor mounted spraying techniques (OR = 0.19 (95% CI 0.04, 0.80)) and less likely to wear protective masks (OR 0.22 (95% CI 0.05, 0.84)). CONCLUSIONS: Trends of increase in non-Hodgkin's lymphoma and some leukaemias are consistent with studies elsewhere. The study provides further evidence of the relation between agricultural work and certain lymphoproliferative cancers. The possible carcinogenic role of chemicals used in agricultural industries must be considered as an explanation.

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Work incapacity from low back pain in the general population.

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STUDY DESIGN: A retrospective cohort study. OBJECTIVE: To describe the incidence
and duration of low back pain in patients from the general working population in Norway who take at least 2 weeks of compensated absence from work. SUMMARY OF BACKGROUND DATA: There is a growing concern about the proportion and socioeconomic consequences of work absence resulting from low back pain, and exact figures on incidence and duration of work incapacity from low back pain in the general working population are needed. METHODS: Cases were identified from files of the national medical insurance system, covering 90% of all employees in Norway. A total of 89,190 patients with low back pain were identified in 1995 and 1996, based on the International Classification of Primary Care (ICPC codes L02, L03, L84 and L86). Census data were used for the denominators. RESULTS: The estimated overall 1-year incidence was 2.27%. It was significantly higher for women (2.72%) than for men (1.91%). The incidence increased with increasing age. The median (25th-75th percentile) duration of absence for all claimants was 43 days (25th-75th percentile, 23-103). Approximately 35% of claimants returned to work after 1 month, 70% had returned after 3 months, and 85% had returned after 6 months. Thirty percent of all claimants had low back pain with radiation, and the median duration of absence for these was 59 days (25th-75th percentile, 28-152 days) versus 38 days (25th-75th percentile, 21-86 days) for claimants without radiating pain (P < 0.001). CONCLUSION: The results of this study reaffirm the burden of low back pain to society. The data show that the prognosis for the majority of this group of patients with low back pain, even for those with radiating symptoms, is generally good. From 6 to 20 weeks after onset, however, the return-to-work curve declined steeply among the individuals studied. Approximately 42% of those still off work after 6 months had not returned to work after 12 months, and were switched to permanent disability pension or other compensation forms.

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Juvenile idiopathic inflammatory myopathy: exercise-induced changes in muscle at short inversion time inversion-recovery MR imaging.

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PURPOSE: To study the effect of exercise on short inversion time inversion-recovery (STIR) magnetic resonance (MR) images of thigh muscles in children with juvenile idiopathic inflammatory myopathy. MATERIALS AND METHODS: Thirty-two MR studies were performed in 19 patients with juvenile idiopathic inflammatory myopathy who performed stair-stepping exercise for up to 10 minutes (mean, 5.7 minutes). Baseline T1-weighted (n = 32) and STIR (n = 32) images and STIR images immediately (n = 32) and at 30 (n = 24) and 60 (n = 29) minutes after exercise were obtained at 0.5 T. Four radiologists graded STIR signal intensity changes, in observer performance experiments in which they were blinded to the order of image acquisition in relation to exercise. RESULTS: Changes in muscle signal intensity were observed on STIR images obtained immediately after exercise in 20 of 32 (63%) studies. The mean signal intensity score immediately after exercise (1.7 +/- 1.0 [SD]) increased compared with the mean baseline score (1.4 +/- 1.1) (P = .0005) and resolved by 30 minutes after exercise. The magnitude of exercise-induced changes correlated with the amount of work performed (r = 0.51, P = .003) but not with disease activity or baseline signal intensity when the changes were corrected for work (r < 0.17, P > .35). Radiologists demonstrated moderate to substantial agreement in the grading of signal intensity changes after exercise (kappa = 0.60-0.84). CONCLUSION: In patients with juvenile idiopathic inflammatory myopathy, stair-stepping exercise induces signal intensity changes on STIR MR studies of muscle for approximately 30 minutes after exercise, in a distribution that may mimic active muscle inflammation.
This study was designed to assess the return to work, the poststroke depression and the quality of life after a cerebral infarction in young adults and was conducted on 71 consecutive young patients (aged 15-45 years) affected by a cerebral infarct who were hospitalized for the first time and discharged at least 1 year before the study. Data about risk factors, etiology, side and territory of stroke, social characteristics of the patient (age, sex, profession, educational level, family situation), poststroke seizures, recurrent stroke, other vascular events, and deaths were collected. Neurological deficits were graded with the National Institutes of Health (NIH) Stroke Scale. Poststroke depression (PSD) was quantified using the DSM-IIIR criteria and the Montgomery Asberg Depression Rating Scale. Outcomes were rated with the Ranking Scale, the Barthel Index and the Glasgow Outcome Scale. Quality of life was assessed with the Sickness Impact Profile. Follow-up information was obtained by interview and neurological examination. Follow-up information was obtained in 65 patients at a mean of 31.7 +/- 13.0 (range 12-59) months, as 2 patients died and 4 were lost to follow-up and were thus excluded from this study. Poststroke seizures occurred in 7 patients (10.8%) and recurrent strokes in 4 patients (6.2%), but none were fatal. The outcome after stroke among survivors was usually good, since more than two-thirds of the patients (69.8%) reported no problem, 11.1% moderate handicap and one-fifth major handicap. Forty-six patients (73%) returned to work: the time period ranging from several days after stroke to 40 months, with a mean of 8 months. However, adjustments in their occupation were necessary for 12 patients (26.1%). PSD was common, since 48.31% of the patients were classified as depressed. PSD was associated with the localization of the infarct (carotid territory), a severe disability, a bad general outcome, and an absence of return to work. Their opinion about their quality of life was negative among approximately 30% of the patients, especially in emotional and alertness behaviors, social interaction, recreation and pastimes. The general outcome after cerebral infarct in young adults is usually good. However, the risk of a PSD is high, and only half of the patients had returned to their previous work. A remaining psychosocial handicap and depression of sexual activity impaired the quality of life. In multivariate analysis, a low NIH score at admission is a significant predictor for return to work, the absence of PSD, and a good quality of life.
Partial correlation analysis was used to examine the factors related to sexual behavior, contraceptive use and childbirth, controlling for maternal and familial characteristics, in this relatively disadvantaged sample. RESULTS: Youth who are inclined toward risk-taking and those who have run away from home are more likely than others to be sexually active. For young women, having intercourse at an early age, not using contraceptives and having a child are linked with depression, low self-esteem and little sense of control over their lives. The results for young men are less consistent and often in the opposite direction. Young people who have become parents evidence greater maturity than their childless peers; women are less likely to consume alcohol or to spend time with friends who drink, and men are more likely to participate in socially productive work. CONCLUSIONS: Although sexual behavior is tied to risk-taking in both adolescent males and females, some noticeable psychological differences are evidenced early. Behaviorally, there is room for optimism, in that young parents appear to adopt more mature traits.

PIP: The correlates of high-risk adolescent sexual behaviors were investigated through use of data from the 1979-92 waves of the US National Longitudinal Survey of Youth and the linked 1994 young adult data file on their children. The sample was comprised of 959 youth, most of whom were 14-18 years old at the time of the 1994 survey, who were the oldest child of the original female respondents. The analysis of risk behaviors was restricted to the 483 youth known to be sexually active. Compared to their non-sexually-active counterparts, sexually active youth had lower family incomes, mothers with lower educational attainment, and mothers who themselves became sexually active at a young age (mean, 15.5 years). Sexual activity at an early age was further associated with substance abuse, a view of oneself as a risk taker, and a history of running away from home. Early age at first coitus, nonuse of contraception, and adolescent childbearing were significantly linked with depression, feeling like a failure, and little sense of control over one's life in female respondents. In contrast, sexually active teen males reported low levels of depression and felt in control of their lives. After parenthood, tentative evidence of maturity emerged for both genders. Young mothers reduced their alcohol consumption and spent less time with peers who drank; young fathers exhibited lower levels of willingness to take risks, higher depression, and greater involvement in socially productive activities.

PMID: 9711453 [PubMed - indexed for MEDLINE]


Poverty and health: exploring the links between financial stress and emotional stress in Australia.

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The links between poverty and health have been investigated in a number of independent studies, as well as by the Poverty Commission in the 1970s and, more recently, the National Health Strategy. However, much of the poverty research suffers from the lack of detailed information on health status, while the work conducted in the public health sphere has used rather rudimentary poverty measures. The research reported here attempts to overcome these limitations by using unit record data from two national household surveys conducted by the Australian Bureau of Statistics in 1990. Together, these two data sets contain an enormous amount of detailed information on household incomes and the health status of individuals. Data from the two surveys are combined in a way which allows the links between poverty and health to be explored in greater detail than has hitherto been possible in Australia. Analysis of the integrated data set
focuses on the links between poverty and several measures of stress-related poor health. The results from a variety of different methods point to the existence of significant differences between the reported incidence of stress of those whose incomes place them either side of a poverty threshold. The size of the statistical association between poverty and stress is of both numerical and statistical significance, although further work, preferably using longitudinal data, is needed on the important issues of causation.

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Management and cost of care for low back pain in primary care settings in France.

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We conducted a prospective observational study during the winter of 1994-1995 in a representative national sample of 2,406 patients aged 18 to 65 years seen in primary care settings for acute low back pain of less than 48 hours' duration. The following data were collected: demographic, social and clinical characteristics at inclusion; treatments prescribed throughout the episode, functional impairment and restriction of usual activities. These data were used to evaluate direct costs (health costs) and indirect costs (sickness payments). The sex ratio was predominantly male (60.4%), 80% of patients were economically active, mean age was 43 +/- 11.7 years, and most patients (76%) had a history of low back pain. Management consisted primarily of rest (bedrest, 32%; rest at home, 61%) and pharmacotherapy (mainly analgesics, nonsteroidal antiinflammatory drugs and muscle relaxants; mean number of drugs per patient, 3.2). Imaging studies were obtained in 34% of cases and physical therapy was prescribed in 30%. Referral and hospitalization rates were 5.4% and 0.8%, respectively. Among economically active patients, 82% were put on sick leave, for a mean duration of 8.4 +/- 4 days and 18.6% were reported as having work-related low back pain. The mean cost of outpatient care for the episode of low back pain was 1,021 French francs (FF), most of which was contributed by physical therapy (41.6%), physicians' fees (23.9%) and investigations (16%). Mean sickness payments were 821 FF per patient in the economically active subgroup and 523 FF per patient in the overall study population.

PMID: 9540120 [PubMed - indexed for MEDLINE]

Determinants of self-reported neck-shoulder and low back symptoms in a general population.

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STUDY DESIGN: A combined cross-sectional and longitudinal design. OBJECTIVES: To investigate relation between, on one hand, self-reported neck-shoulder symptoms and, on the other hand, low back symptoms and self-reported work-related physical load, psychosocial factors, and individual characteristics and to study the influence of physical capacity in adolescence on neck-shoulder and low back symptoms in adulthood. SUMMARY OF BACKGROUND DATA: Heavy physical work and exposure to vibration constitute risk factors for low back problems, and repetitive and static work are risk factors for neck-shoulder symptoms in many jobs. The interplay between individual factors and work-related psychosocial and
physical exposure, however, is not well documented. This study addresses effects of adolescent capacity on this interplay in a general population. METHODS: A random sample of 425 Swedish students was investigated when the students were 16 years and 34 years of age. Sixty-five percent participated in both examinations; only those who worked > or = 16 hours/week at the follow-up period, 148 men and 90 women, were included in these analyses. Data about musculoskeletal symptoms, work, and sociodemographic and individual characteristics were collected at the age of 34 years; physical performance data were collected at the ages of 16 years and 34 years. RESULTS: Among the men, self-employment and worry were associated with neck-shoulder symptoms; among the women, monotonous work and high decision latitude were associated with neck-shoulder symptoms. Low back problems were related to monotonous work among men and women and to exposure to vibration among men. Performance in certain fitness tests at the ages of 16 years and 34 years was negatively associated with musculoskeletal symptoms. CONCLUSIONS: The inverse relationships between performance at the age of 16 years and adult musculoskeletal symptoms may imply benefits of early fitness training.

PMID: 9474732 [PubMed - indexed for MEDLINE]


[Clinical characteristics and morbidity in stable asthma. A descriptive analysis of asthma in a Mediterranean community]

[Article in Spanish]

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Scarce clinical and epidemiological data related to asthma are available in Spain. OBJECTIVES: a) to determine the severity of disease and morbidity among symptomatic asthmatics, and b) to determine whether international recommendations for the treatment of asthma are being followed. A prospective descriptive study enrolling asthmatics older than 14 years of age who experienced symptoms within the past year. The study was performed in the Osona district, a semi-rural area north of Barcelona. Spirometric tests were given and case histories taken, including symptoms caused by the disease. The international guidelines analyzed were those published in 1992 by the National Institutes of Health for the International Consensus Report on Diagnosis and Treatment of Asthma. We studied 333 patients; 214 (64%) were women and 119 (36%) men. Asthma was mild in 140 (42%), moderate in 116 (35%) and severe in 77 (23%). The need for short-term oral corticosteroids, visits to primary care physicians, and missed work days were all significantly greater among patients with severe asthma than for those with mild or moderate asthma. However, 23% of the patients with mild asthma missed work at least once. Drugs used were beta-adrenergic agonists of short duration of effect (76%) and inhaled corticosteroids (66%). CONCLUSIONS: a) in most symptomatic asthma patients, disease is mild; b) although patients with severe asthma have higher rates or morbidity, patients with mild disease also have marked symptoms; c) the drugs used for treatment are in compliance with the 1992 international guidelines.

PMID: 9424263 [PubMed - indexed for MEDLINE]


Long-term survival and quality of life in patients treated with a national all protocol 15-20 years earlier: IDM/HDM and late effects?

In a follow-up matched control study the 93 (70.5%) survivors of 132 children treated with a national protocol for acute lymphoblastic leukemia (ALL) and 5 survivors of the other 21 cases of ALL in childhood diagnosed in the same period were evaluated. Thus it was also a population-based study. The national treatment protocol was used in the period 1975-1980. Methotrexate (MTX) infusions combined with intrathecal MTX were used as prophylaxis against neuroleukemia instead of irradiation. Neither doxorubicin (Adriamycin) nor cyclophosphamide was used in the protocol. A questionnaire covering demographic data, number of offspring, learning problems, level of athletic performance, education, and work status as well as medical information was used. Forms were received from 94 (96%) of the 98 adult surviving cases and corresponding controls in the family. Interviews were performed in the remaining four cases (4%). There were no statistical differences between the two groups with respect to physical and mental health and quality of life. Hospital records of all patients were also checked for possible late effects. There was no definite case of secondary malignant neoplasm; however, there was one case of prolactinoma and only one case of serious sequelae (hemiparesis during therapy), probably due to intrathecal and intravenous MTX.

PMID: 9383804 [PubMed - indexed for MEDLINE]
39.5% of these women had discontinued use because of contraceptive side effects, particularly nausea. Finally, 16 women (6.2%) had never used a contraceptive method. 15 of these women were from outside the UK and had difficulties speaking English. When asked what form of contraception they would like to use in the future, 48.8% of abortion patients identified the pill, 11.9% wanted Depo-Provera, 7.3% chose condoms, and 6.5% wanted the IUD. Chemists were a major source of contraceptive supplies for women in this study, and this trend may represent a way of avoiding discussions of sexual activity with health professionals. Among the recommendations emerging from this study are more widespread education about and availability of emergency contraception, health promotion education in pharmacies, enhanced training of general practitioners in pill prescribing criteria and counseling, efforts to prevent repeat unwanted pregnancies, and the preparation of educational materials for non-English speaking family planning clients.

PMID: 9392968 [PubMed - indexed for MEDLINE]


Safety profile of phase I and II preventive HIV type 1 envelope vaccination: experience of the NIAID AIDS Vaccine Evaluation Group.


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The NIAID-sponsored AIDS Vaccine Evaluation Group was established in 1988 to perform phase I/II clinical trials with candidate preventive HIV-1 vaccines. This report includes safety data from 1398 HIV-negative, healthy volunteers who were enrolled into 25 phase I and 1 phase II multicentered, randomized, double-blind studies evaluating seven recombinant HIV-1 envelope vaccines, two V3 loop synthetic peptide vaccines, and two live poxvirus-vectored recombinant envelope vaccines. All studies but three were placebo controlled; the placebo was either the adjuvant alone or, in studies of recombinant poxvirus vaccines, it was the vector with no gene insert or a non-HIV gene insert. All candidate vaccines were generally well tolerated. The only adverse effects that were clearly related to vaccination were occasional acute local and systemic reactions that were associated with the adjuvants. Three adjuvants in particular were associated with moderate to severe local reactions: alum plus deoxycholate (ImmunoAg), MTP-PE (Biocine Corp.), and QS21 (Genentech, Inc.). MTP-PE was also associated with self-limited severe systemic reactions. There were no serious adverse laboratory toxicities and no evidence of significant immunosuppressive events after receipt of the candidate vaccines. A few volunteers experienced symptoms that might relate to an underlying immunopathologic mechanism (rash, hemolytic anemia, arthralgia), but their presentations were mild and their incidence was low. Eleven volunteers were diagnosed with malignancies during or after their participation, which was within the 95% confidence interval of the number of cases predicted by the National Cancer Institute SEER (Program for cancer surveillance, epidemiology, and end result reporting) database. In conclusion, the envelope-based recombinant or synthetic candidate HIV-1 vaccines appear to be safe and this work has prepared the way for the testing of increasingly complex candidate HIV-1 vaccines.

PMID: 9310283 [PubMed - indexed for MEDLINE]


Comparison of three intensive programs for chronic low back pain patients: a prospective, randomized, observer-blinded study with one-year follow-up.
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In a randomized, blinded study, we compared the outcome from a full-time functional restoration program with the outcome from shorter active rehabilitation programs for patients with chronic, disabling low back pain. The study initially included 132 patients, randomized into one of three treatment programs: (1) an intensive 3-week multidisciplinary program; (2) active physical training and back school; or (3) psychological pain management and active physical training. Nine of the randomized patients never started in any program, so the studied population consisted of 123 patients. Of these, 14 patients (11%) dropped out. The results presented here are at 1 year following treatment, where we achieved a 92% response rate, including the drop-outs. The functional restoration program was superior to the shorter programs as to work-ready rate, health care contacts, back pain level, disability level, staying physically active, and reduction in analgesics. There was no significant difference between Programs 2 and 3 in most of these parameters. As for sick leave and leg pain, there was no significant difference between Programs 1 and 2, although a difference was observed when comparing Program 3 with each of the other two.

Conclusively, it seems that there is human, as well as economical, benefit from a functional restoration program compared to less intensive programs for these patients.

PMID: 9198257 [PubMed - indexed for MEDLINE]


The influence of past unemployment duration on symptoms of depression among young women and men in the United States.

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OBJECTIVES: I examined whether unemployment while looking for a job and being out of the labor force while not seeking work have distinct effects on symptoms of depression among young women and men in the United States. I also investigated whether past unemployment duration predicts depressive symptoms. METHODS: I used ordinary least squares regression to analyze data from the 1979-1994 National Longitudinal Survey of Youth. RESULTS: Cross-sectional results suggested that current unemployment status and out-of-the-labor-force status were significantly associated with depressive symptoms at ages 29 through 37 years. The association between being out of the labor force and depressive symptoms was stronger for men. Longitudinal results revealed that past unemployment duration across 15 years of the transition to adulthood significantly predicted depressive symptoms, net of demographics, family background, current socioeconomic status, and prior depressive symptoms. However, duration out of the labor force did not predict depressive symptoms. CONCLUSIONS: Longer durations of unemployment predict higher levels of depressive symptoms among young adults. Future research should measure duration longitudinally and distinguish unemployment from being out of the labor force to advance our understanding of socioeconomic mental health disparities.

PMID: 19696382 [PubMed - indexed for MEDLINE]


Trajectories of HIV risk behavior from age 15 to 25 in the national longitudinal survey of youth sample.

Murphy DA, Brecht ML, Herbeck DM, Huang D.
This study utilized data from the National Longitudinal Survey of Youth to investigate youth risk trajectories for HIV and factors associated with different trajectories. The sample (N = 8,208) was 49.2% female, with a mean age of 14.31 (SD = 1.48). A group-based trajectory model was applied, which identified four distinct trajectories for both males and females: (1) consistently higher sexual risk levels, increasing to early adulthood followed by some decrease ("high"); (2) a short period of increase to late teens, followed by a longer period of decrease ("decreased"); (3) an initially slow increase, with the increase accelerating by late teens, and a slight decline beginning in early adulthood ("increased"); and (4) consistently lowest levels of sexual risk ("low"). More African Americans were found among the decreased trajectory group; among the low risk group a higher number of youth came from families with parents who spoke a language other than English. The high-risk group had a higher percentage of subjects in non-metropolitan areas and highest alcohol use. Among males, being employed and being in the military were associated with inclusion in the high-risk group. Results have implications for specializing prevention strategies for youth with different patterns of sexual risk.

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PMID: 19669902 [PubMed - indexed for MEDLINE]

Musculoskeletal impairments in the Norwegian working population: the prognostic role of diagnoses and socioeconomic status: a prospective study of sickness absence and transition to disability pension.

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STUDY DESIGN: Population-based, 5-year prospective cohort study. OBJECTIVE: To assess the incidence of musculoskeletal disorders (MSDs) in sickness absence longer than 8 weeks in Norway, and to identify diagnostic and socioeconomic predictors of the transition to disability pension (DP). SUMMARY OF BACKGROUND DATA: MSDs are prevalent and of major concern for sickness absence. Previous epidemiological studies are largely cross-sectional and based on self-reports, often with low response rates, selection, and reporting bias. Prospective studies with physician-verified diagnoses might be a better approach. METHODS: Thirty-seven thousand nine hundred forty-two females and 26,307 males with an episode of sickness absence >8 weeks in 1997, certified with a MSD were followed up for 5 years. Diagnostic and sociodemographic data were obtained from a national database. Cases were divided into 9 diagnostic subgroups, based on the International Classification of Primary Health Care. Survival analysis was performed with granting of DP as the endpoint, in the full sample and for diagnostic subgroups. RESULTS: Over all 20% of cases obtained DP during follow-up. Among those aged 50 to 62 and among those with only basic education 46% obtained DP. DP rates were highest for osteoarthrosis (47%), rheumatoid arthritis (46%), and myalgia/fibromyalgia (38%). Fractures/injuries had the lowest rate. Controlled for age, education and income, relative risk of DP was 1.5 (95% CI: 1.4-1.6) for upper limb problems, 2.0 (95% CI: 1.8-2.1) for back problems, 2.8 (95% CI: 2.5-3.1) for osteoarthrosis, 3.3 (95% CI: 3.0-3.6) for myalgia/fibromyalgia, and 4.2 (95% CI: 3.9-4.7) for rheumatoid arthritis, compared to "fractures and injuries." CONCLUSION: Age, diagnoses, and socioeconomic variables were important predictors of an adverse outcome among workers with a sickness absence of 8 or more weeks. Further research is needed to
determine whether differentiated follow-up strategies might prevent permanent
disability.

PMID: 19525845 [PubMed - indexed for MEDLINE]

Psychosocial Outcomes in Stroke: the POISE observational stroke study protocol.
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BACKGROUND: Each year, approximately 12,000 Australians of working age survive a
stroke. As a group, younger stroke survivors have less physical impairment and
lower mortality after stroke compared with older survivors; however, the
psychosocial and economic consequences are potentially substantial. Most of these
younger stroke survivors have responsibility for generating an income or
providing family care and indicate that their primary objective is to return to
work. However, effective vocational rehabilitation strategies to increase the
proportion of younger stroke survivors able to return to work, and information on
the key target areas for those strategies, are currently lacking. METHODS/DESIGN:
This multi-centre, three year cohort study will recruit a representative sample
of younger (< 65 years) stroke survivors to determine the modifiable predictors
of subsequent return to work. Participants will be recruited from the New South
Wales Stroke Services (SSNSW) network, the only well established and cohesively
operating and managed, network of acute stroke units in Australia. It is based
within the Greater Metropolitan area of Sydney including Wollongong and
Newcastle, and extends to rural areas including Wagga Wagga. The study
registration number is ACTRN12608000459325. DISCUSSION: The study is designed to
identify targets for rehabilitation-, social- and medical-intervention strategies
that promote and maintain healthy ageing in people with cardiovascular and mental
health conditions, two of the seven Australian national health priority areas.
This will rectify the paucity of information internationally around optimal
clinical practice and social policy in this area.

PMCID: PMC2708124
PMID: 19519918 [PubMed - indexed for MEDLINE]

Predicting depression in rheumatoid arthritis: the signal importance of pain
extent and fatigue, and comorbidity.
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OBJECTIVE: To determine the incidence of self-reported depression (SRD) in
rheumatoid arthritis and to identify and rank clinically useful predictors of
depression. METHODS: We assessed 22,131 patients for SRD between 1999 and 2008.
We collected demographic, clinical and treatment data, household income,
employment and work disability status, comorbidity, scales for function, pain,
global, and fatigue, the Regional Pain Scale (RPS), the Symptom Intensity (SI)
scale (a linear combination of the RPS and the fatigue scales) and linear
combinations of the Health Assessment Questionnaire, pain and global severity. We
used logistic regression analyses with multivariable fractional polynomial
predictors, and Random Forest analysis to determine the importance of the
predictors. RESULTS: The cross-sectional prevalence of self-reported depression
was 15.2% (95% confidence interval [95% CI] 14.7-15.7%) and the incidence rate was 5.5 (95% CI 5.3-5.7) per 100 patient years of observation. The cumulative risk of SRD after 9 years was 38.3% (95% CI 36.6-40.1%). Almost all variables were significant predictors in logistic models. In Random Forest analyses, the SI scale, followed by comorbidity, best predicted self-reported depression, and no other variable or combination of variables improved prediction compared with the SI scale. CONCLUSION: Pain extent and fatigue (SI scale) are the dominant predictors of SRD. These variables, also of central importance in the symptomatology of fibromyalgia, are powerful markers of distress. A strong case can be made for the inclusion of these assessments in routine rheumatology practice. In addition, actual knowledge of comorbidity provides important insights into the patient's global health and associated perceptions.

PMID: 19404997 [PubMed - indexed for MEDLINE]


Changes in perceived job strain and the risk of major depression: results from a population-based longitudinal study.

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Major depression is a prevalent mental disorder in the working population. Improving the work environment may reduce the risk of major depression. The authors examined data from the longitudinal cohort of the Canadian National Population Health Survey from 1994-1995 to 2004-2005. Survey participants were classified into 4 groups by changes in job strain status from 1994-1995 to 2000-2001 (no change in low job strain, no change in high job strain, changing from high to low job strain, and changing from low to high job strain). The incidence proportion of major depressive episodes in each of the 4 groups was 4.0%, 8.0%, 4.4%, and 6.9%, respectively. Participants who reported a change from high to low job strain had a risk of major depression similar to those exposed to persistently low job strain. Among those exposed to persistent high job strain, only participants who reported good or excellent health at baseline had a higher risk of major depression, but those who reported fair or poor health did not. Reducing job strain may have positive impacts on the risk of depression. Self-rated health is a strong predictor of depression and plays an important role in the relation between job strain and depression.

PMID: 19318611 [PubMed - indexed for MEDLINE]


Does health predict the reporting of racial discrimination or do reports of discrimination predict health? Findings from the National Longitudinal Study of Youth.

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Racial discrimination may contribute to diminished well-being, possibly through stress and restricted economic advancement. Our study examines whether reports of racial discrimination predict health problems, and whether health problems
predict the reporting of racial discrimination. Data come from years 1979 to 1983 of the US National Longitudinal Study of Youth, focusing on respondents of Black (n=1851), Hispanic (n=1170), White (n=3450) and other (n=1387) descent. Our analyses indicate that reports of racial discrimination in seeking employment predict health-related work limitations, although these limitations develop over time, and not immediately. We also find that reports of discrimination at two time-points appear more strongly related to health-related work limitations than reports at one time-point. A key finding is that these limitations do not predict the subsequent reporting of racial discrimination in seeking employment. These findings inform our knowledge of the temporal ordering of racial discrimination in seeking employment and health-related work conditions among young adults. The findings also indicate that future research should carefully attend to the patterns and timing of discrimination.

PMID: 19289253 [PubMed - indexed for MEDLINE]


The comprehensive dialysis study (CDS): a USRDS special study.

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BACKGROUND AND OBJECTIVES: The Comprehensive Dialysis Study (CDS) aimed to understand factors contributing to physical, functional, and nutritional health status among patients starting dialysis. DESIGN, SETTING, PARTICIPANTS, & MEASUREMENTS: A phone interview survey was conducted with patients from a geographically stratified national random sample of dialysis units, and quarterly serum samples were obtained for patients at a preidentified subset of units. The phone survey collected standardized measures of physical activity, employment and disability status, perceived health and well-being, and dietary intake. Serum samples were obtained to measure prealbumin, albumin, creatinine, normalized protein catabolic rate, and C-reactive protein. To comply with restrictions required under the Health Insurance Portability and Accountability Act (HIPAA), dialysis unit personnel could not participate in any research-related activities. RESULTS: Overall participation rate was 18.5%. One thousand six hundred forty-six patients affiliated with 295 dialysis units completed the phone survey; 361 patients affiliated with 68 dialysis units also completed a dietary intake survey, with 269 providing serum samples. Despite challenges in the design and implementation of CDS, the population was diverse and results should be generalizable. CONCLUSIONS: Constraints within the dialysis industry and HIPAA requirements render the assembly of nationally representative cohorts extremely difficult. Nevertheless, the CDS represents the largest cohort of incident dialysis patients containing detailed information on self-reported physical activity and dietary intake and is one of few cohorts simultaneously measuring laboratory proxies of nutrition and inflammatory status. Data from CDS can be used to inform the design of interventions addressing several conditions that affect longevity and health status in ESRD.

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PMID: 19261814 [PubMed - indexed for MEDLINE]


Obesity, race/ethnicity and the multiple dimensions of socioeconomic status during the transition to adulthood: a factor analysis approach.

Scharoun-Lee M, Adair LS, Kaufman JS, Gordon-Larsen P.
Racial/ethnic disparities in obesity widen dramatically during young adulthood in the US. Understanding racial/ethnic differences in the association between socioeconomic status (SES) and obesity can provide insight on these disparities. However, the delay and complexity of the transition to adulthood create challenges for defining SES using traditional, single indicators, such as income or years of education. Our objective was to define a multidimensional measure of young adult SES using exploratory factor analysis and to investigate whether distinct SES dimensions differentially predicted obesity across race/ethnicity in 11,250 young adults (mean age=21.9 years) from the National Longitudinal Study of Adolescent Health (Wave III: 2000-2001). Four factors (social advantage; schooling; employment; and economic hardship) extracted from a principal factor analysis on 38 SES indicators comprised our multidimensional measure of young adult SES. The respondents' scores on each factor were entered into gender-stratified Poisson regression models to estimate the relative risk of young adult obesity for a contrast of approximately one standard deviation in score. The association of the "Social advantage" and "Economic hardship" factors with obesity differed by race/ethnicity (p<0.05 for Wald test of interaction) in females; high "Social advantage" scores were inversely associated with obesity in white and Hispanic females (9-20% lower) while high scores on "Economic hardship" were positively associated with obesity (7-76% higher) in white and Asian females. In contrast, no significant racial/ethnic differences were detected in young adult males. The "Schooling" factor was significantly protective (RR=0.91; 95% CI: 0.85, 0.98) for females of all racial/ethnic groups. These results facilitate understanding of the impact of multiple, distinct SES dimensions during the complex transition to adulthood and thus provide salient information for reducing racial/ethnic disparities in obesity during this important period for obesity development.

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PMID: 19136186 [PubMed - indexed for MEDLINE]

Outcomes of conduct problems in adolescence: 40 year follow-up of national cohort.

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Comment in:
BMJ. 2009;338:b775.

OBJECTIVE: To describe long term outcomes associated with externalising behaviour in adolescence, defined in this study as conduct problems reported by a teacher, in a population based sample. DESIGN: Longitudinal study from age 13-53. SETTING: The Medical Research Council National Survey of Health and Development (the British 1946 birth cohort). PARTICIPANTS: 3652 survey members assessed by their teachers for symptoms of externalising behaviour at age 13 and 15. MAIN OUTCOME MEASURES: Mental disorder, alcohol abuse, relationship difficulties, highest level of education, social class, unemployment, and financial difficulties at ages 36-53. RESULTS: 348 adolescents were identified with severe externalising behaviour, 1051 with mild externalising behaviour, and 2253 with no externalising behaviour. All negative outcomes measured in adulthood were more common in those with severe or mild externalising behaviour in adolescence, as rated by teachers, compared with those with no externalising behaviour. Adolescents with severe externalising behaviour were more likely to leave school without any
qualifications (65.2%; adjusted odds ratio 4.0, 95% confidence interval 2.9 to 5.5), as were those with mild externalising behaviour (52.2%; 2.3, 1.9 to 2.8), compared with those with no externalising behaviour (30.8%). On a composite measure of global adversity throughout adulthood that included mental health, family life and relationships, and educational and economic problems, those with severe externalising behaviour scored significantly higher (40.1% in top quarter), as did those with mild externalising behaviour (28.3%), compared with those with no externalising behaviour (17.0%). CONCLUSIONS: Adolescents who exhibit externalising behaviour experience multiple social and health impairments that adversely affect them, their families, and society throughout adult life.

PMCID: PMC2615547
PMID: 19131382 [PubMed - indexed for MEDLINE]

Trajectories of depressive symptoms, dopamine D2 and D4 receptors, family socioeconomic status and social support in adolescence and young adulthood.

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OBJECTIVES: The purpose of this study is two-fold. First, we tested the association between dopamine D2 and D4 receptors and a trajectory of depressive symptoms in adolescence and young adulthood. Second, we reestimated the association between the dopamine receptors and depression after taking into account the effects of socioeconomic disparity and child-parent ties and social support. METHODS: The study uses the DNA sample of approximately 2500 individuals in the National Longitudinal Study of Adolescent Health (Add Health). Each individual was measured three times in 1994, 1996, and 2002. RESULTS: This study has yielded robust associations of the DRD2 and DRD4 variants with depressive symptoms among male adolescents and young adults. The DRD2*304/178 genotype is associated with a level of depressive symptoms 0.04-0.07 points (3-5% of the mean) higher than the DRD2*178/178 genotype. Relative to the other more common DRD4 variants, the DRD4*379/379 genotype raises the level of depression by about 0.25 points (about 17% of the mean). These findings hold after adjusting for the effects of socioeconomic status (family structure, parental education, family income, mother's employment status, and whether attending public school) and child-parent ties/social support (conflict with parent(s), closeness to parent(s), parental availability, and social support). Although the gene-sex interaction is clearly present, the tests of gene-lifecourse interaction did not yield any significant results. CONCLUSION: Our findings emphasize the importance of joint influences of genetic propensities and social environment on depressive symptoms.

PMID: 19125104 [PubMed - indexed for MEDLINE]

Desistance from delinquency: the marriage effect revisited and extended.

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Desistance from criminal offending has become the source of a considerable amount of research attention. Much of this literature has examined how environmental
factors, such as marriage, employment, and delinquent peers contribute to the desistance process. A relatively unexplored possibility, however, is that desistance from criminal behavior is partially due to genetic factors. To test this possibility, data from the National Longitudinal Study of Adolescent Health (Add Health) were used to examine the effects that five different genetic polymorphisms (DAT1, DRD2, DRD4, 5HTT, and MAOA) have on desistance from delinquent involvement. Three broad findings emerged. First, marriage significantly increased desistance. Second, some of the genetic polymorphisms had significant independent effects on desistance. Third, for males, the genetic polymorphisms interacted with marital status to predict variation in desistance. The findings underscore the importance of using a biosocial perspective to examine factors related to criminal desistance.

PMID: 19086113 [PubMed - indexed for MEDLINE]


Financial and vocational outcomes 2 years after traumatic brain injury.

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PURPOSE: To determine outcomes for persons with traumatic brain injury (TBI) in terms of employment status, income and public assistance received at 2 years after injury. METHOD: This study was part of a non-experimental, longitudinal survey. Participants included 49 persons with new TBI from one US national Traumatic Brain Injury Model Systems centre. Main outcome measures included employment status, earned monthly income and monthly income from public sources, at the time of injury and at 2-years follow-up. RESULTS: At 2-year follow-up, individuals with TBI reported higher levels of employment and earned income than was previously reported for 1-year post-injury, but continued to experience declines relative to pre-injury baseline. Frequency and amount of major public agency payments continued to be increased relative to baseline. CONCLUSIONS: The costs associated with brain injury remain high for individuals, families and society, as those with TBI move into the more chronic phase of recovery.

PMID: 19034724 [PubMed - indexed for MEDLINE]


A multi-group cross-lagged analyses of work stressors and health using Canadian National sample.

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This article examines the reciprocal relationships between work variables and health outcomes and if these relationships differ by social class (measured by occupational grouping). We used longitudinal data from the 1994/95--2002/03 Canadian National Population Health Survey (NPHS). Karasek's work stress variables were measured in the 1994/95 (cycle 1, time 1), 2000/01 (cycle 4, time 2) and 2002/03 (cycle 5, time 3) surveys. Analyses were limited to 2556 respondents aged 18-56 at time 1 and who remained in the same social class (as defined by occupational position) for all the three time points. Work variables used were job strain ratio, work social support and job insecurity. Health outcomes used were distress, depression and self-rated health. Multi-group path analyses were used to investigate the reciprocal relationships between work and
health variables and if these relationships differed by social class. Analyses controlled for age, gender, marital status and work status. We find there is a differential burden of work psychosocial factors and health outcomes by social class. The cross-lagged relationships between work and health depended on the outcome, social class and time lag. More significant paths from work to health were observed than reverse paths from health to work. More significant relationships between work and health were observed for the shorter time lag (2 years) compared to longer time lags (6 years). Low work social support and job insecurity were more detrimental to health for respondents in lower social class positions. Findings from this study highlight the importance of time lag, and to some extent social class, in the reciprocal relationships between work and health.

PMID: 19010577 [PubMed - indexed for MEDLINE]


Weight and wages: fat versus lean paychecks.

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Past empirical work has shown a negative relationship between the body mass index (BMI) and wages in most cases. We improve on this work by allowing the marginal effect of non-linear BMI groups to vary by gender, age, and type of interpersonal relationships required in each occupation. We use the National Longitudinal Survey of Youth 1979 (1982-1998). We find that the often-reported negative relationship between the BMI and wages is larger in occupations requiring interpersonal skills with presumably more social interactions. Also, the wage penalty increases as the respondents get older beyond their mid-twenties. We show that being overweight and obese penalizes the probability of employment across all race-gender subgroups except black women and men. Our results for the obesity-wage association can be explained by either consumers or employers having distaste for obese workers. (c) 2008 John Wiley & Sons, Ltd.

PMID: 18677723 [PubMed - indexed for MEDLINE]


How the rich (and happy) get richer (and happier): relationship of core self-evaluations to trajectories in attaining work success.

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In this study, the authors linked core self-evaluations to job and work success. Utilizing a dynamic design from participants in the National Longitudinal Surveys of Youth (NLSY79), core self-evaluations were hypothesized to predict individuals' intercepts (starting levels of success), and their growth trajectories (slope of individuals' success over time) with respect to job satisfaction, pay, and occupational status. Results indicated that higher core self-evaluations were associated with both higher initial levels of work success and steeper work success trajectories. Education and health problems that interfere with work mediated a portion of the hypothesized relationships, suggesting that individuals with high core self-evaluations have more ascendant jobs and careers, in part, because they are more apt to pursue further education and maintain better health.
Early alcohol use, rural residence, and adult employment.
Mink M, Wang JY, Bennett KJ, Moore CG, Powell MP, Probst JC.
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OBJECTIVE: Rural residence was once perceived as protective regarding youthful alcohol use and its effects. Our study examined whether the relationship between alcohol use in youth and early adulthood and subsequent employment outcomes differed for rural and urban youth. METHOD: Data from a 20-year panel survey, the National Longitudinal Survey of Youth 1979, were used to address the association between alcohol use between the ages of 17 and 26 and employment outcomes during adulthood. Early drinking experiences and misuse symptoms were used as drinking behavior measures. Rural was defined as living outside any Metropolitan Statistical Area. Employment outcomes were defined using employment status and employment quality. Analyses were weighted to reflect the stratified sample design (N = 8,399). RESULTS: Drinking behaviors did not differ by residence. In bivariate analysis, alcohol use measures during youth were consistently associated with working more than 40 hours per week and earning irregular compensation. For three of seven employment quality measures examined, interactions between residence and alcohol use were observed in multivariable analysis. Rural youth were more likely to suffer adverse employment consequences. CONCLUSIONS: Rural residence does not appear to provide protection from the effects of drinking during youth on adulthood employment and was associated with adverse outcomes. Further research is needed to ascertain whether such differences stem from different availability of services or other characteristics of the rural environment.

Youth in foster care with adult mentors during adolescence have improved adult outcomes.
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OBJECTIVE: The goal of this study was to determine whether youth in foster care with natural mentors during adolescence have improved young adult outcomes. METHODS: We used data from waves I to III of the National Longitudinal Study of Adolescent Health (1994-2002). Individuals who reported that they had ever been in foster care at wave III were included. Youth were considered mentored when they reported the presence of a nonparental adult mentor in their life after they were 14 years of age and reported that the relationship began before 18 years of age and had lasted for at least 2 years. Outcomes were assessed at wave III and included measures of education/employment, psychological well-being, physical health, and participation in unhealthy behaviors as well as a summary measure representing the total number of positive outcomes. RESULTS: A total of 310 youth met the inclusion criteria; 160 youth were mentored, and 150 youth were nonmentored. Demographic characteristics were similar for mentored and nonmentored youth. Mentored youth were more likely to report favorable overall health and were less likely to report suicidal ideation, having received a
diagnosis of a sexually transmitted infection, and having hurt someone in a fight in the past year. There was also a borderline significant trend toward more participation in higher education among mentored youth. On the summary measure, mentored youth had, on average, a significantly greater number of positive outcomes than nonmentored youth. CONCLUSIONS: Mentoring relationships are associated with positive adjustment during the transition to adulthood for youth in foster care. Strategies to support natural mentoring relationships for this population should be developed and evaluated.

PMID: 18182469 [PubMed - indexed for MEDLINE]


Does self-efficacy predict return-to-work after sickness absence? A prospective study among 930 employees with sickness absence for three weeks or more.

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AIM: To compare levels of self-efficacy among the general working population and employees with sickness absence from work, and to examine if general self-efficacy measured before occurrence of sickness absence predicted subsequent onset of sickness absence and Return-to-Work. METHODS: The study follows a cohort of 5357 working employees and 106 long-term sickness absent employees in Denmark. They were interviewed in 2000 regarding self-efficacy and various co-variates, and followed for 78 weeks in a national sickness absence register. Cox regression analysis was performed in order to assess the effect of self-efficacy on Return-to-Work after sickness absence. RESULTS: General self-efficacy was significantly lower among those with sickness absence compared to the general working population. Self-efficacy showed no statistically significant association with later onset of sickness absence or with Return-to-Work. CONCLUSION: The results may suggest that lower self-efficacy among employees with sickness absence is a result of the sickness absence itself rather than a precursor of it. This indicates a need to investigate the potential change in self-efficacy in relation to the employee's change in labor market status; this will help to focus Return-to-Work interventions where planning has to be attentive towards the change in self-efficacy that can occur after onset of disease and sickness absence.

PMID: 17942994 [PubMed - indexed for MEDLINE]


Smoking bans: influence on smoking prevalence.

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OBJECTIVES: This article reports trends in smoking prevalence and smoking restrictions in Canada since 2000, and examines associations between home and workplace restrictions and smoking cessation. DATA SOURCES: Data are from the Canadian Tobacco Use Monitoring Survey and the longitudinal component of the National Population Health Survey. ANALYTICAL TECHNIQUES: Trends in smoking prevalence and smoking restrictions were calculated. Associations between home and workplace smoking restrictions and smoking cessation were examined in the context of the Transtheoretical Model, which proposes that smokers go through five distinct stages in attempting to quit. The likelihood of current and former
smokers being at specific stages was studied in relation to smoking restrictions at home and at work. Longitudinal data were used to determine if home and workplace smoking restrictions were predictors of quitting over a two-year period. MAIN RESULTS: Since 2000, Canadians smokers have faced a growing number of restrictions on where they can smoke. Bans at home and at work were associated with a reduced likelihood of being in the initial "stages of change," and an increased likelihood of being in the latter stages. Smokers who reported newly smoke-free homes or workplaces were more likely to quit over the next two years, compared with those who did not encounter such restrictions at home or at work.

PMID: 17892249 [PubMed - indexed for MEDLINE]


Job strain, life events, and sickness absence: a longitudinal cohort study in a random population sample.

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OBJECTIVE: To examine job strain, adverse life events, and their co-occurrence as predictors of sickness absence. METHODS: Random sample-based mail survey data on 1806 Finns in gainful employment were linked to sickness absence records (1987-1998) from national health registers. Generalized linear models with negative binomial distribution assumption were applied. RESULTS: After adjustment for demographic characteristics and health behavior, job strain (rate ratio [RR] 1.73; 95% confidence interval [CI] = 1.21-2.48), but not life events, independently predicted increased rate of sickness absence among men. The opposite was true for women, (RR for life events 1.39; 95% CI = 1.10-1.75). No statistically significant interaction between job strain and life events was detected. CONCLUSION: In addition to job strain, strain originating in private life should be kept in mind when the need for sickness absence of women employees is evaluated within health care.

PMID: 17848855 [PubMed - indexed for MEDLINE]


Mortality, morbidity and occupational exposure to airway-irritating agents among men with a respiratory diagnosis in adolescence.


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OBJECTIVES: To examine the influence of an airway diagnosis in adolescence on future health and occupation in Swedish men. METHODS: Data were collected from the linkage of four Swedish national registers: the Military Service Conscription Register, the Population and Housing Censuses, the Inpatient Care Register and the National Cause of Death Register. A job-exposure matrix for airway-irritating substances was developed for application on the conscription cohort. The cohort included 49 321 Swedish men born 1949-51. Three groups-(1) healthy, (2) asthmatics (mild and severe asthma) and (3) subjects with allergic rhinitis without concurrent asthma were identified at conscription and analysed for mortality, in-patient care and strategies for choice of occupation with emphasis on airway-irritating job exposure. Analyses were adjusted for smoking and childhood socioeconomic position. RESULTS: The prevalence of total asthma was 1.8%, severe asthma 0.45% and allergic rhinitis 2.7%. Mortality for all causes
was significantly higher in total asthma, hazard ratio (HR) 1.49 (95% CI 1.00 to 2.23), and lower in allergic rhinitis, HR 0.52 (95% CI 0.30 to 0.91). Asthma was a risk factor for inpatient care while allergic rhinitis was associated with less in-patient care (odds ratio (OR) for total asthma 1.16 (95% CI 1.00 to 1.34), severe asthma 1.38 (95% CI 1.04 to 1.85), allergic rhinitis 0.92 (95% CI 0.82 to 1.03)). Those with asthma tended to avoid jobs with a high probability for airway-irritating exposure (OR 0.88, 95% CI 0.71 to 1.09), but not to the same extent as subjects with allergic rhinitis (OR 0.58, 95% CI 0.47 to 0.70) (ORs from 1990). CONCLUSION: Subjects with asthma did not change their exposure situation to the same extent as subjects with allergic rhinitis. Further, asthmatics had an increased risk for morbidity and mortality compared to healthy subjects and subjects with allergic rhinitis.

PMID: 17681997 [PubMed - indexed for MEDLINE]


Understanding breastfeeding initiation and continuation in rural communities: a combined qualitative/quantitative approach.

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OBJECTIVE: To determine factors associated with breastfeeding in rural communities. METHODS: We combined qualitative and quantitative data from the Family Life Project, consisting of: (1) a longitudinal cohort study (N=1292) of infants born September 2003-2004 and (2) a parallel ethnographic study (N=30 families). Demographic characteristics, maternal and infant health factors, and health services were used to predict breastfeeding initiation and discontinuation using logistic and Cox regression models, respectively. Ethnographic interviews identified additional reasons for not initiating or continuing breastfeeding. RESULTS: Fifty-five percent of women initiated breastfeeding and 18% continued for at least 6 months. Maternal employment at 2 months and receiving WIC were associated with decreased breastfeeding initiation and continuation. Ethnographic data suggested that many women had never even considered breastfeeding and often discontinued breastfeeding due to discomfort, embarrassment, and lack of assistance. CONCLUSIONS: Breastfeeding rates in these rural communities lag behind national averages. Opportunities for increasing breastfeeding in rural communities include enhancing workplace support, maximizing the role of WIC, increasing hospital breastfeeding assistance, and creating a social environment in which breastfeeding is normative.

PMCID: PMC2692345
PMID: 17636458 [PubMed - indexed for MEDLINE]


Life transitions and mental health in a national cohort of young Australian women.

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Young adulthood, a time of major life transitions and risk of poor mental health, may affect emotional well-being throughout adult life. This article uses longitudinal survey data to examine young Australian women's transitions across 4
domains: residential independence, relationships, work and study, and motherhood. Changes over 3 years in health-related quality of life, optimism, depressive symptoms, stress, and life satisfaction, were examined in relation to these transitions among 7,619 young adult participants in the nationally representative Australian Longitudinal Study on Women's Health. Positive changes in mental health occurred for women moving into cohabitation and marriage, whereas reductions were observed among those experiencing marital separation or divorce and those taking on or remaining in traditionally "feminine" roles (out of the workforce, motherhood). The data suggest that women cope well with major life changes at this life stage, but reductions in psychological well-being are associated with some transitions. The findings suggest that preventive interventions to improve women's resilience and coping might target women undergoing these transitions and that social structures may not be providing sufficient support for women making traditional life choices. Copyright 2007 APA.

PMID: 17605521 [PubMed - indexed for MEDLINE]


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AIM: The aim of this study was to identify who is at risk for long-term sickness absence according to occupation, gender, education, age, business sector, agency size and ownership. METHODS: The study is based on a sample of 5357 employees aged 18–69, interviewed in 2000. The cohort was followed up in a national register from January 1st 2001 to June 30th 2003, to identify cases with sickness absences that exceeded 8 weeks. RESULTS: During follow-up 486 persons (9.1%) experienced one or more periods of absence that exceeded 8 weeks. Higher risk of long-term sickness absence was associated with gender, age, educational level, and the municipal employment sector. Kindergarten teachers and people employed in day care, health care, janitorial work, food preparation, and unskilled workers were at greatest risk. Managers, computer professionals, technicians and designers, and professionals had lower risks. The health care and social service sectors were also in the high risk category, whereas the private administration sector had a lower risk. CONCLUSIONS: The study identifies specific occupational target populations and documents the need to perform job-specific research and tailor interventions if the intended policy of decreasing long-term sickness absence within the Danish labour market is to be realized.

PMID: 17429148 [PubMed - indexed for MEDLINE]


The impact of post-traumatic stress disorder on treatment outcomes for heroin dependence.

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AIMS: To examine the impact of post-traumatic stress disorder (PTSD) on 2-year treatment outcomes for heroin dependence. DESIGN: Prospective longitudinal study. PARTICIPANTS: Data were obtained from a predominantly treatment seeking sample of 615 dependent heroin users who were followed-up at 3, 12 and 24 months (follow-up rates: 89%, 81% and 76%, respectively). MEASUREMENTS: Outcomes examined include
treatment retention and exposure, substance use, general physical and mental health and employment. FINDINGS: Despite improvements in substance use, PTSD was associated with continued physical (beta = 1.69, SE 0.61, P < 0.01) and mental disability (beta = 2.07, SE 0.66, P < 0.01), and reduced occupational functioning (OR 0.67, 95% CI: 0.48-0.93) throughout the 2-year follow-up. CONCLUSIONS: Although conventional treatment services are successful in producing improvements in substance use and associated disability, the disability associated with PTSD remains. An intervention targeting both heroin dependence and PTSD may help to improve the outcomes of those with PTSD.

PMID: 17298653 [PubMed - indexed for MEDLINE]


Work-family conflict and mental disorders in the United States: cross-sectional findings from The National Comorbidity Survey.

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BACKGROUND: Work-family conflict (WFC) may have negative effects on workers' health and productivity. The objective of this analysis was to assess the association between WFC and mental disorders that occurred in the past month. METHODS: Data from the U.S. National Comorbidity Survey were used. The 1-month prevalence of mental disorders was estimated by levels of WFC and by gender. RESULTS: Compared to participants who reported low WFC, those who reported high WFC had a significantly higher prevalence of mental and/or substance use related disorders in the past month. Working hours and domestic roles did not have significant impacts on the association between WFC and mental disorders, irrespective of gender. CONCLUSIONS: Work and family roles and the balance between the two are important for workers' mental health. The influence of WFC on mental health should be investigated in conjunction with important work environment characteristics in longitudinal studies.

PMID: 17238143 [PubMed - indexed for MEDLINE]


Treatment response by primary drug of abuse: does methamphetamine make a difference?

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The purposes of this study were to examine the outcomes of a sample of patients receiving publicly funded substance abuse treatment in Washington State and to compare the outcomes of those using methamphetamine (MA) with patients using other drugs of abuse. All data for this study came from administrative systems in Washington State, and the outcomes included completion of and readmission to treatment, employment, and various forms of criminal justice involvement. Treatment records were linked to outcome data using both deterministic and probabilistic matching techniques. Patients were tracked for 1 year following their discharge, and analyses were performed separately on a study population of adults and a study population of youth. For both adults and youth, the results showed that across outcomes, there were few differences between MA users and users of other hard drugs, whereas there were consistent differences between MA users and users of alcohol and marijuana. Alcohol and marijuana users tended to have more positive outcomes than the other groups. Future research should focus
on more detailed analyses of the type of treatment received by patients, particularly for MA users.

PMID: 17175402 [PubMed - indexed for MEDLINE]


Functional outcomes and life satisfaction in long-term survivors of pediatric sarcomas.


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OBJECTIVES: To describe the inter-relationships among impairments, performance, and disabilities in survivors of pediatric sarcoma and to identify measurements that profile survivors at risk for functional loss. DESIGN: Prospective, cross-sectional. SETTING: Research facility. PARTICIPANTS: Thirty-two participants in National Cancer Institute clinical trials. INTERVENTIONS: Not applicable. MAIN OUTCOME MEASURES: Range of motion (ROM), strength, limb volume, grip strength, walk velocity, Assessment of Motor and Process Skills (AMPS); Human Activity Profile (HAP), Sickness Impact Profile (SIP), standard form of the Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36); and vocational attitudes and leisure satisfaction. RESULTS: Twenty of 30 survivors tested had moderate or severe loss of ROM; 13 of 31 tested had 90% or less of predicted walk velocity; all of whom had trunk or lower-extremity lesions. Women with decreased ROM (r=.50, P=.06) or strength (r=.74, P=.002) had slow gait velocity. Sixteen of 31 tested were more than 1 standard deviation below normal grip strength. Eighteen had increased limb volume. These 18 had low physical competence (SF-36) (r=-.70, P=.001) and high SIP scores (r=.73, P=.005). AMPS scores were lower than those of the matched normed sample (P<.001). HAP identified 15 of 30 who had moderately or severely reduced activity. Leisure satisfaction was higher in the subjects (P<.001). Eight reported cancer had negatively impacted work and 17 reported that it negatively impacted vocational plans. CONCLUSIONS: Survivors with lower-extremity or truncal lesions and women with decreased ROM and strength likely have slow walk velocity, low exercise tolerance, and high risk for functional loss. They should be identified using ROM, strength, limb volume, and walk time measures.

PMID: 17141641 [PubMed - indexed for MEDLINE]


Stress and depression in the employed population.

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OBJECTIVES: This article describes stress levels among the employed population aged 18 to 75 and examines associations between stress and depression. DATA SOURCES: Data are from the 2002 Canadian Community Health Survey: Mental Health and Well-being and the longitudinal component of the 1994/95 through 2002/03 National Population Health Survey. ANALYTICAL TECHNIQUES: Stress levels were calculated by sex, age and employment characteristics. Multivariate analyses were used to examine associations between stress and depression in 2002, and between stress and incident depression over a two-year period, while controlling for age, employment characteristics, and factors originating outside the workplace. MAIN
RESULTS: In 2002, women reported higher levels of job strain and general day-to-day stress. When the various sources of stress were considered simultaneously, along with other possible confounders, for both sexes, high levels of general day-to-day stress and low levels of co-worker support were associated with higher odds of depression, as was high job strain for men. Over a two-year period, men with high strain jobs and women with high personal stress and low co-worker support had elevated odds of incident depression.

PMID: 17111591 [PubMed - indexed for MEDLINE]


Sooner versus later: factors associated with temporal sequencing of suicide.

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There are few (if any) population-based prospective studies that provide information on factors associated with temporal sequencing of suicide. In this prospective population-based study, the National Health Interview Survey (NHIS), 1986-1994, was linked to the National Death Index (NDI), 1986-1997, to assess factors that predict recent (within 12 months of interview, termed sooner) suicide versus suicide further in the future (more than 12 months after interview, termed later). Of the 653 completed suicides in the NHIS cohort, 13.4 percent completed suicide within a year of interview, and 86.6 percent did so after a year. Sooner decedents were more likely to be White, less educated, unemployed, and to use firearms than any other method compared with later decedents. Surprisingly, sooner decedents had higher levels of self-rated health at baseline. These results have substantial implications for clinicians and other professionals who interact with people at highest risk of suicide. Unfortunately, it may be unrealistic to expect that health care providers can modify the behavior of individuals at highest risk of suicide.

PMID: 16978092 [PubMed - indexed for MEDLINE]


Depressive symptoms and the risk of long-term sickness absence: a prospective study among 4747 employees in Denmark.

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BACKGROUND: The aim of this paper is to examine the impact of depressive symptoms on long-term sickness absence in a representative sample of the Danish workforce. METHODS: This prospective study is based on 4,747 male and female employees, participating in the Danish Work Environment Cohort Study. Depressive symptoms were measured at baseline. Data on sickness absence were obtained from a national register on social transfer payments. Onset of long-term sickness absence was followed up for 78 weeks. RESULTS: The cumulative 78 weeks incidence for the onset of long-term sickness absence was 6.5% in men and 8.9% in women. Both men and women with severe depressive symptoms (<or=52 points) were at increased risk of long-term sickness absence during follow-up (men: HR=2.69; 95% CI: 1.18, 6.12; women: HR=2.27; 95% CI: 1.25, 4.11), after adjustment for demographic, health related, and lifestyle factors. When we divided the depressive symptom scores into quartiles, we found no significant effects with regard to long-term sickness absence. CONCLUSIONS: Severe depressive symptoms, as measured with the MHI-5,
increased the risk of future long-term sickness absence in the general Danish working population. However, effects were not linear, but occurred mostly only in those employees with high levels of depressive symptoms.

PMID: 16951921 [PubMed - indexed for MEDLINE]

Promoting physical activity in the workplace: using pedometers to increase daily activity levels.
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ISSUE ADDRESSED: This paper describes the implementation and outcomes of a pedometer-based workplace physical activity (PA) promotion program conducted with volunteer staff from the former Department of Human Services in South Australia.
METHODS: Staff were supported to increase activity through wearing a pedometer and encouraged to aim for 10,000 steps per day to achieve the National Physical Activity Guidelines of 30 minutes of moderate intensity activity on most (preferably all) days. A train-the-trainer model was used to deliver the program consistently to large numbers of staff in CBD, metropolitan and rural settings.
RESULTS: More than 30% (1195) of the staff, including senior management, participated with approximately 70% increasing their level of walking over a four-week period. Greatest increases were observed in those people who started at the lowest daily step counts. Follow-up evaluation showed that those people who had increased their walking through the program were more likely to maintain that level of walking over the following months. The majority of participants included other family members in their walking. CONCLUSION: Simple programs to promote PA that incorporate usual daily activity can be popular and effective at improving understanding of the importance of PA and increasing activity. The benefits to the participants, and its impact on a wider sphere of influence, made this relatively simple program worthwhile.

PMID: 16916311 [PubMed - indexed for MEDLINE]

Health, education, work, and independence of young adults with disabilities.
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PURPOSE: Healthy People 2010, the U.S. government's goal for a healthier nation, calls for improved data collection to understand the health status of relatively small population groups, such as young adults with disabilities. This study looks at the transition outcomes of graduates of pediatric systems of care for children with disabilities and chronic conditions. METHODS: Young adult graduates of a state program for children with special healthcare needs and a specialty children's hospital were sent a mail survey that focused on their healthcare access and use, insurance status, health behaviors and perceptions, education, work, and markers of independent living. The survey was based on the National Longitudinal Survey of Youth, Behavioral Risk Factor Surveillance System, the U.S. Census and other surveys done by the state and hospital programs. Experts in healthcare and school-to-work transition of youth with special needs, health and labor economists, independent living center counselors, program administrators, nurses, social workers, and physicians offered ideas on various versions of the instrument that were piloted on youth before mailing to graduates. A follow-up
mailing was sent to all those who did not respond to the first mailing. Results from the surveys of these young people with special healthcare needs are compared with data on typical young adults to determine the disparities. SAMPLE: Mail surveys were sent to all patients aged 18 years and older at the time of their discharge in the preceding fiscal (state program) or calendar (children's hospital) year. The response rate was 51%. Ninety-one percent of the respondents were Whites and 61% were women, with a median age of 21.1 years; 69% reported independence in activities of daily living. RESULTS AND DISCUSSION/CLINICAL RESULTS: Eighty percent of graduates reported having a usual source of care, but 42% used the emergency room compared with 25% of typical young adults. Twenty-nine percent had no health insurance and only 11% had insurance through their work. Only 44% of respondents were working compared with 56% of all 19 year olds and 72% of 18-29 year olds in studies of typical youth; 67% of those not working wanted to work. One great concern is the 26% who are not working, in school, or at home with children. Nurses working with children, families, and young adults can use the information to improve pediatric and adult healthcare systems and collaborate with educational, independent living, and workforce development agencies to improve transition to adult roles and responsibilities for young people with disabilities.

PMID: 16735848 [PubMed - indexed for MEDLINE]

Mortality of workers employed in shoe manufacturing: an update.
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BACKGROUND: In the late 1970s, the National Institute for Occupational Safety and Health identified two shoe manufacturing facilities where workers experienced relatively "pure" exposures to toluene. A mortality study was conducted through December 31, 1982. An original study did not detect elevated leukemia mortality but did detect increased lung cancer mortality. The present study is an update of the mortality of the original cohort. METHODS: The study cohort consisted of workers employed 1 month or more between 1940 and 1979 at two Ohio shoe manufacturing plants. Vital status was ascertained through December 31, 1999. RESULTS: Seven thousand eight hundred twenty eight workers, contributing 300,777 person years, were available for analysis. An excess of lung cancer deaths persisted with additional years of follow-up (SMR = 1.36, 95% confidence interval (CI) = 1.19-1.54). Trend tests did not indicate a positive trend between lung cancer risk and duration of employment. Mortality from leukemia was not significantly elevated in the updated analysis. CONCLUSIONS: Results indicate a possible association between lung cancer mortality and exposure to chronic, low-levels of organic solvents. Although the strength of this conclusion was weakened by the lack of increasing lung cancer risk in relation to duration of employment, other studies have supported this association. Published 2006 Wiley-Liss, Inc.

PMID: 16732556 [PubMed - indexed for MEDLINE]

The frequency of workplace exacerbation among health maintenance organisation members with asthma.
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OBJECTIVES: Workplace conditions can potentially contribute to the worsening of asthma, yet it is unclear what percentage of adults with asthma experience workplace exacerbation of symptoms. The objective of this investigation was to determine the prevalence of workplace exacerbation of asthma (WEA). METHODS: Adults with asthma aged 18-44 were enrolled into the baseline survey of a longitudinal study. Members of a health maintenance organization were considered candidates for participation if they fulfilled membership, diagnostic, and treatment criteria based on automated review of electronic billing, claims, and pharmacy records. Diagnosis and treatment were confirmed by manual review of medical records. A telephone questionnaire was administered. A work related symptom score was assigned to each participant based on responses to questions about work related asthma symptoms, medication use, and symptom triggers. Blinded to participants' answers to these questions, two researchers independently reviewed the self-reported work histories and assigned exposure ratings. A final exposure score was then calculated. Participants with sufficient evidence for work related symptoms and exposure were classified as having WEA. RESULTS: Of the 598 participants with complete data, 557 (93%) were working, and 136 (23%) fulfilled the criteria for WEA. Those with WEA were more likely to be male and to report that they had been bothered by asthma symptoms during the past seven days. CONCLUSIONS: Workplace exacerbation of asthma was common in this study population, occurring in over a fifth of these adults with asthma. Physicians should consider that work can contribute to the exacerbation of symptoms when treating adults with asthma.
determine whether effective treatment would reduce the onset, persistence, and severity of disorders that co-occur with adult ADHD.

PMID: 16585449 [PubMed - indexed for MEDLINE]


Prognosis of occupational hand eczema: a follow-up study.

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Comment in:

OBJECTIVE: To identify prognostic risk factors in patients with occupational hand eczema (OHE). DESIGN: Cohort study with 1-year follow-up. SETTING: Danish National Board of Industrial Injuries Registry. PATIENTS: All patients with newly recognized OHE (758 cases) from October 1, 2001, through November 10, 2002. INTERVENTIONS: Participants received a questionnaire covering self-rated severity, sick leave, loss of job, depression, and health-related quality of life. One year after the questionnaire was returned, all responders (N = 621) received a follow-up questionnaire, and 564 (91%) returned it. MAIN OUTCOME MEASURES: Persistently severe or aggravated OHE, prolonged sick leave, and loss of job after 1-year follow-up. RESULTS: During the follow-up period, 25% of all patients with OHE had persistently severe or aggravated disease, 41% improved, and 34% had unchanged minimal or mild to moderate disease. Patients with atopic dermatitis fared poorly compared with other patients. Patients younger than 25 years fared clearly better than older groups. Furthermore, severe OHE, age 40 years or greater, and severe impairment of quality of life at baseline appeared to be important predictors of prolonged sick leave and unemployment. Patients with lower socioeconomic status also had a high risk of prolonged sick leave, job change, and loss of job. Contact allergy was not found to be a risk factor for poor prognosis. CONCLUSIONS: Atopic dermatitis, greater age, and low socioeconomic status may be reliable prognostic factors in early OHE. Quality of life and standardized severity assessment may also be valuable tools to identify patients at high risk of prolonged sick leave and unemployment.

PMID: 16549705 [PubMed - indexed for MEDLINE]


[A follow up of persons who received basic and/or supplemental benefits in childhood]

[Article in Norwegian]

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BACKGROUND: Consequences of chronic diseases in childhood with respect to health, educational achievement and participation in the labour force in young adult age are evaluated. MATERIAL AND METHODS : A total of 14,364 children (2.3%) of the 626,928 born in Norway 1967-76 received basic and /or supplemental benefits for at least one year of the age span 0-16 years. The more common diagnoses included Endocrine diseases (diabetes), disease classified under Mental diagnoses, Neurological diseases and Congenital malformations. All the children were
followed up to the age of 27 with respect to mortality and disability pensioning and to the age of 25 with regard to education, participation in the labour force and income, and in addition national service for the men. The study was made possible through the linking of data from several national registers, performed by Statistics Norway. Before the file was released for analyses, all personal identification was removed. RESULTS: Basic and supplementary benefits in childhood predict adverse outcomes in young adult age: mortality, disability, low education, lack of gainful employment and low pensionable income. The diagnosis registered with the benefit strongly influenced the outcomes. Conscripts who had received benefits were judged to have a mean score for general ability of 4.5 compared to 5.2. Adjusted for score for general ability the proportion of those having received benefits achieving higher education was 84% of that of those that had not received benefits. After adjustment for educational attainment, the percentage gainfully employed was 11-12% less among subjects having received benefits in childhood. This negative association between having received a benefit in childhood and gainful employment in adulthood was restricted to the low educational group. INTERPRETATION: Persons with health problems in childhood did not achieve the education, employment and income they should have been capable of judged by their general ability and the education they had actually achieved.

PMID: 16477279 [PubMed - indexed for MEDLINE]

A multicenter evaluation of tuberculin skin test positivity and conversion among health care workers in Brazilian hospitals.

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SETTING: Four general Brazilian hospitals. OBJECTIVE: To assess the occupational risk of Mycobacterium tuberculosis (TB) in participating hospitals. DESIGN: In phase one of this longitudinal study, a cross-sectional survey documented baseline tuberculin skin test (TST) positivity rates. In phase two, TST conversion rates were evaluated in participants with an initial negative two-step TST. TST conversion data were analyzed to determine risk factors for TB infection using an increase of > or = 10 mm compared to baseline TST. RESULTS: The initial TST positivity rate was 63.1%; the follow-up TST conversion rate was 10.7 per 1000 person-months (p-m). Hospital of employment, recent bacille Calmette-Guerin (BCG) vaccination, nosocomial TB exposure, and employment as a nurse were independent risk factors for TST conversion. Hospitals without TB infection control measures had higher conversion rates than those with control measures (16.0 vs. 7.8/ 1000 p-m, P < 0.001). CONCLUSIONS: This study indicates an important occupational risk of infection in health care settings with a high TB incidence. Longitudinal TST studies are a valuable tool to assess the occupational risk of TB, even in BCG-vaccinated populations, and should be used to direct limited resources for infection control.

PMID: 16466055 [PubMed - indexed for MEDLINE]


Dellve L, Samuelsson L, Tallborn A, Fasth A, Hallberg LR.
AIM: This paper reports a study to assess stress, well-being and supportive resources experienced by mothers and fathers of children with rare disabilities, and how these variables were affected by an intensive family competence intervention. BACKGROUND: Despite diagnosis-specific studies, little overall knowledge exists about life-consequences for families of children with rare disorders. METHOD: We used a prospective design with baseline data and two follow-ups (at 6 and 12 months) after an intervention. The intervention aimed at empowering parents in managing their child's disability. Parents from all parts of Sweden visiting a national centre for families of children with rare disabilities were consecutively selected (n = 136 mothers, 108 fathers). Instruments of parental stress, social support, self-rated health, optimism and life satisfaction and perceived physical or psychological strain were used. Stratified analyses were carried out for mothers and fathers, and related to parental demands: single mothers, full-time employment, participation in a parent association, child's age and type of disability. RESULTS: We found high parental stress, physical and emotional strain among mothers, especially among single mothers. Fathers showed high stress related to incompetence, which decreased after the intervention. Decreased strain was found among full-time working mothers and fathers after the intervention. Parents' perceived knowledge and active coping and mothers' perceived social support were increased at follow-up. Factors related to parents' overall life satisfaction (57-70% explained variance) changed after the intervention, from being more related to internal demands (perceived strain, incompetence and social isolation) to other conditions, such as problems related to spouse, paid work and social network. CONCLUSION: Parents, especially fathers and full-time working parents, may benefit from an intensive family competence programme.

PMID: 16448482 [PubMed - indexed for MEDLINE]

42. J Health Care Poor Underserved. 2005 Nov;16(4):655-76.

The effect of socioeconomic status on the survival of people receiving care for HIV infection in the United States.

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HIV-infected people with low socioeconomic status (SES) and people who are members of a racial or ethnic minority have been found to receive fewer services, including treatment with Highly Active Antiretroviral Therapy (HAART), than others. We examined whether these groups also have worse survival than others and the degree to which service use and antiretroviral medications explain these disparities in a prospective cohort study of a national probability sample of 2,864 adults receiving HIV care. The independent variables were wealth (net accumulated financial assets), annual income, educational attainment, employment status (currently working or not working), race/ethnicity, insurance status, use of services, and use of medications at baseline. The main outcome variable was death between January 1996 and December 2000. The analysis was descriptive and multivariate adjusted Cox proportional hazards regression analysis of survival. By December 2000, 20% (13% from HIV, 7% non-HIV causes) of the sample had died. Those with no accumulated financial assets had an 89% greater risk of death (RR=1.89, 95% CI=1.15-3.13) and those with less than a high school education had a 53% greater risk of death (RR=1.53, 95% CI=1.15-2.04 ) than their counterparts, after adjusting for sociodemographic and clinical variables only. Further adjusting for use of services and antiretroviral treatment diminished, but did
not eliminate, the elevated relative risk of death for those with low SES by three of the four measures. The finding of markedly elevated relative risks of death for those with HIV infection and low SES is of particular concern given the disproportionate rates of HIV infection in these groups. Effective interventions are needed to improve outcomes for low SES groups with HIV infection.

PMID: 16311491 [PubMed - indexed for MEDLINE]


Long workhours, work scheduling and work-related injuries among construction workers in the United States.

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OBJECTIVES: The objectives of this study were (i) to examine work scheduling in construction and (ii) to establish whether there is any connection between workhours and safety outcomes among construction workers. METHODS: The National Longitudinal Survey of Youth, 1979 cohort (NLSY79), was used for the data analysis. Odds ratios were used to measure the risk of work-related injury in different worker groups. RESULTS: The findings showed that (i) construction workers started work earlier, worked longer days and fewer weeks a year, and were more likely to hold multiple jobs and change jobs than their nonconstruction counterparts and (ii) long workhours and irregular work schedules were significantly associated with a higher work-related injury rate after control for possible confounders. CONCLUSION: The results provide evidence that overtime and irregular work scheduling have an adverse effect on worker safety.

PMID: 16273958 [PubMed - indexed for MEDLINE]


Risk behaviors for varying categories of disability in NELS:88.

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A large body of research shows that youth with disabilities, who comprise about 13% of the country's school-aged population, report comparable to higher incidence rates of alcohol, tobacco, and other drug (ATOD) use than their peers. Furthermore, youth with disabilities who reported ATOD use or who engaged in binge drinking had significantly more negative educational outcomes and engaged in sexual activity at a younger age than nonusers. This study describes risk factors for substance use, personal characteristics, aspects of the attitudinal environment, and educational, employment, and social outcomes among youth across 6 categories of disability. Data came from the National Center for Education Statistics' National Education Longitudinal Study of 1988-2000 (NELS:88). The findings indicate that (a) youth with varying types of disabilities are relatively homogenous with respect to risk behaviors, personal characteristics, and outcomes; (b) youth with emotional, learning, or multiple disabilities may be at heightened risk for binge drinking and marijuana use; and (c) youth with emotional and multiple disabilities may be less likely to graduate from high school or its equivalent 8 years beyond the 12th grade. Based on these results and limitations of the NELS sampling strategy, appropriate interventions are discussed as well as the need for more definitive operational definitions for disabilities, specifically the biopsychosocial approach used by the International
This paper investigated whether smoking and short stature in adulthood were independent risk factors for hearing loss. We reanalyzed data from the Danish Work Environment Cohort Study (an existing cohort study), on prevalence of self-reported hearing loss among 7,221 employees and on five-year incidence among 4,610 employees. We found that smoking predicted hearing loss incidence and prevalence. Smoking did not predict incidence at noise exposure during half or more of a worker's hours. Very short stature predicted prevalence in the total adult population only weakly, but strongly among employees born before 1951. These prospective findings indicate that smoking is an independent risk factor for incidence of hearing loss. Very short stature predicted prevalence of hearing loss only in a subpopulation.

PMID: 16238184 [PubMed - indexed for MEDLINE]

Social and economic development and change in four Guatemalan villages: demographics, schooling, occupation, and assets.

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This article uses census data and village histories to examine changes over the last 35 years in the four villages where the Institute of Nutrition of Central America and Panama (INCAP) Longitudinal Study (1969-77) was conducted and offers a rare picture of development and change in rural localities over a long period of time. In addition, by characterizing the environment in which the subjects of this study were raised, we provide context for and inputs into quantitative analyses of data collected at various points in time on these subjects. The villages have undergone massive demographic, social, and economic change. Initial differences have conditioned many of these changes, especially differences associated with agricultural potential and location. Originally these villages were rather isolated, but road and transportation access has improved substantially. The populations in the villages have more than doubled and also have aged. While marriage patterns have held steady, religious practice has changed a great deal. After many years of steady out-migration, three of the four villages are more recently experiencing net in-migration, a pattern associated with ease of access. Schooling access and outcomes also have improved, with average grades of schooling nearly tripling and literacy doubling to levels currently above national averages. Although agriculture remains an important component of individual livelihood strategies, non-agricultural sources of employment have become more important. Much of this change is associated with declining agricultural markets and increased access to non-agricultural jobs near the villages and in the capital. Accompanying these changes has been an improvement in living standards as measured by a number of indicators of household living conditions and consumer durable goods.


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BACKGROUND: Mortality in a population is regarded as an accurate and valid measure of the population's health. There are a few international studies, predominantly cross-sectional, of mortality among all foreign-born compared with an indigenous population, and the results have varied. No Swedish longitudinal study describing and analysing mortality data was found in a literature review. METHODS: This study describes and analyses the differences in mortality between foreign-born persons and native Swedes during the period 1970-1999, based on data from Statistics Sweden and the National Board of Health and Welfare. The database consisted of 723,948 persons, 361 974 foreign-born living in Sweden in 1970, aged > or = 16 years, and 361 974 Swedish controls matched for age, sex, occupation
RESULTS: The results showed increased mortality for foreign-born persons compared with the Swedish controls [odds ratio (OR) 1.08; 95% confidence interval (CI) 1.07-1.08]. Persons who had migrated 'late' (1941-1970) to Sweden were 2.5 years younger at time of death than controls. In relation to country of birth, the highest risk odds were for men born in Finland (OR 1.21), Denmark (OR 1.11) and Norway/Iceland (OR 1.074). Age cohorts of foreign-born persons born between 1901 and 1920 had higher mortality at age 55-69 years than cohorts born between 1921 and 1944.

CONCLUSIONS: Migrants had higher mortality than the native population, and migration may be a risk factor for health; therefore, this seems to be an important factor to consider when studying mortality and health.

PMID: 16037077 [PubMed - indexed for MEDLINE]


Racial, ethnic, and gender differences in smoking cessation associated with employment and joblessness through young adulthood in the US.

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The dynamics of labor force participation and joblessness during young adulthood influence access to social and material resources and shape exposure to different sources of psychosocial strain. Differences in these dynamics by race, ethnicity, and gender are related to changes in a behavioral determinant of poor health (tobacco use) for young adults aging into midlife. Using discrete-time hazards models, we estimate the relationship between labor force participation in the past year and smoking cessation for US adults (ages 14-21 years in 1979) followed in a population-representative sample until 1998 (i.e. the National Longitudinal Survey of Youth). We assess the unique role of racial, ethnic and gender differences in exposure, vulnerability, and reactivity to employment and joblessness by controlling for social and economic resources obtained through working and by controlling for early life factors that select individuals into certain labor force and smoking trajectories. There are three main findings: (1) joblessness is more strongly associated with persistent daily smoking among women than among men; (2) fewer social and economic resources for women out of the labor force compared to employed women explains their lower cessation rates; and (3) lower cessation among unemployed women compared to employed women can only partially be explained by these resources. These findings illustrate how differential access to work-related social and economic resources is an important mediator of poor health trajectories. Contextual factors such as social norms and psychosocial strains at work and at home may play a unique role among European American men and women in explaining gender differences in smoking.

PMID: 16029919 [PubMed - indexed for MEDLINE]


[Social adjustment in French adults from who had undergone standardised treatment of complete unilateral cleft lip and palate]

[Article in French]

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France has a population of about 60 million peoples and each ten years data about the standard of living are collected by the central bureau of statistics, we considered the collection of data on 5000 households in 1999 in our geographical area would afford a unique opportunity to compare the equivalent status of French adults with repaired cleft of the lip and palate (CLP). Aspects of social adjustment were investigated in a sample of 82 French adults 18-35 years old with repaired complete unilateral cleft of the lip and palate (CLP). All subjects received a standardized regimen of care from the Burgundy cleft palate team of Dijon. The investigation, based on response to a questionnaire, partly replicated a national survey of social and economic life in the population (Standard of living survey Burgundy, INSEE France 1999), so that adults with complete clefts could be compared with a large control sample of the same age. The control group was constituted by subjects between 18 and 35 years in the standard of living survey Burgundy 1999, INSEE France, they were taken from a regional probability sample of households. This report covers education, employment, and marriage. The significant difference between groups was assessed by: Student's t-test or analysis of variance for continuous variables and chi2 test for categorical variables. The results demonstrated that there are significant differences in educational attainment and employment between adults with cleft of the lip and palate and other people. Fewer with cleft of the lip and palate marry, and when they marry they do so later in life, scholarship history showed significant delay in the cleft of the lip and palate group, independence regarding housing was lower in the cleft of the lip and palate group. If cleft of the lip and palate adults functioned within normal limits with regard to employment. However, levels of income were substantively lower than control groups. It would appear that cleft subjects experience some limitation in their ability to secure vocational and economic rewards from society. As a conclusion we can say regarding our results that the cleft of the lip and palate group, even with the smallest degree of malformation (unilateral without associated malformation), showed a significant delay in the independence process.

PMID: 15963840 [PubMed - indexed for MEDLINE]


Profile of suicide in Dar es Salaam.

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OBJECTIVE: To investigate individual socio-demographic characteristics of suicides, the reasons, methods and means employed to commit suicide. DESIGN: A descriptive prospective study of suicides. A structured questionnaire was employed to enquire the details of the itemised objectives. SETTING: Muhimbili National Hospital--in urban Dar es Salaam. SUBJECTS: Fifty three males and 47 females consecutive suicides aged 15 to 59 years RESULTS: The mean age for suicides was found to be 28.2 years. Males were more than females and were ten years older. Sixty two percent of the subjects were single, 30% married. Seventy two percent had primary school education, 19% secondary education. Main reasons for committing suicide were established in 61 cases of which 57.3% (35/61) were due to severe marital and family conflicts, overwhelming disappointments in love affairs and unwanted pregnancies. Eleven subjects with chronic somatic illnesses killed themselves due to unbearable physical pain and overwhelming economic deprivations motivated ten subjects to take their lives. Sixty nine subjects poisoned themselves predominantly using anti-malarials and pesticides while 27 hanged themselves. A third of the suicides consumed alcohol frequently and a quarter of the suicides were HIV positive, a rate twice the national prevalence for sexually active adults. CONCLUSION: Comparatively, women became vulnerable to suicide at a younger age. Dysfunctional social networks played a predominant role among suicides. Family and marital conflicts need closer social attention and
timely counseling. Patients with chronic medical conditions and frequent alcohol use need effective exploration concerning suicidal ideation to avert self-annihilation. A policy to control prescriptions of toxic drugs including pesticides is overdue.

PMID: 15884288 [PubMed - indexed for MEDLINE]


Mothers' time with infant and time in employment as predictors of mother-child relationships and children's early development.

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This study tested predictions from economic and developmental theories that maternal time with an infant is important for mother-child relationships and children's development, using time-use diaries for mothers of 7- to 8-month-old infants from the National Institute of Child Health and Human Development Study of Early Child Care (N = 1,053). Employment reduced time with infants, but mothers compensated for some work time by decreasing time in other activities. With family and maternal characteristics controlled, time with infants predicted high Home Observation for Measurement of the Environment (HOME) scores and maternal sensitivity, but bore little relation to children's engagement with mothers, secure attachment, social behavior, or cognitive performance from 15 to 36 months. Mothers who spent more time at work had higher HOME scores. Maternal time with infants may reflect maternal characteristics that affect both time allocation and maternal behavior.

PMID: 15784094 [PubMed - indexed for MEDLINE]


Natural mentoring relationships and adolescent health: evidence from a national study.

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OBJECTIVES: We used nationally representative data to examine the impact of natural (or informal) mentoring relationships on health-related outcomes among older adolescents and young adults. METHODS: We examined outcomes from Wave III of the National Longitudinal Study of Adolescent Health as a function of whether or not respondents reported a mentoring relationship. Logistic regression was used with control for demographic variables, previous level of functioning, and individual and environmental risk. RESULTS: Respondents who reported a mentoring relationship were more likely to exhibit favorable outcomes relating to education/work (completing high school, college attendance, working >/= 10 hours a week), reduced problem behavior (gang membership, hurting others in physical fights, risk taking), psychological well-being (heightened self-esteem, life satisfaction), and health (physical activity level, birth control use). However, effects of exposure to individual and environmental risk factors generally were larger in magnitude than protective effects associated with mentoring. CONCLUSIONS: These findings suggest a broad and multifaceted impact of mentoring relationships on adolescent health. However, mentoring relationships alone are not enough to meet the needs of at-risk youths and therefore should be
incorporated into more comprehensive interventions.

PMCID: PMC1449212
PMID: 15727987 [PubMed - indexed for MEDLINE]

Moderate alcohol use and depression in young adults: findings from a national longitudinal study.
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OBJECTIVES: We examined the association between moderate alcohol use and depressive mood among young adults before and after adjustment for demographic, health, and socioeconomic factors that may act as confounders. METHODS: We analyzed 2 waves of interview data collected from 13892 young adults who participated in the National Longitudinal Study of Adolescent Health to compare frequency of depressive symptoms in moderate drinkers with frequency of symptoms in young adults in other alcohol use categories. RESULTS: With adjustment for health and socioeconomic factors, frequency of depressive symptoms were similar among moderate drinkers, lifetime and long-term abstainers, and heavy/heavier moderate drinkers but remained significantly higher among heavy drinkers. CONCLUSIONS: Moderate alcohol use may have no effect on depression in young adults relative to abstinence from alcohol use.

PMCID: PMC1449201
PMID: 15727976 [PubMed - indexed for MEDLINE]

Social outcomes in adulthood of children with intellectual impairment: evidence from a birth cohort.
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BACKGROUND: Social Policy for people with intellectual disabilities (ID) continues to evolve, but little is known about the lives to which such policies are applied. We aimed to use a prospective follow-up of a British birth cohort to identify children with mild and more severe intellectual impairment, and compare a range of social outcomes in adulthood with people in the rest of the cohort. METHOD: We used data from the MRC National Survey for Health and Development. Intellectual impairment was identified by intelligence tests and educational history. Adult outcome measures included employment and social class, education, marriage and children, home ownership, social networks and community use. RESULTS: We identified 111 people with mild intellectual impairment (2.7%) and 23 with severe intellectual impairment (0.6%) at age 15/16. By the age of 43, there were 52 people remaining in the mild impairment group and 14 in the severe impairment group. In adulthood those with intellectual impairment enjoyed contact with friends and family, and joined in informal social activities. Although the mild intellectual impairment group were less likely to attain the following social outcomes than people with normal intellectual functioning, 67% had jobs, 73% were married, 62% had children and 54% owned their own homes. 12% participated in adult education. People with more severe intellectual impairment were less likely to attain these outcomes. CONCLUSIONS: These outcomes highlight issues in current social policy and suggest efforts should be directed
particularly towards promoting educational opportunities and developing social inclusion for people with ID.

PMID: 15713192 [PubMed - indexed for MEDLINE]

The influence of resources on perceived functional limitations among women with multiple sclerosis.
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The purpose of this longitudinal investigation was to identify the effects of external resources (i.e., education, marriage, employment, social support, economic status) on the trajectory of perceived functional limitation among women with multiple sclerosis (MS). We hypothesized that these resources would have a long-term influence upon MS-related functional limitation. As part of a longitudinal study of health promotion and quality of life among persons with MS, we tested hypothesized relationships using data obtained at five time points, using repeated-measures MANOVA. We found that functional limitation scores increased over time for all participants. In general, women who were unemployed as a result of MS consistently had higher functional limitation scores, and employed women consistently had lower functional limitation scores. Women with lower social support scores consistently perceived greater functional limitation than those with higher social support scores. Women with lower perceived-economic-adequacy scores consistently had higher functional limitation scores than women with higher perceived-economic-adequacy scores. Nurses and other healthcare professionals are in an optimum position to observe and assess the resources of women with MS. They can use presence, listening, and observational skills to identify verbal and nonverbal cues of resource depletion. In addition, they can act as advocates for women with MS and speak out on policy issues and legislation at the local and national levels. Healthcare professionals can thus influence the presence of resources for those who are particularly vulnerable to resource loss, so they can participate successfully in work, recreational, and home environments.

PMID: 15673206 [PubMed - indexed for MEDLINE]

Drinking history and risk of fatal injury: comparison among specific injury causes.
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The effect of acute alcohol use on injury risk is well documented, but the relationship between drinking history and fatal injury has not been adequately studied. The authors performed a case-control analysis to explore the association between drinking history and specific causes of fatal injury. Cases (n=5549) were persons who died from injury, selected from the 1993 National Mortality Followback Survey (NMFS); controls (n=42,698) were a representative sample of the general population, selected from the 1992 National Longitudinal Alcohol Epidemiologic Survey (NLAES). Current drinkers comprised 59% of the cases compared with 44% of the controls. After adjustment for age, sex, race/ethnicity, education, marital status, employment, and drug use, the odds ratio (OR) of dying from drowning for current drinkers was 3.48 (95% confidence interval (CI)=1.94,
6.25), the highest among all causes of injury studied. The lowest adjusted odds ratio associated with current drinking was for falls (OR=1.38; 95% CI=1.05, 1.82). Being a current drinker increased the risk of dying from suicide more for females (OR=4.04; 95% CI=1.64, 9.93) than for males (OR=1.45; 95% CI=1.20, 1.74). The authors conclude that drinking history is associated with a significantly increased risk of all types of fatal injury.

PMID: 15667810 [PubMed - indexed for MEDLINE]

Drinking, alcohol problems and the five-year recurrence and incidence of male to female and female to male partner violence.

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BACKGROUND: This study examined the 5-year incidence and recurrence of male to female (MFPV) and female to male partner violence (FMPV) as well as their relationship with drinking and alcohol problems among intact couples in the United States. METHODS: A national sample of couples 18 years of age or older were interviewed in 1995 and again in 2000. RESULTS: Recurrence is slightly higher for FMPV (44%) than MFPV (39%), whereas incidence rates are similar for these two types of violence (MFPV, 5.7%; FMPV, 6%). Cross-tabulations show that a higher frequency of drinking five or more drinks on occasion is positively associated with the overall occurrence of MFPV and with both the recurrence and the overall occurrence of FMPV. Male alcohol problems are associated with a higher recurrence of MFPV and higher overall MFPV. Female alcohol problems are associated with incidence of FMPV. In multivariate analysis, black ethnicity, male unemployment, and severe physical abuse during childhood are associated with recurrence of MFPV. Black ethnicity, male unemployment, male employment status as "retired/other," female age, and couples in which the female drinks more are associated with recurrence of FMPV. Incidence of MFPV is associated with cohabitation, Hispanic ethnicity, and man's observation of violence between parents. Male unemployment, male observation of violence between parents, and man's drinking volume predict incidence of FMPV. CONCLUSIONS: Volume of drinking is the only alcohol indicator associated with intimate partner violence once the effects of other factors are controlled in multivariate analysis. Both MFPV and FMPV are areas of health disparity across whites, blacks, and Hispanics. Factors of risk that predict recurrence and incidence can be identified and used in prevention efforts.

PMID: 15654298 [PubMed - indexed for MEDLINE]

Transracial, same-race adoptions, and the need for multiple measures of adolescent adjustment.

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Using a multimeasure approach, the current study investigated 12 indices of academic, familial, psychological, and health outcomes for 4 groups of transracial and same-race adopted adolescents. A secondary analysis of the National Longitudinal Study of Adolescent Health data showed that Asian adolescents adopted by White parents had both the highest grades and the highest
levels of psychosomatic symptoms, whereas Black adolescents adopted by Black parents reported the highest levels of depression. Intriguingly, and by contrast, Black adoptees reported higher levels of self-worth than non-Black adoptees. The implications of the findings for future investigations of transracial adoption are discussed. ((c) 2004 APA, all rights reserved).

PMID: 15554817 [PubMed - indexed for MEDLINE]


Women's status and depressive symptoms: a multilevel analysis.

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The effects of state-level women's status and autonomy on individual-level women's depressive symptoms were examined. We conducted a multi-level analysis of the 1991 longitudinal follow up of the 1988 National Maternal Infant Health Survey (NMIHS), with 7789 women nested within the fifty American states. State-level women's status was assessed by four composite indices measuring women's political participation, economic autonomy, employment & earnings, and reproductive rights. The main outcome measure was symptoms of depression (Center for Epidemiologic Studies Depression Scale, CES-D). The participants were a nationally representative stratified random sample of women in the USA aged between 17 and 40 years old who gave birth to live babies in 1988, were successfully contacted again in 1991 and provided complete information on depressive symptoms. Women who were younger, non-white, not currently married, less educated or had lower household income tended to report higher levels of depressive symptoms. Compared with states ranking low on the employment & earnings index, women residing in states that were high on the same index scored 0.85 points lower on the CES-D (p<0.01). Women who lived in states that were high on the economic autonomy index scored 0.83 points lower in depressive symptoms (p<0.01), compared with women who lived in states low on the same index. Finally, women who resided in states with high reproductive rights scored 0.62 points lower on the CES-D (p<0.05) compared with women who lived in states with lower reproductive rights. Gender inequality appears to contribute to depressive symptoms in women.

PMID: 15482866 [PubMed - indexed for MEDLINE]


Further evidence on adolescent employment and substance use: differences by race and ethnicity.

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In an on-going debate over the consequences of adolescent employment, there is growing agreement that work intensity (i.e., longer hours) fosters underage drinking and other substance use. The current study furthers our understanding of the relationship between hours of employment and substance use in adolescence by testing whether it is evident across racial/ethnic groups. Based on data from two waves of the National Longitudinal Study of Adolescent Health, the study finds that the effects of work intensity on substance use is mostly limited to whites. Work intensity is not consistently related to alcohol, cigarette, and marijuana
use among minority adolescents.

PMID: 15305759 [PubMed - indexed for MEDLINE]


Adjusting for case mix and social class in examining variation in home visits between practices.

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OBJECTIVES: The purpose of this study was to investigate whether adjusting for clinical case mix and social class explains more of the variation in home visits between general practices than adjusting for age and sex alone. METHODS: The setting was 60 general practices in England and Wales taking part in the 1 year Fourth National Morbidity Survey. The participants comprised 349,505 patients who were registered with one of the participating general practices for at least 180 days, and who had at least one consultation during the period. The outcome measure is whether or not a patient received a home visit in that year. A clinical case mix category (morbidity class) based on 1 year's diagnostic information was assigned to each patient using the Johns Hopkins Adjusted Clinical Groups (ACG) Case Mix System. The social class measure was derived from occupation and employment status and is similar to that of the 1991 UK census. Variations in home visits between practices were examined using multilevel logistic regression models. The variability between practices before and after adjusting for clinical case mix and social class was estimated using the intracluster correlation coefficient (ICC). RESULTS: The overall percentage of patients receiving a home visit over the 1 year study period was 17%, and this varied from 7 to 31% across the 60 practices. The percentage of the total variation in home visits attributable to differences between practices was 2.5% [95% confidence interval (CI) 1.4-3.2%] after adjusting for age and sex. This reduced to 1.6% (95% CI 1.1-2.4%) after taking into account morbidity class. The results were similar when social class was included instead of morbidity class. Morbidity and social class together reduced variation in home visits between practices to 1.5% (95% CI 1.1-2.2%). CONCLUSIONS: Age, sex, social class and clinical case mix are strong determinants of home visits in the UK. Adjusting for morbidity and social class results in a small improvement in explaining the variability in home visits between practices compared with adjusting for age and sex alone. There is far more variation between patients within practices; however, it is not straightforward to examine the factors influencing this variation. In addition to morbidity and social class, there could also be other unmeasured factors such as varying patient demand for home visits, disability or differences in GP home visiting practice style that could influence the large within-practice variability observed in this study.

PMID: 15249522 [PubMed - indexed for MEDLINE]


Relationship of substance use by students with disabilities to long-term educational, employment, and social outcomes.

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The study is based on data from the National Education Longitudinal Study of
1988-2000 (NELS: 88). The results indicate that adolescents with disabilities who used either cigarettes or marijuana or who engaged in binge drinking had significantly higher dropout rates, lower high school graduation status, lower college attendance, and lower high school grade point averages, and fewer earned core credit units in English, science, and mathematics than nonusers. In addition, adolescents with disabilities who used either cigarettes, alcohol, or drugs were significantly more likely to engage in sexual activity at a younger age. The findings support the need for improved substance use prevention programming targeting the needs of youth with disabilities.

PMID: 15217199 [PubMed - indexed for MEDLINE]


Work environment and smoking cessation over a five-year period.
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AIMS: The authors set out to estimate effects of occupational factors on smoking cessation among Danish employees. METHODS: Data from 3,606 observations of smokers gathered from the Danish National Work Environment Cohort Study in 1990, 1995, and 2000 were analysed by logistic regression. The model comprised background variables, smoking variables, and measures of psychosocial and other aspects of the work environment. RESULTS: Statistically significant odds ratios (OR) for cessation were found for medium versus no exposure to noise (OR 0.71, 95% CI 0.54-0.93), for high versus low physical workload (OR 0.49, 95% CI 0.47-0.73), for high versus low psychological demands (OR 1.42, 95% CI 1.12-1.80), and for medium versus low levels of responsibility at work (OR 1.31, 95% CI 1.03-1.65). CONCLUSION: The probability of smoking cessation differs between people with different exposures to certain work environmental factors.

PMID: 15204176 [PubMed - indexed for MEDLINE]


Shift work and health.
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OBJECTIVES: This article describes the characteristics of shift workers and compares stress factors and health behaviours of shift and regular daytime workers. Based on an analysis of people followed over four years, associations between the incidence of chronic conditions and changes in psychological distress levels are explored in relation to working shift. DATA SOURCES: Data are from the 2000/01 Canadian Community Health Survey, the longitudinal (1994/95, 1996/97 and 1998/99) and cross-sectional (1994/95) components of the National Population Health Survey, and the Survey of Work Arrangements (1991 and 1995). ANALYTICAL TECHNIQUES: Cross-tabulations were used to profile shift workers and to compare some of their health behaviours and sources of stress with those of regular daytime workers. Multivariate analyses were used to examine associations between shift work and the incidence of chronic conditions and changes in psychological distress levels over four years, controlling for other potential confounders. MAIN RESULTS: Men who worked an evening, rotating or irregular shift had increased odds of reporting having been diagnosed with a chronic condition over a four-year period. For both sexes, an evening shift was associated with increases
in psychological distress levels over two years.

PMID: 15069802 [PubMed - indexed for MEDLINE]


Sickness absence as a predictor of mortality among male and female employees.

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OBJECTIVE: To determine the extent to which sickness absence is predictive of mortality. DESIGN: Prospective cohort study. Data on medically certified long term absences (>3 days), self certified short term absences (1-3 days), and sick days were derived from employers' records and data on mortality from the national mortality register. SETTING: 10 towns in Finland. PARTICIPANTS: 12821 male and 28915 female Finnish municipal employees with a job contract of five consecutive years. The mean follow up was 4.5 years. MAIN RESULTS: After adjustment for age, occupational status, and type of employment contract, the overall mortality rate was 4.3 (95% confidence intervals 2.6 to 7.0) and 3.3 (2.1 to 5.3) times greater in men and women with more than one long term absences per year than in those with no absence. The corresponding hazard ratios for more than 15 annual sick days were 4.7 (2.3 to 9.6) and 3.7 (1.5 to 9.1). Both these measures of sickness absence were also predictive of deaths from cardiovascular disease, cancer, alcohol related causes, and suicide. Associations between short term sickness absences and mortality were weaker and changed to non-significant after adjustment for long term sickness absence. CONCLUSIONS: These findings suggest that measures of sickness absence, such as long term absence spells and sick days, are strong predictors of all cause mortality and mortality due to cardiovascular disease, cancer, alcohol related causes, and suicide.

PMCID: PMC1732735
PMID: 15026447 [PubMed - indexed for MEDLINE]


Tinker, tailor, soldier, patient: work attributes and depression disparities among young adults.

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Prior studies have consistently found the occurrence of depression to be higher among persons with lower socio-economic status (SES), but causal mechanisms for this relationship are often not well understood. For example, while depression has been shown to increase during spells of unemployment, little work has been done on job attributes that may be related to depression among employed people early in their careers. This study links the 1992 wave of the National Longitudinal Survey of Youth 1979 cohort—which included Depression symptom scores on the Center for Epidemiologic Studies Depression (CES-D) instrument—to the US Department of Labor's new occupational characteristics O*Net dataset. The resulting dataset includes information regarding depression, SES, and specific attributes of jobs held by the young adult respondents. Job attributes included measures of social status, interpersonal stressors, and physical conditions. Multivariate analysis revealed that for young men, higher job status is associated with lower CES-D scores. Higher scores on the opposition scale, which measures the extent to which employees are obliged to take a position opposed to
others, is associated with higher CES-D scores. For young women, physically uncomfortable or dangerous jobs are associated with more depressive symptoms. Results are stratified by race/ethnicity. For Black men, unlike for White men or Latinos, job security is associated with fewer depressive symptoms; and for Latino men, but not for Black or White men, physically uncomfortable or dangerous jobs are associated with more depressive symptoms. For Black women, job status is associated with fewer depressive symptoms. We conclude that part of the SES-depression relationship may arise from the psychosocial aspects of jobs, which we have found to be significantly and meaningfully associated with depressive symptoms among employed young adults.

PMID: 15020006 [PubMed - indexed for MEDLINE]


Self-concept in adult survivors of childhood acute lymphoblastic leukemia: a cooperative Children's Cancer Group and National Institutes of Health study.

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BACKGROUND: Self-concept was compared between adult survivors of childhood acute lymphoblastic leukemia (ALL) and sibling controls. Adult survivor subgroups at greatest risk for negative self-concept were identified. PROCEDURE: Survivors (n = 578) aged > or =18 years, treated before age 20 years on Children's Cancer Group (CCG) ALL protocols, and 396 sibling controls completed a telephone interview and the Harter Adult Self-Perception Profile (ASPP). RESULTS: Survivors global self-worth scores were significantly lower than sibling controls (mean 3.09 vs. 3.18; P = 0.022). Unemployed survivors reported lower global self-worth scores than employed (mean 2.77 vs. 3.12; P = 0.0001), whereas employment status was not associated with self-worth in controls. Among survivors, predictors of negative self-concept included unemployment (odds ratio (OR) = 2.87; 95% CI: 1.50-5.50), and believing that cancer treatment limited employability (OR = 3.17; 95% CI: 1.79-5.62). Unemployment increased the odds for negative self-concept among survivors who received combinations of central nervous system (CNS) irradiation (CRT) and intrathecal methotrexate (IT-MTX), except high CRT with no or low dose IT-MTX. Employed survivors who perceived that treatment limited their employability showed increased odds of negative self-concept for all treatment groups compared to those who did not. Minority ethnic group membership was a borderline significant predictor of negative self-concept (OR = 1.79; 95% CI: 0.94-3.33). CONCLUSIONS: Global self-worth was significantly lower in ALL survivors than sibling controls, however, 81% of survivors had positive self-concept. Survivor subgroups most vulnerable to negative self-concept were the unemployed survivors, believing that cancer treatment affected employability, and ethnic minority group members. Targeted intervention may have greater clinical relevance for these subgroups. Copyright 2003 Wiley-Liss, Inc.

PMID: 14752860 [PubMed - indexed for MEDLINE]


Why is work intensity associated with heavy alcohol use among adolescents?

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PURPOSE: To examine and explain the relationship between work intensity (number of hours worked per week) and heavy alcohol use among adolescents. METHODS: Analyses were conducted with two waves of in-home interview data provided by a representative sample of adolescents who participated in the National Longitudinal Study of Adolescent Health. Multinomial logistic regression analyses were conducted to determine whether a higher level of work intensity at Wave 1 predicted a higher level of past-year heavy drinking approximately 1 year later at Wave 2, and the degree to which the relationship between work intensity and heavy drinking persisted after adjusting for demographic characteristics, alcohol use before Wave 1, and psychosocial risk and protective factors in family, school, and peer-individual domains. RESULTS: Higher levels of work intensity at Wave 1 (11-20 or more than 20 hours/week) were predictive of heavy drinking at Wave 2. However, these effects were substantially attenuated after adjusting for demographic characteristics and prior alcohol use. Risk and protective factors such as school commitment, friends' drinking, and delinquency also partially explained the effects of work intensity and background variables on heavy drinking, suggesting that these factors may act as confounders and/or mediators. CONCLUSIONS: This study suggests that working more than 10 h/week increases the likelihood of heavy alcohol use among adolescents, and that the effect of work intensity is largely, but not completely attributable to demographic characteristics (e.g., age, race/ethnicity, personal income), prior alcohol use, and family, school, and peer-individual factors.

PMID: 14706409 [PubMed - indexed for MEDLINE]


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OBJECTIVE: In order to prevent suicidal behaviour among adolescents and young adults it would be valuable to know if altering the conditions of their upbringing could reduce their suicidal behaviour. The study surveys possible risk factors. METHOD: Population-based registers covering children born in Denmark in 1966 at the age span of 14-27 years and their parents for: health, education, family dissolution, suicidal behaviour, substance abuse, criminality and unemployment. A discrete-time proportional hazard modelling was used to analyse the longitudinal observations. RESULTS: First-time suicide attempts were associated with parental psychiatric disorder, suicidal behaviour, violence, child abuse and neglect. Increased risks were also found among adolescents and young adults who suffered from psychiatric disorder or physical handicap, had been legally imprisoned, were addicted to drugs, or without graduation, vocational training or employment. CONCLUSION: Stigmatization, social exclusion, and mental disorders in the adolescents or young adults and parents increased risks for attempted suicide.

PMID: 14531755 [PubMed - indexed for MEDLINE]


Extended follow-up of long-term survivors of childhood acute lymphoblastic leukemia.

BACKGROUND: Children who survive acute lymphoblastic leukemia are at risk for leukemia-related or treatment-related complications, which can adversely affect survival and socioeconomic status. We determined the long-term survival and the rates of health insurance coverage, marriage, and employment among patients who had attained at least 10 years of event-free survival. METHODS: A total of 856 eligible patients were treated between 1962 and 1992 in 13 consecutive clinical trials. Survival rates, the cumulative risk of a second neoplasm, and selected indicators of socioeconomic status were analyzed for the entire group and for patients who did or did not receive cranial or craniospinal radiation therapy during initial treatment. RESULTS: Fifty-six patients had major adverse events, including 8 deaths during remission, 4 relapses, and 44 second neoplasms (41 of them radiation-related); most of the second neoplasms were benign or of a low grade of malignant potential. The risk of a second neoplasm was significantly higher in the 597 patients who received radiation therapy (irradiated group) than in the 259 patients who did not receive radiation therapy (nonirradiated group) (P=0.04; estimated cumulative risk [+/-SE] at 20 years, 20.9+/-3.9 percent vs. 0.95+/-0.9 percent). The death rate for the irradiated group slightly exceeded the expected rate in the general U.S. population (standardized mortality ratio, 1.90; 95 percent confidence interval, 1.12 to 3.00), whereas that for the nonirradiated group did not differ from the population norm (standardized mortality ratio, 1.75; 95 percent confidence interval, 0.34 to 5.00). The rates of health insurance coverage, marriage, and employment in the nonirradiated group were similar to the age- and sex-adjusted national averages. Despite having health insurance rates similar to those in the general population, men and women in the irradiated group had higher-than-average unemployment rates (15.1 percent vs. 5.4 percent and 35.4 percent vs. 5.2 percent, respectively), and women in the irradiated group were less likely to be married (35.2 percent vs. 48.8 percent). CONCLUSIONS: Children with acute lymphoblastic leukemia who did not receive radiation therapy and who have attained 10 or more years of event-free survival can expect a normal long-term survival. Irradiation is associated with the development of second neoplasms, a slight excess in mortality, and an increased unemployment rate. Copyright 2003 Massachusetts Medical Society

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Four-year follow-up of smoke exposure, attitudes and smoking behaviour following enactment of Finland's national smoke-free work-place law.

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AIMS: This study evaluated the possible impact of national smoke-free work-place legislation on employee exposure to environmental tobacco smoke (ETS), employee smoking habits and attitudes on work-place smoking regulations. DESIGN: Repeated cross-sectional questionnaire surveys and indoor air nicotine measurements were carried out before, and 1 and 3 years after the law had come into effect. SETTING: Industrial, service sector and office work-places from the Helsinki metropolitan area, Finland. PARTICIPANTS: A total of 880, 940 and 659 employees (response rates 70%, 75% and 75%) in eight work-places selected from a register
kept by the Uusimaa Regional Institute of Occupational Health to represent various sectors of public and private work-places. MEASUREMENTS: Reported exposure to ETS, smoking habits, attitudes on smoking at work and measurements of indoor air nicotine concentration. FINDINGS: Employee exposure to ETS for at least 1 hour daily decreased steadily during the 4-year follow-up, from 51% in 1994 to 17% in 1995 and 12% in 1998. Respondents' daily smoking prevalence and tobacco consumption diminished 1 year after the enforcement of legislation from 30% to 25%, and remained at 25% in the last survey 3 years later. Long-term reduction in smoking was confined to men. Both smokers' and non-smokers' attitudes shifted gradually towards favouring a total ban on smoking at work. Median indoor airborne nicotine concentrations decreased from 0.9 micro g/m3 in 1994-95 to 0.1 micro g/m3 in 1995-96 and 1998. CONCLUSIONS: This is the first follow-up study on a nationally implemented smoke-free workplace law. We found that such legislation is associated with steadily reducing ETS exposure at work, particularly at work-places, where the voluntary smoking regulations have failed to reduce exposure. The implementation of the law also seemed to encourage smokers to accept a non-smoking work-place as the norm.

PMID: 12873245 [PubMed - indexed for MEDLINE]


Prognostic factors in lateral epicondylitis: a randomized trial with one-year follow-up in 266 new cases treated with minimal occupational intervention or the usual approach in general practice.

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OBJECTIVES: To determine whether minimal intervention by occupational specialists involving information about the disorder, encouragement to stay active and instruction in graded self-performed exercises could enhance the prognosis of lateral epicondylitis compared with the treatment usually given in general practice, to quantify workplace factors associated with the prognosis, and to consider treatments given in general practice. METHODS: A randomized controlled trial was performed in a cohort of 266 consecutive new cases of lateral epicondylitis diagnosed in general practice. Workplace factors were assessed with questionnaires at the time of inclusion, and patients completed follow-ups at 3, 6 and 12 months. Status at 1 yr was assessed as overall improvement and pain reduction compared with the time of diagnosis. General practitioners (GPs) registered the treatments given for both cases and controls during follow-up. Numbers of contacts with GPs and physiotherapists were obtained from the National Health Insurance registry. Prognostic factors were analysed by multiple logistic regression analysis. RESULTS: After 1 yr, 83% of cases showed improvement in the condition, but the intervention was found to have had no advantage. Poor overall improvement was associated with employment in manual jobs [odds ratio (OR) 3.0, 95% confidence interval (CI) 1.0-8.7], a high level of physical strain at work (OR 8.5, CI 1.0-74.7) and a high level of pain at baseline (OR 2.3, CI 1.0-5.3). Pain reduction less than 50% was associated with manual jobs (OR 2.3, CI 1.1-5.1), high physical strain at work (OR 3.6, CI 1.0-12.9), high baseline distress (OR 1.9, CI 1.0-4.0) and tennis elbow on the dominant side (OR 3.1, CI 1.4-6.8). The intervention group received less treatment and fewer treatment modalities, but the intervention was not followed by a reduction in the number of visits to GPs and physiotherapist clinics during 12 months of follow-up. CONCLUSIONS: Poor prognosis at 1 yr of follow-up for lateral epicondylitis was related to manual work and high baseline pain, whilst no relation was found between the type of medical treatment given/choosen and prognosis. This may have implications for the future management of lateral epicondylitis in terms of a greater focus on interaction with the workplace regarding job modification to reduce physical demands during recovery.
Family disruption in childhood and risk of adult depression.

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OBJECTIVE: The authors examined the risk that family disruption and low socioeconomic status in early childhood confer on the onset of major depression in adulthood. METHOD: Participants were 1,104 offspring of mothers enrolled during pregnancy in the Providence, R.I., site of the National Collaborative Perinatal Project. Measures of childhood family disruption and socioeconomic status were obtained before birth and at age 7. Structured diagnostic interviews were used to assess respondents' lifetime history of major depressive episode between the ages of 18 and 39. Survival analysis was used to identify childhood risks for depression onset. RESULTS: Parental divorce in early childhood was associated with a higher lifetime risk of depression among subjects whose mothers did not remarry as well as among subjects whose mothers remarried. These effects were more pronounced when accompanied by high levels of parental conflict. Independent of the respondents' adult socioeconomic status, low socioeconomic status in childhood predicted an elevated risk of depression. CONCLUSIONS: Family disruption and low socioeconomic status in early childhood increase the long-term risk for major depression. Reducing childhood disadvantages may be one avenue for prevention of depression. Identification of modifiable pathways linking aspects of the early childhood environment to adult mental health is needed to mitigate the long-term consequences of childhood disadvantage.

Factors influencing the impact of unemployment on mental health among young and older adults in a longitudinal, population-based survey.

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OBJECTIVES: This study examined the relationship between unemployment and mental health. It particularly emphasized the potential differences in mental health status between younger workers entering the labor market and older workers with established laborforce involvement. METHODS: With the use of the National Population Health Survey in Canada, over 6000 respondents between 18 and 55 years of age in 1994 were followed up 2 years later. RESULTS: The results suggest that, among the 31- to 55-year-olds, becoming unemployed led to increases in distress and, to some extent, clinical depression at follow-up. This association between unemployment and mental health was not found among younger adults 18 to 30 years of age. Possible explanations for the null finding among young adults, such as decreased likelihood of low household income or increased likelihood of distressed young adults completely withdrawing from the workforce, were not supported. The notion that baseline mental health affects the chances of being unemployed at the time of a 24-month follow-up were partially supported. CONCLUSIONS: These findings from a representative sample suggest that both causation and selection processes lead to an association between unemployment and distress among older adults.

Relationships between self-reported asthma utilization and patient characteristics.

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BACKGROUND: Identifying asthmatic individuals most likely to utilize medical care in the future will help to direct intervention and medical resources; however, there are currently limited models for future utilization. OBJECTIVE: This study investigated the relationship between patient characteristics and medical utilization, using an asthma disease management patient population. METHODS: We analyzed a sample of 1412 adults, enrolled for 6 months in an asthma disease management program, for relationships with utilization. Individuals answered demographic, socioeconomic, and medical questions via telephonic contact upon enrollment. Follow-up regarding medical utilization occurred during the subsequent 6 months. Relationships between utilization and enrollment answers were statistically modeled. RESULTS: Oral steroid bursts, day and night symptom frequencies, age, gender, education level, and employment status all had a significant relationship to medical utilization. Those individuals who had used oral steroids 6 months prior to enrollment, patients with more than five night-time asthma symptoms per month, and those with "continuous" day symptoms were more likely to report utilization. Those patients under 44 years old, females, those who were not high school graduates, and patients who defined themselves as unemployed because of their asthma were also more likely to report utilization. While those unemployed because of asthma were already more likely to report utilization, individuals in the 45+ age category were more likely than those 18-44. CONCLUSIONS: Identifying asthma patients likely to utilize medical care is feasible, although more investigation is needed to demonstrate applicability to a general asthma population.

PMID: 12507193 [PubMed - indexed for MEDLINE]


Mental health and welfare transitions: depression and alcohol abuse in AFDC women.

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From a selection perspective, does prior dysfunction select women into welfare or serve as a barrier to leaving welfare? From a social causation perspective, does entering or exiting welfare lead to changes in well being? These questions were analyzed in panel data for over 3,600 women drawn from the National Longitudinal Survey of Youth for the period 1992-94. Welfare is associated with both depression and alcohol consumption cross-sectionally. This link appears to derive in small part from selection into welfare by depression (in interaction with marital status), but depression and alcohol abuse did not operate as barriers to leaving welfare. Entering welfare was clearly associated with increased depression and alcohol consumption, but confidence in an apparent beneficial effect on alcohol symptoms of leaving welfare for employment was limited by small sample sizes. These findings are located in the context of the 1996-welfare reform and the recent economic expansion. One implication is that community psychology should consider welfare entry as a risk factor similar to adverse
employment changes such as job loss.

PMID: 12385483 [PubMed - indexed for MEDLINE]


Unemployment and obesity among young adults in a northern Finland 1966 birth cohort.

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OBJECTIVE: To establish (1) if obesity in adolescence predicts a long history of unemployment and other adverse social outcomes at age 31 y and, conversely, (2) the effect of a long history of unemployment on the risk of obesity at 31 y.

DESIGN AND SUBJECTS: A longitudinal, population-based study of 9,754 subjects born in 1966 in Northern Finland was conducted. The cohort members were studied at birth, 1, 14 and 31 y. MEASUREMENTS: Body mass index (BMI) at 14 and 31 y; work history, as self-reported at 31 y and as recorded in national registers of the total number of days each subject had received unemployment allowance between 1985 and 1997; place of residence at 14 and 31 y; family social class at 14 y; subject's school performance at 16 y; marital status and number of children at 31 y. RESULTS: Overweight and obesity at 14 y did not predict a long history of unemployment at 31 y, but were associated with a low level of education, and being single or divorced at 31 y among females. A long history of unemployment (register data) was associated with an increased risk of obesity among women, but not men, after controlling for potential confounding factors (social class at 14 y, BMI at 14 y, school performance at 16 y, place of residence, and number of children). The adjusted OR (95% CI) was 1.09 (0.72-1.63) for men, and 1.64 (1.07-2.50) for women. CONCLUSION: Adverse social outcomes of adolescent obesity seemed to emerge more for women. Subjects with low school performance and women with a long unemployment history are at increased risk of obesity.

PMID: 12355341 [PubMed - indexed for MEDLINE]


Autologous transfusion in surgical patients at Kenyatta National Hospital, Nairobi.

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Comment in:

OBJECTIVE: To identify autotransfusion strategies and their basis in elective surgery patients. DESIGN: A cross sectional prospective study. SETTING: General surgery and orthopaedic wards, Kenyatta National Hospital, Nairobi. SUBJECTS: Adult patients of both sexes planned for elective surgery. MAIN OUTCOME MEASURE: Forevery patient, the following were enquired about and documented: age in years, sex, ethnicity, religion, occupation and educational standard. Blood values of haemoglobin, platelet counts, total and differential white cell counts, urea, electrolytes and liver function tests were assayed. Others were the number of units of blood donated before the operation, the type of surgery performed, time taken from diagnosis to performing the operation and whether the blood was transfused preoperatively, intraoperatively and postoperatively. RESULTS: A total of sixty three cases constituting five per cent of all surgical patients admitted
during the period of study were evaluated. Of these 53 (84%) were males and ten (16%) females. The age range was 15 to 65 years with a peak at 45-49 years. There were more Christians (90%) than Muslims (10%). In all, 32 (51.6%) had primary school education, 23 (36.5%) secondary school education, seven (11.3%) no formal education and one (1.6%) had attained college level. Employment pattern showed 50% were civil servants, 30% were self employed and 20% were unemployed. The duration of disease ranged from 1-24 weeks with two peaks at two weeks and six weeks. Orthopaedic cases constituted 78.7% and general surgery 21.3%. Preoperative haemoglobin ranged from 13.5-14.2 g/dl. Transfusions were given intraoperatively to 41 (66.1%) and to 12 (33.9%) postoperatively. Mean duration of hospitalisation was 13 days (range 5 to 21 days). 98.4% deposited only one unit while 1.6% deposited four units of blood. Only one patient required additional transfusion from homologous donors. CONCLUSION: The strategies and basis for autotransfusion have been demonstrated among a majority of adult patients requiring orthopaedic procedures. Major determinants are shown to be baseline blood count profiles and time to operation.

PMID: 12219960 [PubMed - indexed for MEDLINE]


The influence of work, household structure, and social, personal and material resources on gender differences in health: an analysis of the 1994 Canadian National Population Health Survey.

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Data from the 1994 Canadian National Population Health Survey (NPHS) do not confirm the widespread assumption that women experience considerably more ill health than men. The patterns vary by condition and age and at many ages, the health of women and men is more similar than is often assumed. However, we should not minimize the gender differences that do exist and in this paper we focus on three health problems which are more common among women: distress, migraine and arthritis/rheumatism. We consider to what extent work, household structure and social, personal and material resources explain these gender differences in health. Analysis of the distributions of paid work conditions, household circumstances and resources reveal mostly minor differences by gender and differences in exposure to these circumstances contribute little to understanding gender differences in health. There is also little evidence that greater vulnerability is a generalized health response of women to paid and household circumstances. We find limited evidence that social, personal and material resources are involved in pathways linking work and home circumstances to health in ways that differ between the sexes. In conclusion, we consider some reasons for the lack of support for our explanatory model: the measures available in the NPHS data set which contains little information on the household itself; the difficulty of separating 'gender' from the social and material conditions of men's and women's lives; and changes in women's and men's roles which may have led to a narrowing of differences in health.

PMID: 11999486 [PubMed - indexed for MEDLINE]


Bartley M, Plewis I.
BACKGROUND: Both social class and unemployment have been shown in many studies to be related to ill health. Recent work in social epidemiology has demonstrated the importance of examining the accumulation of disadvantage over the life course. This paper therefore uses a large longitudinal data set to examine the accumulation of both disadvantaged class and unemployment over a 20-year period in a representative sample of the male working population of England and Wales.

METHODS: Logistic regression.

RESULTS: Both membership of semi- or unskilled social class and unemployment in 1971 were related to limiting long-term illness (LLTI) in 1991 independently of each other, and of subsequent social class and unemployment. Any occurrence of disadvantaged social class or of unemployment added significantly to the risk of LLTI. A labour market disadvantage score comprising the number of occasions on which a study member had been either in a disadvantaged social class or unemployed showed a clear and graded relationship to illness, with odds of 4 to 1 in the worst-scoring group.

CONCLUSION: The experiences of disadvantaged social class or unemployment at any time during this period contributed independently to an increased risk of chronic limiting illness up to 20 years later in the life course. Whereas improvements in social conditions at any one time will lessen the long-term combined impact of accumulated labour market disadvantage on health, it may not prove easy to obtain short term improvements in health inequality.

PMID: 11980794 [PubMed - indexed for MEDLINE]

82. Health Serv Res. 2002 Feb;37(1):173-86.

Family structure, socioeconomic status, and access to health care for children.

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OBJECTIVE: To test the hypothesis that among children of lower socioeconomic status (SES), children of single mothers would have relatively worse access to care than children in two-parent families, but there would be no access difference by family structure among children in higher SES families.

DATA SOURCES: The National Health Interview Surveys of 1993-95, including 63,054 children.

STUDY DESIGN: Logistic regression was used to examine the relationship between the child's family structure (single-mother or two-parent family) and three measures of health care access and utilization: having no physician visits in the past year, having no usual source of health care, and having unmet health care needs. To examine how these relationships varied at different levels of SES, the models were stratified on maternal education level as the SES variable. The stratified models adjusted for maternal employment, child's health status, race and ethnicity, and child's age. Models were fit to examine the additional effects of health insurance coverage on the relationships between family structure, access to care, and SES.

PRINCIPAL FINDINGS: Children of single mothers, compared with children living with two parents, were as likely to have had no physician visit in the past year; were slightly more likely to have no usual source of health care; and were more likely to have an unmet health care need. These relationships differed by mother's education. As expected, children of single mothers had similar access to care as children in two-parent families at high levels of maternal education, for the access measures of no physician visits in the past year and no usual source of care. However, at low levels of maternal education, children of single mothers appeared to have better access to care than children in two-parent families. Once health insurance was added to adjusted models, there was no significant socioeconomic variation in the relationships between family structure and physician visits or usual source of care, and there
were no significant disparities by family structure at the highest levels of maternal education. There were no family structure differences in unmet needs at low maternal education, whereas children of single mothers had more unmet needs at high levels of maternal education, even after adjustment for insurance coverage. CONCLUSIONS: At high levels of maternal education, family structure did not influence physician visits or having a usual source of care, as expected. However, at low levels of maternal education, single mothers appeared to be better at accessing care for their children. Health insurance coverage explained some of the access differences by family structure. Medicaid is important for children of single mothers, but children in two-parent families whose mothers are less educated do not always have access to that resource. Public health insurance coverage is critical to ensure adequate health care access and utilization among children of less educated mothers, regardless of family structure.

PMID: 11949919 [PubMed - indexed for MEDLINE]


What causes job loss among former welfare recipients: the role of family health problems.

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OBJECTIVE: to test whether women's or children's health status influences the likelihood that low-income single mothers experience job loss. METHODS: Using a nationally representative probability sample from the National Longitudinal Survey of Youth, we estimated whether having a health limitation or having a child with a health limitation was associated with job loss for a sample of 783 women who had previously been on welfare. RESULTS: Both having a health limitation (odds ratio [OR]=1.53; 95% confidence interval [CI], 1.19-1.97) and having a child with a health limitation (OR=1.36; 95% CI, 1.18-1.56) were associated with significantly increased risk of job loss among women previously on welfare. The effects remained significant after adjustment for age, education, marital status, race, age and number of children, and economic conditions. CONCLUSIONS: Dramatic changes in welfare policy in the United States have made many single mothers living in poverty dependent on work as their sole source of income. Although studies have shown that families on welfare are more likely to have health limitations, little is known about how family health affects the ability of poor single mothers to remain employed. These results demonstrate that women with health limitations and mothers of children with health limitations are at particularly high risk of losing their jobs. Public and private policies that can help reduce job loss as a consequence of family health problems are discussed.

PMID: 11905494 [PubMed - indexed for MEDLINE]


Multidimensional profiles of welfare and work dynamics: development, validation, and associations with child cognitive and mental health outcomes.

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This prospective longitudinal study addresses the research gap in the literature regarding multidimensional variation in welfare use and employment patterns, and relationships of such variation with parent earnings and child development.
outcomes. This study also aims to address the limitations of welfare dynamics studies that do not examine how multiple dimensions of welfare receipt and employment co-occur. Cluster analysis was utilized, using monthly welfare and employment data from the National Longitudinal Survey of Youth, to examine variation within the welfare population in their welfare and work patterns across the first 5 years of children's lives. Six cluster profiles of welfare and work dynamics were found: Short-Term, Short-Term Work Exit, Working Cyclers, Nonworking Cyclers, Cycle to Long-Term Exit, and Long-Term. The clusters were validated using mother's 6th-year earnings as the criterion. The clusters' associations with child development outcomes in the cognitive and mental health domains (at ages 6 and 7) were then explored. Work following short-term welfare use was associated with higher child reading scores than that following long-term use (a moderate-size effect). Cycling on and off welfare in the context of high levels of employment was associated with higher child internalizing symptoms than cycling accompanied by low levels of employment (a moderate-size effect). Implications for evaluation of TANF welfare-to-work policies are discussed.

PMID: 11800512 [PubMed - indexed for MEDLINE]


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AIMS: To examine the impact of gender and socioeconomic factors on health-related quality of life (HRQoL) one year and eight years after diabetes diagnosis.

METHODS: Two national incidence cohorts who contracted diabetes between the ages of 15 and 34 years (n=554) and matched control groups from the general population of Sweden (n=1,029) were surveyed. Data on HRQoL, diabetes treatment, marital status, education, social class, and employment were collected via a questionnaire mailed to the younger cohort (aged 16-35) one year after diagnosis and to the older cohort (aged 23-42) eight years after diagnosis. Response rates were 73% among people with diabetes and 68% among the controls. Multivariable linear regression models were used to analyse the impact of gender and socioeconomic factors on HRQoL in the diabetic and control groups. The dependent variable was the "general health perceptions" score of the SWED-QUAL instrument, which corresponds to the "global self-rated health" concept. RESULTS: A model including all the sociodemographic variables explained 6% of the variance in self-rated health one year after diabetes diagnosis and 13% of the variance eight years after diagnosis. In the control groups, the level of explanation was 2-3%. Female gender was an independent predictor of poor self-rated health in the older diabetic cohort, but not in the younger cohort. CONCLUSIONS: Gender and socioeconomic factors were more closely associated with self-rated health eight years after diabetes diagnosis than one year after diagnosis, indicating early sociodemographic stratification in the health of the diabetic populations studied.

PMID: 11775782 [PubMed - indexed for MEDLINE]


Alcohol consumption and major depression: findings from a follow-up study.

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OBJECTIVE: To investigate whether alcohol consumption predicts major depressive disorder episodes (MDEs) in the general population. METHOD: The respondents without depression (n = 12,290) in the longitudinal cohort of the Canadian National Population Health Survey (NPHS) were classified into cohorts based on any drinking, frequency of drinking, maximum number of drinks on a maximal drinking occasion, and average daily alcohol consumption, based on data collected in the 1994-1995 survey. Major depression frequency 2 years later, in 1996-1997, was evaluated and compared across drinking categories. RESULTS: The respondents who reported any drinking, drinking daily, having more than 5 drinks on a maximal drinking occasion, and having more than 1 drink daily on average, did not have an elevated risk of major depression. A trend in the data suggested that women who reported having more than 5 drinks on a maximal drinking occasion might be at a higher risk of major depression. No evidence of confounding or effect modification by demographic, psychological, and clinical variables was found. CONCLUSION: In a general population sample, alcohol consumption levels were not associated with major depression. Having more than 5 drinks on a maximal drinking occasion, however, may be associated with an increased risk of major depression among women. Extreme patterns of alcohol consumption, which tend to characterize clinical samples, are associated with depression. These patterns of drinking, however, are relatively uncommon in the general population, and the current analysis may have lacked power to detect these associations.

PMID: 11582825 [PubMed - indexed for MEDLINE]


A program description of health care interventions for homeless teenagers.

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This prospective review was designed to determine the effectiveness of a broad-spectrum health intervention program for homeless and runaway youth. Diagnosis, treatment, and counseling for drug use, sexually transmitted diseases (STDs), and other health issues were provided all new admissions to a residential care facility during a 2-month enrollment. Education was continued during a 9-month follow-up period based on the program entitled Bright Futures, previously developed and published by the National Center for Education in Maternal and Child Health. Sixty percent of the 106 study residents had STDs on admission and 7% developed new STDs after completing therapy and undergoing counseling. Drug dependence was reduced from 41% to 3%, and 42% achieved full-time or part-time employment. Fifty-nine percent completed hepatitis B immunization with the 3-dose series. This experience suggests that an organized program of interventions in a residential care facility for homeless teenagers can significantly reduce drug dependence and STDs.

PMID: 11388675 [PubMed - indexed for MEDLINE]


Transitions of employment status among suicide attempters during a severe economic recession.

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Previous studies have shown a positive association between unemployment and attempted suicide. This study investigated transitions of employment status among suicide attempters during the severe economic recession. The main research question was whether inequality in the labour market also prevails among a selected population as suicide attempters. The material consisted of 2495 persons who attempted suicide during 1989-1994 in Helsinki, Finland. Logistic regression analysis and survival analysis were used. Unemployment rates among suicide attempters were higher than in the general population, male rates being higher than female rates throughout the recession. There were significant changes in the employment status of the entire attempted suicide population from 1989 to 1994, especially in terms of the transition from employment to unemployment. Gender, age and education level predicted exit from the labour market. Among suicide attempters, young middle-aged men with low education had the highest risk of unemployment.

PMID: 11327145 [PubMed - indexed for MEDLINE]


Underemployment and depression: longitudinal relationships.

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We conceptualize employment status not as a dichotomy of working versus not working but as a continuum ranging from adequate employment to inadequate employment (involuntary part-time or low wage) to unemployment. Will shifts from adequate to inadequate employment increase depression as do shifts from employment to unemployment, and to what extent does prior depression select workers into such adverse employment change? We analyze panel data from the National Longitudinal Survey of Youth for the years 1992-1994 for the 5,113 respondents who were adequately employed in 1992. Controlling for prior depression, both types of adverse employment change resulted in similar, significant increases in depression. These direct effects persisted despite inclusion of such potential mediators as changes in income, job satisfaction, and marital status. Marital status buffered the depressive effect of both types of adverse change, but education and job dissatisfaction amplified the effect of unemployment on depression. Prior depression did not predict higher risk of becoming inadequately employed but did predict increased risk of unemployment, particularly for those with less education. These results confirm that both unemployment and inadequate employment affect mental health, and they invite greater efforts to monitor the extent and impact of underemployment.

PMID: 11198566 [PubMed - indexed for MEDLINE]


Services research outcomes study: overview of drug treatment population and outcomes.

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The study examined a representative sample of the 1,060,000 individuals discharged from drug user treatment in the United States in the 12 months before September 1990, and compared self-reports of behavior 5 years before to 5 years
after treatment. Self-reports about recent drug use were compared with urine samples, and the agreement between self-report and drug-test results was high. The key findings are that the number of alcohol and drug users declined markedly, ranging from one-seventh to more than one half; those who continued using drugs after treatment used them less frequently than before treatment; criminal behavior fell between one-quarter to one-half, and primary criminal support fell by one third; full-time employment did not change; homelessness, drug injection, and suicide attempts decreased by more than one-third.

PMID: 11138710 [PubMed - indexed for MEDLINE]


Social class and self-rated health: can the gradient be explained by differences in life style or work environment?

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The purpose of the present paper is to describe differences in work environment and life style factors between social classes in Denmark and to investigate to what extent these factors can explain social class differences with regard to changes in self-rated health (SRH) over a 5 year period. We used data from a prospective study of a random sample of 5001 Danish employees, 18-59 years of age, interviewed at baseline in 1990 and again in 1995. At baseline we found higher prevalence in the lower classes of repetitive work, low skill discretion, low influence at work, high job insecurity, and ergonomic, physical, chemical, and climatic exposures. High psychological demands and conflicts at work were more prevalent in the higher classes. With regard to life style factors, we found more obese people and more smokers among the lower classes. The proportion with poor SRH increased with decreasing social class at baseline. The follow-up analyses showed a clear association between social class and worsening of SRH: The lower the social class, the higher the proportion with deterioration of SRH. There was no social gradient with regard to improved SRH over time. Approximately two thirds of the social gradient with regard to worsening of SRH could be explained by the work environment and life style factors. The largest contribution came from the work environment factors.

PMID: 11005390 [PubMed - indexed for MEDLINE]


Relationships between seizure severity and health-related quality of life in refractory localization-related epilepsy.


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PURPOSE: To evaluate relationships between self-report measures of seizure severity and health-related quality of life (HRQOL) in people with refractory localization-related epilepsy. METHODS: A sample of 340 adults enrolled in a seven-center, prospective study of resective epilepsy surgery completed baseline questionnaires that included the Quality of Life in Epilepsy (QOLIE)-89 and a seven-item adaptation of the National Hospital Seizure Severity Scale. Associations between QOLIE-89 summary measures and both the total seizure severity scale score and individual seizure severity items were assessed, after
adjustment for seizure frequency. RESULTS: The seizure severity measure had adequate scale score variability and reliability in this sample. Correlations between individual items in the scale did not exceed 0.43. Product-moment partial correlations between the seizure severity scale and QOLIE-89 summary measures ranged from -0.17 to -0.29 (all p values <0.01). Of the seven seizure severity items, the average time before individuals perceived they were "really back to normal" after their seizures was broadly related to all domains of HRQOL (r values ranged from -0.16 to -0.30; p values <0.01). Severity of injury during seizures was the only other item having more than minimal associations with HRQOL, and it was selectively related to the physical health measure. Higher frequency of falls during seizures was modestly related to less employment.

CONCLUSIONS: This seizure severity measure assesses constructs that are generally distinct from HRQOL, except for moderate and broad associations between HRQOL and patient's perceptions of the average duration of recovery time after seizures. Recovery time may potentially be a useful clinical indicator of seizure severity that reflects meaningful impairment of HRQOL in adults with frequent seizures.

PMID: 10840410 [PubMed - indexed for MEDLINE]


Sexually transmitted infections and use of sexual health services among young Australian women: women's health Australia study.

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Our objective was to examine associations between self-reported sexually transmitted infections (STIs) and sociodemographic, lifestyle, health status, health service use and quality of life factors among young Australian women; and their use of family planning and sexual health clinics and associations with health, demographic and psychosocial factors. The study sample comprised 14,762 women aged 18-23 years who participated in the mailed baseline survey for the Australian Longitudinal Study on Women's Health, conducted in 1996. The main outcome measures are self report of ever being diagnosed by a doctor with an STI, including chlamydia, genital herpes, genital warts or other STIs, and use of family planning and sexual health clinics. The self-reported incidence of STI was 1.7% for chlamydia, 1.1% genital herpes, 3.1% genital warts, and 2.1% other STIs. There was a large number of demographic, health behaviour, psychosocial and health service use factors significantly and independently associated with reports of having had each STI. Factors independently associated with use of family planning clinic included unemployment, current smoking, having had a Pap smear less than 2 years ago, not having ancillary health insurance, having consulted a hospital doctor and having higher stress and life events score. Factors independently associated with use of a sexual health clinic included younger age, lower occupation status, being a current or ex-smoker, being a binge drinker, having had a Pap smear, having consulted a hospital doctor, having poorer mental health and having higher life events score. This study reports interesting correlates of having an STI among young Australian women aged 18-23.

The longitudinal nature of this study provides the opportunity to explore the long-term health and gynaecological outcomes of having STIs during young adulthood.

PMID: 10824940 [PubMed - indexed for MEDLINE]


Psychosocial disability during the long-term course of unipolar major depressive disorder.
BACKGROUND: The goal of this study was to investigate psychosocial disability in relation to depressive symptom severity during the long-term course of unipolar major depressive disorder (MDD). METHODS: Monthly ratings of impairment in major life functions and social relationships were obtained during an average of 10 years' systematic follow-up of 371 patients with unipolar MDD in the National Institute of Mental Health Collaborative Depression Study. Random regression models were used to examine variations in psychosocial functioning associated with 3 levels of depressive symptom severity and the asymptomatic status. RESULTS: A progressive gradient of psychosocial impairment was associated with a parallel gradient in the level of depressive symptom severity, which ranges from asymptomatic to subthreshold depressive symptoms to symptoms at the minor depression/dysthymia level to symptoms at the MDD level. Significant increases in disability occurred with each stepwise increment in depressive symptom severity. CONCLUSIONS: During the long-term course, disability is pervasive and chronic but disappears when patients become asymptomatic. Depressive symptoms at levels of subthreshold depressive symptoms, minor depression/dysthymia, and MDD represent a continuum of depressive symptom severity in unipolar MDD, each level of which is associated with a significant stepwise increment in psychosocial disability.

PMID: 10768699 [PubMed - indexed for MEDLINE]


The Danish Prevention Register. A comprehensive health and socio-economic, individual based register.

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The Danish Prevention Register has been created recently as a very comprehensive national individual based register, based on register linkage. The Prevention Register currently comprises eight registers, which have been linked together using the unique personal identification number. The register contains data from 1977 and onwards. From an international research perspective this register offers unique opportunities to the researchers. The eight registers can be divided into three groups: health-related registers, registers on living conditions and a Register of Population Statistics. The health-related registers are: Register of Causes of Death, National Patient Register (in-patients and out-patients) and Register of Health Insurance Statistics (primary health care, GPs). Within the next few years the register will be expanded with The Medical Birth Register. The Abortion Register and The Malformation Register. The registers on living conditions are: Longitudinal Register of Social and Employment Statistics, Employment Classification Module, Educational Classification Module and Register of Population and Housing Censuses. The Register allows for cross-sectional and follow-up studies and is used for administrative purposes as well as research purposes. An overview of the register is presented in the article. Earlier articles in the Danish Register series in DMB explain details of the registers.

PMID: 10421986 [PubMed - indexed for MEDLINE]
The persisting effect of unemployment on health and social well-being in men early in working life.

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In our studies of the effects of unemployment in the early working life of men in a British national birth cohort we have shown elsewhere that this experience was part of a longer term accumulation of social and health disadvantage. This present study asks whether men's unemployment also inflicted potential longterm damage to future socio-economic chances and health. We therefore constructed indicators of socio-economic circumstances and health at 33 years from factors already shown to be associated with health in later life. For the socio-economic indicator we used a combination of income, occupational status and home ownership and described this as socio-economic capital. For the health indicator we combined scores of body mass index, leisure time exercise, frequency of eating fresh fruit and of smoking, and described this as health capital. After controlling for pre-labour market socio-economic and health factors, prolonged unemployment is shown here to reduce significantly both socio-economic and health capital by age 33 years. We conclude that the experience of prolonged unemployment early in the working life of this population of young men looks likely to have a persisting effect on their future health and socio-economic circumstances.

PMID: 10369448 [PubMed - indexed for MEDLINE]

Mild mental retardation: psychosocial functioning in adulthood.

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BACKGROUND: Evidence on the adult adaptation of individuals with mild mental retardation (MMR) is sparse, and knowledge of the factors associated with more and less successful functioning in MMR samples yet more limited. METHOD: Prospective data from the National Child Development Study were used to examine social circumstances and psychosocial functioning in adulthood in individuals with MMR and in a non-retarded comparison group. RESULTS: For many individuals with MMR, living circumstances and social conditions in adulthood were poor and potential stressors high. Self-reports of psychological distress in adulthood were markedly elevated, but relative rates of psychiatric service use fell between childhood and adulthood, as reflected in attributable risks. Childhood family and social disadvantage accounted for some 20-30% of variations between MMR and non-retarded samples on a range of adult outcomes. Early social adversity also played a significant role in contributing to variations in functioning within the MMR sample. CONCLUSIONS: MMR appears to be associated with substantial continuing impairment for many individuals.

PMID: 10218926 [PubMed - indexed for MEDLINE]

Suicidal ideation among the long-term unemployed: a 5-year follow-up.

Suicidal ideation was monitored in a 5-year follow-up of a representative sample of long-term unemployed Norwegians. Four items from the General Health Questionnaire-28 were used as a Suicidal Ideation Index, which showed a prevalence of 17% in the present sample of unemployed subjects, higher than the value of 11% in a sample of Australian students used to construct the Index. Five years later, suicidal ideation was found in 6% of those who had been re-employed and 22% of those still unemployed, indicating that the high prevalence of suicidal ideation may be due to unemployment. Routine clinical examination was also tried for preventive purposes. In total, 8% of the unemployed subjects showed clinically significant suicidal ideation. They were referred to a psychologist or their GP, and were given the standard advice about suicide prevention. A Resource Centre, which many employees at the Labour Office have missed, has now been set up in the area under the National Plan for Suicide Prevention.

PMID: 9879791 [PubMed - indexed for MEDLINE]


Worksite physical activity interventions.

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BACKGROUND: National objectives for public health have targeted worksite as important settings for interventions to increase physical activity. However, expert reviews reveal no scientific consensus about the effectiveness of worksite interventions for increasing physical activity or fitness. METHODS: We judged the quantity and quality of existing evidence against scientific standards for the internal and external validity of the research design and the validity of measurements. Meta-analytic methods were used to quantify the size of effects expressed as Pearson correlation coefficients (r). Variation in effect was examined in relation to several features of the studies deemed important for implementing successful worksite interventions. Pre-experimental cohort studies were excluded because they are sensitive to secular trends in physical activity. RESULTS: Twenty-six studies involving nearly 9,000 subjects yielded 45 effects. The mean effect was heterogeneous and small, r = 0.11 (95% CI, -0.20 to 0.40), approximating 1/4 S.D., or an increase in binomial success rate from 50% to 56%. Although effects varied slightly according to some of the study features we examined, effects were heterogeneous within levels of these features. Hence, the moderating variables examined did not explain variation in the effects (P > 0.05). The exception was that effects were smaller in randomized studies compared with studies using quasi-experimental designs (P < 0.05). CONCLUSIONS: Our results indicate that the typical worksite intervention has yet to demonstrate a statistically significant increase in physical activity or fitness. The few studies that have used an exemplary sample, research design, and outcome measure have also yielded small or no effects. The generally poor scientific quality of the literature on this topic precludes the judgment that interventions at worksites cannot increase physical activity or fitness, but such an increase remains to be demonstrated by studies using valid research designs and measures.

PMID: 9838977 [PubMed - indexed for MEDLINE]

Underemployment and alcohol misuse in the National Longitudinal Survey of Youth.

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OBJECTIVE: This study measured the impact of unemployment and underemployment on alcohol misuse. METHOD: A panel of respondents from the National Longitudinal Survey of Youth was studied in 1984-85 and 1988-89. In each pair of years, the effect of employment change (e.g., becoming underemployed) on alcohol misuse was assessed controlling for misuse in the first year. Alcohol misuse was operationalized in two ways: elevated symptoms and heavy drinking. Three samples were analyzed: a core sample of 2,441 who were available in both pairs of years (approximately 65% male) and two extended samples that included everyone available in one pair of years but not the other (n = 4,183 in 1984-85 and n = 3,926 in 1988-89). RESULTS: The 1984-85 analyses revealed a significant association of adverse change in employment with both elevated alcohol symptoms and heavy drinking (the latter moderated by prior heavy drinking). The 1988-89 analyses found no relationship between adverse change in employment and heavy drinking in the core sample and no main effect of adverse change in employment on symptoms, but they did reveal interactions involving prior symptoms (core sample) and marital status (extended sample). CONCLUSIONS: Several explanations for these decreasing effects over time were considered including changes in measurement reliability, statistical power, economic environment and respondents' maturity. These results confirm previous findings that job loss can increase the risk of alcohol misuse, provide new evidence that two types of underemployment (involuntary part-time and poverty-level wage) can also increase this risk and suggest that these effects vary over time.

PMID: 9811088 [PubMed - indexed for MEDLINE]


Health and employment after a diagnosis of occupational asthma: a descriptive study.

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The objectives of this study were to describe changes in asthma and employment after diagnoses of occupational asthma reported to the SWORD project. Questionnaires were sent to 312 physicians for all 1,940 cases of occupational asthma reported from 1989-92; 1,769 (91%) were returned but information was available for only 1,317 (68%). Of patients reported by occupational physicians, 45% had recovered from asthma compared to only 14% of those reported by chest physicians (excluding medicolegal cases), presumably because of differences in severity. Proportions with the same employer were 49% and 48% respectively. Patients exposed for a year or more after diagnosis recovered from asthma less frequently but were more often employed than those exposed for less than a year. Among those whose asthma was attributed to high molecular weight agents, smokers had developed asthma earlier after exposure began than others but had the best prognosis. Asthma developed following a single high exposure in 18 cases (2%), of which 13 were to irritants and five to known sensitizers.

PMID: 9800419 [PubMed - indexed for MEDLINE]

Interacting effects of multiple roles on women's health.

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Our study tests several hypotheses concerning the effects of employment, marriage, and motherhood on women's general physical health. These hypotheses predict how the health effect of each role varies, depending on specific role characteristics and the other roles a woman holds. Our analyses utilize longitudinal panel data for 3,331 women from the National Longitudinal Surveys of Young Women (follow-up intervals: 1978-83 and 1983-88). The Role Substitution Hypothesis proposes that employment and marriage provide similar resources (e.g., income and social support), and consequently, employment and marriage can substitute for each other in their beneficial effects on health. As predicted, we found that employment had beneficial effects on health for unmarried women, but little or no effect for married women. Similarly, marriage had beneficial effects on health only for women who were not employed. The Role Combination Strain Hypothesis proposes that employed mothers experience role strain, resulting in harmful effects on health. However, we found very little evidence that the combination of employment and motherhood resulted in harmful health effects. Contrary to the predictions of the Quantitative Demands Role Strain Hypothesis, it appears that neither longer hours of employment nor having more children resulted in harmful effects on health. As predicted by the Age-Related Parental Role Strain Hypothesis, younger age at first birth, particularly a teenage birth, appeared to result in more harmful health effects.

PMID: 9785695 [PubMed - indexed for MEDLINE]


Socio-demographic characteristics of family planning clients and their possible influence on contraception in Malawi.

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In a survey of family planning clients at the central Teaching Hospital, Blantyre, between July 1 and December 31, 1993, to determine their social, biological and reproductive profiles, contraceptive awareness and previous use, 766 new clients were recruited and interviewed by means of partially structured questionnaire. Their mean age was 27 years, with a range of 15-43 years. Adolescents formed 10.1% and those above 35 years of age were 17.1%. 91.3% were married. While 12.6% had no formal education, 29.7% had secondary school education and higher. Their mean parity and living children were 3.6 and 3.1 respectively. The mean desired fertility was 4.5. 93.3% of all clients had live births in their last pregnancies. Contraceptive awareness was quite high, about 98.0%. However, only 30.9% had ever-used contraceptives before then. When these are looked at against a background of the corresponding situations in the country, it appears that the individuals seeking, accepting and using contraceptives in Malawi, are better off in the various aspects of life, thus suggesting their possible influence on contraceptive use. There is need to review the national family planning programme, address the contraceptive needs of adolescents and women aged above 35 years, improve formal female education, change the prevailing socio-cultural and traditional beliefs and practices which affect women adversely, thus empowering them over affairs of their health.

PIP: This study examined the social, demographic, and reproductive profiles and
contraceptive usage of women seeking contraceptive services at the largest public clinic in Blantyre, Malawi, during July 1 to December 31, 1993. Data were obtained from a prospective survey among 830 new family planning clients at the Queen Elizabeth Central Teaching Hospital. 69.1% of new clients were seeking contraception for the first time. The mean age of new clients was 27 years. 10.1% of new clients were aged 10-19 years, and 17.1% were aged over 35 years. Almost 30% had a secondary education or higher. 57.7% had only primary school education. 12.6% had no formal education. Better educated women had lower parity, number of living children, and desired fertility. 91.3% were married. 66.3% were housewives. 24.4% were engaged in formal employment. 88.5% of male partners were engaged in formal employment. The mean age at menarche was 15 years. The mean parity was 3.6. Nearly 60% of women aged under 24 years had a parity of 2 or higher. 65.9% had the same number of living children as their parity. 31.1% of women desired 4 children. 13.4% desired a pregnancy within 2 years of the previous pregnancy, which was a poor outcome. Women with a higher number of living children had the desire for the longest birth interval. 98.7% knew at least one family planning method. 30.9% had ever used contraceptives (oral pills and condoms). 49.0% and 42.9% of the 963 clients accepted, respectively, the oral pill and Depo Provera. There was a strong correlation between the methods known and desired, and the methods accepted.

PMID: 9604534 [PubMed - indexed for MEDLINE]


Determinants of self-reported neck-shoulder and low back symptoms in a general population.

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STUDY DESIGN: A combined cross-sectional and longitudinal design. OBJECTIVES: To investigate relation between, on one hand, self-reported neck-shoulder symptoms and, on the other hand, low back symptoms and self-reported work-related physical load, psychosocial factors, and individual characteristics and to study the influence of physical capacity in adolescence on neck-shoulder and low back symptoms in adulthood. SUMMARY OF BACKGROUND DATA: Heavy physical work and exposure to vibration constitute risk factors for low back problems, and repetitive and static work are risk factors for neck-shoulder symptoms in many jobs. The interplay between individual factors and work-related psychosocial and physical exposure, however, is not well documented. This study addresses effects of adolescent capacity on this interplay in a general population. METHODS: A random sample of 425 Swedish students was investigated when the students were 16 years and 34 years of age. Sixty-five percent participated in both examinations; only those who worked > or = 16 hours/week at the follow-up period, 148 men and 90 women, were included in these analyses. Data about musculoskeletal symptoms, work, and sociodemographic and individual characteristics were collected at the age of 34 years; physical performance data were collected at the ages of 16 years and 34 years. RESULTS: Among the men, self-employment and worry were associated with neck-shoulder symptoms; among the women, monotonous work and high decision latitude were associated with neck-shoulder symptoms. Low back problems were related to monotonous work among men and women and to exposure to vibration among men. Performance in certain fitness tests at the ages of 16 years and 34 years was negatively associated with musculoskeletal symptoms. CONCLUSIONS: The inverse relationships between performance at the age of 16 years and adult musculoskeletal symptoms may imply benefits of early fitness training.

PMID: 9474732 [PubMed - indexed for MEDLINE]
Despite the importance of anticipating how children may be affected by policies that move mothers off welfare and into employment, as the article by Zaslow and Emig in this journal issue points out, few research studies have addressed this critical policy question. To help fill that gap, this article presents the results of a new study using national survey data to examine child outcomes among families that had previously received welfare. About half the families studied had mothers who remained at home, the others were working at varying wage levels. The findings reported here echo themes discussed in the two preceding articles. Maternal employment does not appear to undermine children's social or cognitive development from ages 5 to 14, and it may yield advantages. Children whose mothers earned more than $5.00 per hour, particularly, had somewhat better outcomes than others. The authors emphasize, however, that background characteristics specific to the mothers who chose employment contributed to these positive outcomes. The authors add that it would be risky to apply these generalizations based on these findings to families forced into employment by welfare reform.

PMID: 9170739 [PubMed - indexed for MEDLINE]

It is widely assumed that employment and breastfeeding are relatively incompatible behaviors in the United States; yet recently both the incidence of breastfeeding and the incidence of postpartum employment increased. This paper examines the relationship between these trends from 1968-86 using data from the National Surveys of Family Growth. I find that these trends result from increases in the likelihood that a woman engages in both breastfeeding and postpartum employment. There has been an increase over time in the incidence and duration of women concurrently breastfeeding and working. However, the majority of employed women did not concurrently breastfeed, suggesting that conflicts between these behaviors still exist.

PMID: 9204696 [PubMed - indexed for MEDLINE]

Toward an alcohol treatment model: a comparison of treated and untreated respondents with DSM-IV alcohol use disorders in the general population.

PMID: 9355313 [PubMed - indexed for MEDLINE]

Division of Biometry and Epidemiology, National Institute on Alcohol Abuse and Alcoholism, Bethesda, Maryland 20892-7003, USA.
The purpose of this study was to compare characteristics of person with alcohol use disorders who sought alcohol treatment with those who did not using data from a nationally representative sample of the United States. Applying an organizing framework from the larger literature on service utilization, a logistic regression analysis was conducted to examine the interaction among factors influencing treatment. The results identified unemployment status and lower educational level as barriers to alcohol treatment, but the impact of these factors differed depending on whether the respondent had previous experience with alcohol treatment. The major findings of this study are discussed in terms of consumer satisfaction, minimizing barriers to alcohol treatment services, and the need to examine individual determinants of alcohol treatment within the larger context of organizational and sociopolitical factors.

PMID: 8730232 [PubMed - indexed for MEDLINE]


A cluster analytic study of functional outcome after psychiatric hospitalization.

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We report the initial results from a prospective study designed to assess patients' functional outcome and level of service utilization following psychiatric hospitalization. All patients admitted between March 31, 1993 and April 1, 1994 were interviewed at admission and discharge, and 350 consenting patients were reassessed 3 months postdischarge. Subgroups were created using cluster analysis (measures of outcome were rehospitalization, self-rated productivity and functioning, and satisfaction with living situation and employment/daily activities at the 3-month follow-up study), and these clusters were then validated using other variables. Four distinct outcome categories were identified. Cluster I contained patients with the greatest functional impairment and the highest rate of rehospitalization (28%). Cluster IV patients reported superior functioning and satisfaction and the lowest rate of rehospitalization (8%). Clusters II and III had intermediate outcomes, the first characterized by greater satisfaction with living situation, and the other by higher ratings for functioning and productivity. Outcome data are important to providers for program evaluation and patient care; if replicated in other samples, the four outcome categories reported may be useful for national mental health care policy and planning.

PMID: 8654060 [PubMed - indexed for MEDLINE]


Occupations, cigarette smoking, and lung cancer in the epidemiological follow-up to the NHANES I and the California Occupational Mortality Study.

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What jobs are associated with the highest and lowest levels of cigarette use and of lung cancer? Are there gender differences in these jobs? Two data sets—the Epidemiological Follow-up to the National Health and Nutrition Examination Survey (NHEFS) and the California Occupational Mortality Study (COMS) were analyzed to answer these questions. For females, the broad occupations ranking from highest to lowest cigarette use in the NHEFS was: transportation operators, managers, craft workers, service workers, operatives, laborers, technicians, administrative
workers, farm owners and workers, sales workers, no occupation, and professionals. The corresponding ranking for males was: transportation operators, no occupation, laborers, craft workers, service workers, technicians, and professionals. The highest-ranking jobs in the COMS were waitresses, telephone operators, and cosmetologists for women, and water-transportation workers, roofers, foresters and loggers for men. Teachers were especially low on all four lists. This study could not determine whether employment within any occupation encouraged smoking or if smokers selected certain occupations.

PMCID: PMC2359318
PMID: 8982527 [PubMed - indexed for MEDLINE]

Musculoskeletal symptoms among sewing machine operators.
Schibye B, Skov T, Ekner D, Christiansen JU, Sjøgaard G.
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OBJECTIVES: A longitudinal study was conducted to describe the prevalences and development of musculoskeletal symptoms among sewing machine operators in relation to age and exposure and among former sewing machine operators who changed exposure by changing occupation. METHODS: Musculoskeletal symptoms were assessed among 327 sewing machine operators in 1985 with the use of the standardized Nordic questionnaire. A follow-up study in 1991 showed that approximately one-third was still working as a sewing machine operator, one-third had changed occupation, and the rest were out of employment. The exposure was assessed by a questionnaire regarding the type of machine being operated, work organization, workplace design, units produced per day, and payment system. RESULTS: High prevalences of musculoskeletal symptoms of the neck and shoulders were found, with some associations to exposure variables such as efficiency. Initially symptom-free sewing machine operators were not at a higher risk of developing symptoms when they continued sewing during the six-year follow-up when compared with those who changed to other employment. However, symptomatic sewing machine operators who quit sewing were much more likely to be relieved of their symptoms than were symptomatic operators who continued sewing, odds ratio 3.26 [95% confidence interval (95% CI) 1.38-7.72] for 12-month symptoms and odds ratio 3.90 (95% CI 1.28-11.90) for 7-day symptoms. This trend also applied to long-lasting symptoms. CONCLUSIONS: The results demonstrate that, for many sewing machine operators, neck and shoulder symptoms are reversible and may be influenced by reallocation to other worktasks.

PMID: 8824748 [PubMed - indexed for MEDLINE]

Is a telephone helpline of value to the workplace smoker?
Amos A, White DA, Elton RA.
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This paper reports the findings of the evaluation of a national smokers' helpline which was set up by British Telecom (BT) for its employees. The helpline formed part of a new comprehensive smoking policy for all BT staff. Over 1000 employees, more than 3.0% of all smokers, phoned the helpline during the first three months of its operation. Two-thirds of callers tried to quit smoking after calling the helpline, and a quarter were still successful three months later. One in six callers reduced the number of cigarettes that they smoked on working days. While the helpline and other cessation support services were evaluated positively by
callers, it appears that helplines only appeal to a small minority of smokers. However, they do seem to be an effective mechanism for a nationwide company to identify those smokers who want support, and a useful means of centralizing the administration of support services. They are potentially a cost-effective option for larger employers.

PMID: 7579297 [PubMed - indexed for MEDLINE]

Allergic sensitization is associated with increased bronchial responsiveness: a prospective study of allergy to laboratory animals.
Renström A, Malmberg P, Larsson K, Larsson PH, Sundblad BM.
The purpose of this prospective study was to investigate the extent of change in bronchial responsiveness and the prognostic value of methacholine provocation in early sensitization to laboratory animals. Thirty eight laboratory technicians were studied during training (before first exposure) and after having been exposed to laboratory animals for a median 18 (range 5-33) months. On both occasions they were subjected to spirometry, bronchial methacholine challenge, skin-prick tests and blood sampling, and responded to questionnaires. Nine (24%) developed laboratory animal allergy (LAA), defined as animal work-related symptoms (n = 8), or specific immunoglobulin E (IgE) (n = 7) or both. In the LAA group, bronchial responsiveness was normal before employment, but had increased significantly at follow-up compared to technicians who had not developed LAA. Six of the nine LAA subjects had a more than threefold increase in bronchial responsiveness, and three of these reported chest symptoms. Spirometric values were not different between the groups prior to exposure or at follow-up, and had no prognostic value. However, a pre-employment level of total IgE > 100 kU.L-1 predicted the development of LAA (relative risk 2.8). Thus, early LAA was associated with increased bronchial responsiveness in most subjects. In contrast to total IgE, the level of pre-employment bronchial responsiveness or lung function did not influence the magnitude of change in responsiveness, nor predict sensitization.

PMID: 8575577 [PubMed - indexed for MEDLINE]

A detailed analysis of work-related injury among youth treated in emergency departments.
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Telephone interviews were conducted with 146 14- to 16-year-olds who incurred an occupational injury treated in an emergency department during the period July through September 1992. Thirty-two percent of the injuries occurred as the result of using equipment. Over half the workers reported not having received prior training on how to avoid injury. The injury limited normal activities for at least 1 day for 68% of the youth and for more than a week for 25%, corresponding to an estimated 6,208 (95% CI: 4,277, 8,139) and 2,639 (95% CI: 1,580, 3,699) youths nationwide, respectively. Employment in retail trades, equipment use, lack of training, and burn injuries were associated with increased limitation of normal activities. Nineteen percent of the youths appear to have been injured in jobs declared to be hazardous, or typically prohibited for their age (14- and
Retinoblastoma (Rb) is a rare childhood tumor of the eye. In the heritable form, tumors are often bilateral and survivors have a greatly increased risk both for a second malignancy and for having children with Rb. Familial patterns of both cancer and birth defects are poorly understood in families with a heritable cancer, and little is known of the ways that a heritable cancer affects the lives of long-term survivors. To find out more about these and other issues in the lives of long-term survivors of childhood and adolescent cancer, we interviewed 56 adult survivors of retinoblastoma (15 with the heritable form) and 84 brothers and sisters as controls, who formed part of a large retrospective cohort study. Rb survivors were interviewed between 1980 and 1983, when they were 30 years old on average. Types of employment and health problems did not differ between survivors and controls, regardless of sight, but the income of blind survivors was considerably less than that of partially sighted survivors. Despite similar marriage rates, fewer survivors than controls reported a pregnancy (RR = 0.45; 95% CI: 0.24-0.83 for both sexes combined). Parents of children with heritable Rb seemed more likely to have had cancer than parents in families with nonheritable Rb (P = 0.06), and mothers were more likely than fathers to be affected (P = 0.01). This small series suggests that having retinoblastoma may have many long-term consequences, reaching beyond genetic and physical effects to touch family life and income attainment and the health of other family members. Follow-up of more modern cohorts and the use of molecular tools will clarify the long-term consequences of more recent therapies, and patterns of familiar cancer.

PMID: 7838037 [PubMed - indexed for MEDLINE]
and the Mini-Mental State Examination. Quality of life was assessed with the SF-36 Health Status questionnaire. RESULTS: Follow-up information about the status of 10 patients was limited except that they were alive. Twenty-one patients (7%) died as the result of their initial stroke, and another 40 patients (14%) died during a mean follow-up of 6.0 years. None of the patients aged 25 years or younger at the time of stroke died during follow-up. Mortality was significantly higher among patients who had a stroke secondary to large-vessel stroke and it was significantly lower in patients with stroke of unknown etiology than in patients with stroke of other causes (relative risk [RR], 1.7; 95% confidence limits [CL], 1.0 to 2.7; and RR, 0.1; CL, 0 to 0.6; respectively). Recurrent strokes occurred in 23 patients (9%) and were fatal in 9. Another 37 patients were treated by a cardiologist during follow-up; 3 had had a myocardial infarct. Fourteen additional patients needed major vascular surgery. Outcomes with the Glasgow Outcome Scale and Barthel Index were generally favorable. Still, only 49% of patients were still alive, were not disabled, had not suffered from recurrent vascular events, or had not undergone major vascular surgery. Only 42% of survivors had returned to work. A majority of survivors will have residual emotional, social, or physical residuals that lessened the quality of life. CONCLUSIONS: The risks of recurrent vascular events in young adults who have had ischemic stroke are considerable. In addition, a majority of survivors will have residual emotional, social, or physical impairments that hamper employment or lower the quality of life. Further research on the quality of life for young adults who survive stroke is needed.

PMID: 8023350 [PubMed - indexed for MEDLINE]


A clinical follow up of unemployed. II: Sociomedical evaluations as predictors of re-employment.

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OBJECTIVE--To frame and study sociomedical evaluations in clinical work with unemployed people. DESIGN--In a two-year follow up of routine health examinations, three sociomedical evaluations were set up. The first was the direct conclusion of the check-up, based on sickness and possibilities of treatment. The second dealt with work identity, and the last was a diagnostic set of main unemployment problem. SETTING--The four municipalities of Grenland, Norway. PARTICIPANTS--A representative sample aged 16 to 63 who had been registered with the labour market authorities for more than 12 weeks. RESULTS--21% of the unemployed needed further treatment. 7% were classified as "discouraged", being on their way out of the labour market, while the majority of the study group was healthy job seekers. Work identity seemed to be wage earning for 83%, homemaking for 9%, cultural work for 3%, and being a pensioner for 5%. The main unemployment problem was lack of work for 46% of the examined. Other problems were poor health, being less attractive workers, or having little courage for job search. The evaluations predicted re-employment after two years. They divided the unemployed in groups with from five to seven times difference in re-employment rate. CONCLUSION--These standardized sociomedical evaluations seen to be useful in clinical work with unemployed people.

PMID: 8146506 [PubMed - indexed for MEDLINE]


A clinical follow up of unemployed. I: Lifestyle, diagnoses, treatment and re-employment.
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OBJECTIVE--To describe morbidity, lifestyle and re-employment in a representative sample of unemployed people. DESIGN--A two-year follow up of a routine health examination consisting of a structured interview, a clinical examination and the doctor's conclusions and advice. SETTING--Four municipalities in Greenland, southern Norway. PARTICIPANTS--A representative sample aged 16 to 63 who had been registered with the labour market authorities for more than 12 weeks. RESULTS--Self-reported diseases were more common in the study group than were found in employed people, especially musculoskeletal and mental disorders. The prevalence of medical diagnoses was high. Smoking was reported by nearly twice as many unemployed as the reference population. Heavy alcohol consumption was more prevalent in the unemployed men. Blood pressure was lower than in the reference population. Cholesterol was higher in the unemployed women. Many needed counselling or referrals. Having a medical diagnosis reduced the chances of re-employment two years later. Thus, health-related selection for re-employment seems to explain some of the excess morbidity among unemployed people. CONCLUSION--The long-term unemployed is a group with high morbidity and unhealthy lifestyle. General practitioners should be aware of this pattern in clinical and preventive work.

PMID: 8272655 [PubMed - indexed for MEDLINE]

First report from the Plunket National Child Health Study: smoking during pregnancy in New Zealand.

Alison LH, Counsell AM, Geddis DC, Sanders DM.
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The Plunket National Child Health Study is a 5-year longitudinal study of a birth cohort of 4285 children born in New Zealand during 1990-1991. This paper describes the major lines of epidemiological research, the methods and study design, and reports on the demographic data of New Zealand children. During this first report from the Plunket Child Health Study, we examine on the smoking rates of New Zealand mothers during pregnancy. Overall 33% of mothers smoked during pregnancy. Particularly high rates were found amongst teenage mothers, Maori women, single women and women with lower educational levels. Over 60% of women in these categories smoked during pregnancy.

PMID: 8378172 [PubMed - indexed for MEDLINE]

Mortality and incidence of cancer in a cohort of Swedish chimney sweeps: an extended follow up study.

Evanoff BA, Gustavsson P, Hogstedt C.
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Despite 200 years of efforts to regulate safety in this occupation, chimney sweeps have increased mortality from cancer, ischaemic heart disease, and respiratory disease. Mortality and incidence of cancer were examined in a cohort
of 5542 Swedish chimney sweeps employed through their national trade union at any
time between 1918 and 1980. Previous studies of this cohort found increased risks
of ischaemic heart disease, respiratory disease, accidental deaths, and various
neoplasms. By increasing follow up, we sought to increase the power of the study
and examine disease time trends. Mortality analysis was extended 7.5 years to
cover the period 1951-90; cancer incidence analysis was extended six years to
cover the period 1958-87. New findings include increased incidence and mortality
of prostate cancer (SMR 169, 95% CI 106-256, 22 observed) and increased incidence
of total haematolymphatic cancers (SIR 151, 95% CI 106-209, 36 observed). When
only the most recent follow up period was analysed, previously observed risks
persisted for total lung cancer (SIR 178, 95% CI 99-293), oat cell lung cancer
(SIR 240, 95% CI 103-472), bladder cancer (SIR 247, 95% CI 131-422), and
oesophageal cancer (Obs/Exp = 2/1.1). Mortality from ischaemic heart disease (SMR
98, 95% CI 76-123) and respiratory disease (SMR 111, 95% CI 56-199) declined
during recent follow up, although significant excess mortality remained during
analysis of the entire study period (ischaemic heart disease SMR 128, 95% CI
112-145; respiratory disease SMR 159, 95% CI 115-213). In analyses of the entire
study period, risks of ischaemic heart disease and lung, bladder, and oesophageal
cancer were adjusted for smoking; oesophageal cancer was also adjusted for use of
alcohol. All risks remained significantly raised. Exposure-response analyses
showed significant positive associations between duration of employment and risks
for mortality from lung, oesophageal, and total cancer. Chimney sweeps remain at
increased risk for cancers of the lung, oesophagus, and bladder. Our study
supports a causal role for exposure to chimney soot, which contains carcinogens
including polycyclic aromatic hydrocarbons. Extended follow up of this cohort now
shows increased risks of prostate and haematolymphatic cancers.

PMCID: PMC1012164
PMID: 8507598 [PubMed - indexed for MEDLINE]


The Alcohol Use Disorders Identification Test (AUDIT) in a routine health
examination of long-term unemployed.

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Norway.

A representative sample of 310 long-term unemployed in Norway was followed for 2
years with clinical examinations and the AUDIT questionnaire. 30% of the men and
8% of the women scored over the cut-off point for an alcohol use disorder. This
gives a probable prevalence of 16%. The test predicted return to employment in
this sample. The AUDIT answers were also used as a basis for dividing into three
groups: 'normal', 'hazardous' and 'harmful'. At 2 year follow-up, 27% had changed
group, 32 respondents to the worse and 24 to the better. This 'unstable' group
was characterized by weaker social network and more frequent drinking. The AUDIT
was judged as a useful instrument both in a routine health examination and as an
epidemiological tool.

PMID: 8461853 [PubMed - indexed for MEDLINE]


Health, physical activity level, and employment status in Canada.

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Over the past few years, research from several countries has demonstrated an association between unemployment and poor health. In addition, a number of studies have established a link between physical activity level and health. As yet, however, there has been no comparison of the physical activity levels of the employed and the unemployed in a national population and of the extent to which the health of the employed and unemployed varies with physical activity levels. The research presented in this article demonstrates that in Canada, while the unemployed report comparable levels of physical activity to the employed, for all levels of physical activity, they are less healthy than the employed, even after adjustments are made for age, gender and adequacy of family income. The effects of unemployment on health, however, vary by duration of employment. Overall, the findings suggest that some benefits of elevated levels of physical activity are dampened by the consequences of unemployment.

PMID: 8276533 [PubMed - indexed for MEDLINE]


Renal cell cancer among paperboard printing workers.

National Institute for Occupational Safety and Health, Cincinnati, OH.

A physician's alert prompted us to investigate workers' cancer risk at a paperboard printing manufacturer. We conducted a retrospective cohort mortality study of all 2,050 persons who had worked at the facility for more than 1 day, calculated standardized incidence ratios (SIRs) for bladder and renal cell cancer, and conducted a nested case-control study for renal cell cancer. Standardized mortality ratios (SMRs) from all causes [SMR = 1.0, 95% confidence interval (CI) = 0.9-1.2] and all cancers (SMR = 0.6, 95% CI = 0.3-1.0) were not greater than expected. One bladder cancer and one renal cell cancer were included in the mortality analysis. Six incident renal cell cancers were observed, however, compared with less than two renal cell cancers expected (SIR = 3.7, 95% CI = 1.4-8.1). Based on a nested case-control analysis, the risk of renal cell cancer was associated with overall length of employment but was not limited to any single department or work process. Although pigments containing congeners of dichlorobenzidine and o-toluidine had been used at the plant, environmental sampling could not confirm any current exposure. Several limitations and a potential selection bias limit the inferences that can be drawn.

PMID: 1420513 [PubMed - indexed for MEDLINE]


A comparison of predictors of treatment drop-out of women seeking drug and alcohol treatment in a specialist women's and two traditional mixed-sex treatment services.

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The problem of high levels of client drop-out in drug and alcohol treatment is frequently reported in the literature. In the course of conducting an evaluation of a specialist women's treatment service, the inadequacy of the data on women-specific predictors of treatment drop-out was highlighted. Using a retrospective design, the characteristics of 160 women who left treatment less than 5 days after admission were compared to the 160 women who stayed longer than 5 days and were enrolled in the evaluation study. The findings of this study
suggested that women who were employed, had a history of sexual assault (especially in adulthood), nominated alcohol as their drug of choice, were not married, older than 25 years of age and had demonstrated a sympathy with the agency's treatment philosophy were less likely to drop-out of treatment. In addition, for lesbian women, women with a history of sexual assault in childhood, and those with dependent children, attendance at a specialist women's service reduced the incidence of treatment drop-out.

PMID: 1326359 [PubMed - indexed for MEDLINE]


[Unemployment among long-term sick-listed persons. From the project Evaluation of Follow-up of Long-term Sick-listed Persons]

[Article in Norwegian]
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Instituttgruppe for samfunnsmedisin, Universitetset i Oslo.

The aim of the study was to compare two subgroups of patients with long-term sickness certificate, i.e. a group who were unemployed after eight weeks of incapacity for work and a group who still had a paid job at the end of the eight weeks. 712 patients who received a medical certificate II after eight weeks of incapacity for work in 1988 were followed up for another 12-15 months by means of information collected as a routine at the local National Insurance Offices in five municipalities in Norway. Of our total sample of patients, the sub-group of unemployed persons differed in a number of ways from the group who still had a job. Among the unemployed the duration of sickness certificate was longer and there were higher frequencies of mental disorders and diseases of the nervous system/sense organs. Admission to hospital was less frequent, however, among the unemployed group than among the group who still had a job. The rate of return-to-work observed after one year of sickness certificate was lower among the unemployed.

PMID: 1566255 [PubMed - indexed for MEDLINE]

Occupational mortality of women aged 15-59 years at death in England and Wales.
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STUDY OBJECTIVE--The aim was to analyse occupational mortality differences among women using follow up data from a large nationally representative sample. DESIGN--Occupational information was obtained from the 1971 census records of women in the Longitudinal Study carried out by the Office of Population Censuses and Surveys (OPCS) and related to their subsequent mortality in the period between the 1971 and 1981 censuses. SETTING--In the Longitudinal Study, census, vital statistics, and other OPCS records are linked for a 1% sample of the population of England and Wales. The women studied in this paper were drawn from the 513,071 persons in the 1971 census who were included in the Longitudinal Study and whose entries were traced at the National Health Service Central Register by 1977. PARTICIPANTS--The analysis was based on 77,081 women aged 15-59 years in the Longitudinal Study for whom occupational information was collected in the 1971 census (99% of whom were in paid employment in the week before the census). There were 1553 deaths among these women in the follow up period analysed here. MEASUREMENTS AND MAIN RESULTS--Numbers of deaths in each
occupational group at census were compared to those expected on the basis of age specific death rates among all women in the study. "Professional, technical workers, and artists" had significantly low mortality while "Engineering and allied trades workers nec" had significantly high mortality. Among the latter, cancer mortality of electrical production process workers was extremely high. A number of other cause specific associations (which appear to confirm proportionate Decennial Supplement analyses) were suggested by the data; examples include high levels of mortality from ischaemic heart disease among cooks, lung cancer and respiratory disease among charwomen and cleaners, and accidents, poisonings, and violence among several groups of professional and technical workers. CONCLUSIONS--By using prospective follow up from the census, occupational differences in mortality can be identified among women in paid employment. As follow up of this study continues, numbers of deaths available for analysis will increase, allowing increasingly comprehensive analyses to be undertaken.

PMCID: PMC1060728
PMID: 2072070 [PubMed - indexed for MEDLINE]


The effect of physical activity during pregnancy on preterm delivery and birth weight.

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The relationship between physical activity during pregnancy, preterm birth, and gestational age-adjusted birth weight was investigated prospectively in a cohort of 7101 women. This study is one of few to evaluate both employment- and non-employment-related physical activity. Prolonged periods of standing were associated with a modestly increased risk of preterm delivery (adjusted odds ratio for greater than or equal to 8 hours/day of standing = 1.31). Heavy work or exercise was not associated with preterm delivery (adjusted odds ratio for greater than or equal to 4 hours per day of heavy work = 1.04). The proportion of infants born preterm did not differ among women working in predominantly standing, active, and sedentary occupations. Physical activity was not associated with gestational age-adjusted birth weight after controlling for confounding variables. These data suggest that unmeasured socioeconomic differences among women reporting different levels of activity may account for previously described associations between physical activity and pregnancy outcome. Most pregnant women who report increased levels of physical activity are not at increased risk of preterm delivery or reduced intrauterine growth. However, these data do not address the role of activity restriction in the management of selected women at high risk for adverse pregnancy outcome.

PMID: 2240086 [PubMed - indexed for MEDLINE]


Future lives of truants: family formation and health-related behaviour.

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This paper examines early adult outcomes of truancy regarding family formation and health-related behaviour, and is based on data collected in the National Child Development Study, which surveyed all people in Great Britain born in the
week 3-9 March 1958, at birth, and at ages 7, 11, 16 and 23. Truants compared to non-truants were found to be relatively more likely to have experienced marital breakdown by the age of 23. They had more children, and their age at the birth of their first child was younger. Truants differed little from non-truants regarding their drinking habits, but were more prone to being heavy smokers. They also showed an increased likelihood of depression. Differences remained after controlling for social background, prior educational attainment, school attendance and qualifications obtained. The authors conclude that truancy appears to be associated with subsequent marital and psychological problems in early adulthood.

PMID: 2378807 [PubMed - indexed for MEDLINE]


[From anthropometrical evaluation to the prediction of nutritional facts at infancy]

[Article in Spanish]

Mardones-restat F, Jones G, Diaz M.

PIP: This study developed instruments to predict the unsatisfactory growth of children in the context of social programs, (health, education, nutrition, social work, food and employment) which measure the probability of malnutrition using anthropometry. Variables used were biological and social (family incompetency). A cohort of 822 breastfeeding infants were followed prospectively from prenatal until 12 months of age in 5 primary health clinics in Santiago, Chile. Weight by age was the dependent variable, defined as "unsatisfactory growth" if it was under the 20th percentile established by the World Health Organization. By 1 year, 32% of the study population was in this category, reflecting national statistics; at 3 months 8% of the infant population and no more than 2% of those breastfeeding were under the 20th percentile. 25 high risk variables were selected that also demonstrated a high correlation with weight and age and these were evaluated by using 3 statistical methods: 1) the relative simple risk (RRS) used by the WHO; 2) logistical regression; and 3) classification and regression trees (CART).

PMID: 12283399 [PubMed - indexed for MEDLINE]


Women's childhood experience of parental separation and their subsequent health and socioeconomic status in adulthood.

Kuh D, Maclean M.


The long term consequences for women of parental divorce and separation in childhood are explored using data from a national, prospective, longitudinal survey. In comparison with women who suffered no parental loss, parental divorce is associated with lower educational attainment and occupational status, poorer mental health, higher alcohol consumption and higher rates of remarriage. Links with earlier signs of emotional disturbance and current levels of stress are explored.

PMID: 2298757 [PubMed - indexed for MEDLINE]

Cancer mortality in the asphalt industry: a ten year follow up of an occupational cohort.

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A historical cohort study was conducted to study the possible risk of cancer associated with exposure to asphalt. Altogether 1320 unskilled workers employed in the asphalt industry were followed up over a ten year period and compared with 43,024 unskilled men in terms of cause specific mortality. Both groups were identified from census records and followed up by an automatic record link that had been established previously between the census register, National Register, and Death Certificate Register. The cancer mortality was significantly increased in asphalt workers aged 45 or more, when five years' latency from enrolment into the study was allowed for (SMR for cancer: 159, 95% confidence interval: 106-228). Non-significant increases were seen for respiratory, bladder, and digestive cancers but a significant increase was seen for brain cancer (SMR = 500, 95% CI: 103-1461). Components of asphalt fumes may have been important to the observed association between risk of cancer and employment in the asphalt industry.

PMCID: PMC1009830
PMID: 2775679 [PubMed - indexed for MEDLINE]


The dynamics of Medicaid enrollment.

Short PF, Cantor JC, Monheit AC.

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This longitudinal study examines transitions on and off Medicaid in the 1984 Panel of the Survey of Income and Program Participation. A majority of those enrolled at the outset, but just 43% of those enrolled at any time during the 32-month survey, remained on Medicaid throughout. While slightly less than half of those departing the program subsequently enjoyed improved employment, private insurance, and higher incomes, nearly half were still poor and 55% became uninsured, indicating that persons who lost their Medicaid cards were in real danger of being without insurance and financial access to health care—a serious disincentive to get off welfare.

PMID: 2976051 [PubMed - indexed for MEDLINE]


The dynamics of health insurance loss: a tale of two cohorts.

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Past research has characterized the uninsured population in fairly static terms. Little is known about the transition between insured and uninsured states, the length of time persons remain uninsured, the existence of multiple spells of health insurance loss, and the extent to which uninsured persons subsequently acquire private or public coverage. In this paper we examine these dynamic
aspects of health insurance coverage for cohorts of privately insured and uninsured persons over a 32-month period. The uninsured population was found to be quite heterogeneous, consisting of many persons who lost coverage for relatively short periods of time, others who were periodically without insurance, and many who were persistently uninsured. Implications for public policy initiatives for the uninsured population are also discussed.

PMID: 2972617 [PubMed - indexed for MEDLINE]


Social network interaction and mortality. A six year follow-up study of a random sample of the Swedish population.

Orth-Gomér K, Johnson JV.

This study examined the relationship between social network interaction and total and cardiovascular mortality in 17,433 Swedish men and women between the ages of 29 and 74 during a 6 year follow-up period. The study group was interviewed concerning their social network interactions and a total score was formed which summarized the availability of social contact. A number of sociodemographic and health related background variables known to be associated with mortality risk were also considered. Mortality was examined by linking the interview material with the Swedish National Mortality Registry. In the 6-year follow-up period 841 deaths occurred. The crude relative risk of dying during this period was 3.7 (95% CL 3.2; 4.3) when the lower social network tertile was compared to the upper two tertiles. When controlling for potential confounding effects, only age had a major influence on the association between social network interaction and mortality (RR age-adjusted = 1.46, 95% CL 1.25; 1.72). Controlling for age and sex, age and educational level, age and employment status, age and immigrant status, age and smoking, age and exercise habits and age and chronic disease at interview left the relative risk virtually unchanged. Controlling simultaneously for age, smoking, exercise and chronic illness yielded a risk estimate of 1.36 (95% CL 1.06; 1.69). Similar results were obtained when separately analyzing for cardiovascular disease mortality in an identical manner.

PMID: 3611293 [PubMed - indexed for MEDLINE]


Education and employability of young cardiac patients.

Robida A.

Between 1966-1980, 136 young cardiac patients were categorized as disabled in accordance with the National Act of Rehabilitation. To study their fate a questionnaire was circulated to them: 96 patients responded, all were 15 years of age or more at the time of the study; 31.2% attended middle or higher school education and 63.3% were employed; 45.9% were skilled and 54.1% unskilled workers; 2.2% were unemployed, which was very close to the general youth unemployment rate. Work was provided for unemployed patients in their homes but they needed additional financial support. The benefits for the young disabled cardiac patients include health insurance, vocational training, payment of boarding school fees and financial support. Nevertheless the focus of the team dealing with these patients should be their preparation for employment.

PMID: 4055155 [PubMed - indexed for MEDLINE]

Out-state charity neurology clinics: appraisal and follow-up of a comprehensive neurology project in a thinly populated area.

Haerer AF, Wiygul FM Jr, Parish G.

PMID: 4406358 [PubMed - indexed for MEDLINE]


A multi-group cross-lagged analyses of work stressors and health using Canadian National sample.

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This article examines the reciprocal relationships between work variables and health outcomes and if these relationships differ by social class (measured by occupational grouping). We used longitudinal data from the 1994/95--2002/03 Canadian National Population Health Survey (NPHS). Karasek's work stress variables were measured in the 1994/95 (cycle 1, time 1), 2000/01 (cycle 4, time 2) and 2002/03 (cycle 5, time 3) surveys. Analyses were limited to 2556 respondents aged 18-56 at time 1 and who remained in the same social class (as defined by occupational position) for all the three time points. Work variables used were job strain ratio, work social support and job insecurity. Health outcomes used were distress, depression and self-rated health. Multi-group path analyses were used to investigate the reciprocal relationships between work and health variables and if these relationships differed by social class. Analyses controlled for age, gender, marital status and work status. We find there is a differential burden of work psychosocial factors and health outcomes by social class. The cross-lagged relationships between work and health depended on the outcome, social class and time lag. More significant paths from work to health were observed than reverse paths from health to work. More significant relationships between work and health were observed for the shorter time lag (2 years) compared to longer time lags (6 years). Low work social support and job insecurity were more detrimental to health for respondents in lower social class positions. Findings from this study highlight the importance of time lag, and to some extent social class, in the reciprocal relationships between work and health.

PMID: 19010577 [PubMed - indexed for MEDLINE]


Factors contributing to treatment success among tuberculosis patients: a prospective cohort study in Bangkok.

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SETTING: Chest Clinic, Ministry of Public Health and health care centres, Bangkok Metropolitan Administration. OBJECTIVE: To determine patient factors predicting successful tuberculosis (TB) treatment. DESIGN: A prospective cohort was conducted during May 2004 to November 2005. Newly diagnosed TB patients aged > or = 15 years were recruited after giving informed consent. Three sets of questionnaires were used to collect data from the patients three times. Data were also gathered from treatment cards. RESULTS: Of 1241 patients, 81.1% were successfully treated. Bivariate analysis indicated that patients' sex, education, occupation, level of knowledge about TB and adverse effects were associated with...
treatment success. Unconditional logistic regression analysis showed that females had a higher success rate than males (OR = 1.9, 95%CI 1.2-2.9). Patients with regular incomes had twice the likelihood of success of the unemployed (OR = 2.0, 95%CI 1.1-3.5). Patients with high knowledge levels were more likely to complete treatment (OR = 2.0, 95%CI 1.2-3.4), while those with adverse effects were less likely to adhere (OR = 0.6, 95%CI 0.4-0.9). CONCLUSION: The current low treatment success rate may be partly due to inadequate knowledge about TB among patients. Improvements in health education and early detection and management of adverse effects should be prioritised by the National Tuberculosis Programme.

PMID: 18812046 [PubMed - indexed for MEDLINE]


Socio-economic differences in the association between sickness absence and mortality: the prospective DREAM study of Danish private sector employees.

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OBJECTIVES: To examine duration of sickness absence as a risk marker for future mortality by socio-economic position among all private sector employees in Denmark in 1998-2004. METHODS: All residents in Denmark employed in the private sector receiving sickness absence compensation in 1998 were investigated in a prospective cohort study. 236 207 persons (38.2% women, 61.8% men, age range 18-65, mean age 37.8 years) alive on 1 January 2001 were included in the study. Mortality from 1 January 2001 to 31 December 2004 was assessed using national register data. Deaths in 1999 and 2000 were excluded to determine the status of sickness absence duration as an early risk marker. For analyses within occupational grades, data were available for a sub-population of 137 607 study participants. RESULTS: 3040 persons died during follow-up. The age-adjusted risk of future mortality increased by duration of sickness absence in a graded fashion among men and non-blue collar workers. Among women and blue collar workers, there was no association of mortality with duration of sickness absences below 6 weeks. However, employees with > or =6 weeks of absence compared to those with 1-week absence had a substantial excess risk of death in all groups: adjusted hazard ratio 2.2 (95% CI 1.8 to 2.7) for women, 2.1 (95% CI 1.8 to 2.4) for men, 3.7 (95% CI 1.9 to 7.2) in white collar occupations, 3.3 (95% CI 2.2 to 5.0) in intermediate grade occupations and 2.0 (95% CI 1.7 to 2.3) in blue collar occupations. CONCLUSION: Administratively collected data on sickness absence compensation for periods > or =6 weeks identified "at risk" groups for future excess mortality in male and female private sector employees across occupational grade levels.

PMID: 18805885 [PubMed - indexed for MEDLINE]


Weight and wages: fat versus lean paychecks.

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Past empirical work has shown a negative relationship between the body mass index (BMI) and wages in most cases. We improve on this work by allowing the marginal effect of non-linear BMI groups to vary by gender, age, and type of interpersonal relationships required in each occupation. We use the National Longitudinal...
Survey of Youth 1979 (1982-1998). We find that the often-reported negative relationship between the BMI and wages is larger in occupations requiring interpersonal skills with presumably more social interactions. Also, the wage penalty increases as the respondents get older beyond their mid-twenties. We show that being overweight and obese penalizes the probability of employment across all race-gender subgroups except black women and men. Our results for the obesity-wage association can be explained by either consumers or employers having distaste for obese workers. (c) 2008 John Wiley & Sons, Ltd.

PMID: 18677723 [PubMed - indexed for MEDLINE]


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OBJECTIVES: This study examined whether serious psychological distress (SPD) is associated with occupational injury among US employees. METHODS: The employed population aged 18-64 years was examined (n=101,855) using data from the National Health Interview Survey (NHIS) 2000-2003. SPD was measured using the Kessler 6-item Psychological Distress Scale (K-6), a screening scale designed to identify persons with serious mental illness. The predicted marginal prevalence of psychological distress and occupational injury with the adjusted odds ratio were estimated using multiple logistic regression analyses. RESULTS: The age-adjusted 3-month prevalence of occupational injury was 0.80 +/- 0.12% in workers with SPD, which was 37% greater than in workers without SPD (0.58 +/- 0.03%). The odds of occupational injury in workers with SPD were higher compared to workers without SPD (OR=1.34, 95% CI=0.93-1.92), after controlling for sex, age, race, education, occupation, and activity limitation by at least one medical condition. Male, service and blue collar occupation, and activity limitation by co-morbidity showed significantly higher odds of occupational injury for workers with SPD. CONCLUSIONS: The findings suggest that SPD accounts for an increased likelihood of occupational injury among US employees. A further longitudinal study is needed to differentiate the mechanism or causal pathways linking individual injury risk at the workplace, SPD, and socioeconomic factors.

PMID: 18515998 [PubMed - indexed for MEDLINE]


Mortality, morbidity and occupational exposure to airway-irritating agents among men with a respiratory diagnosis in adolescence.


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OBJECTIVES: To examine the influence of an airway diagnosis in adolescence on future health and occupation in Swedish men. METHODS: Data were collected from the linkage of four Swedish national registers: the Military Service Conscription Register, the Population and Housing Censuses, the Inpatient Care Register and the National Cause of Death Register. A job-exposure matrix for airway-irritating substances was developed for application on the conscription cohort. The cohort included 49 321 Swedish men born 1949-51. Three groups—(1) healthy, (2) asthmatics (mild and severe asthma) and (3) subjects with allergic rhinitis
without concurrent asthma—were identified at conscription and analysed for mortality, in-patient care and strategies for choice of occupation with emphasis on airway-irritating job exposure. Analyses were adjusted for smoking and childhood socioeconomic position. RESULTS: The prevalence of total asthma was 1.8%, severe asthma 0.45% and allergic rhinitis 2.7%. Mortality for all causes was significantly higher in total asthma, hazard ratio (HR) 1.49 (95% CI 1.00 to 2.23), and lower in allergic rhinitis, HR 0.52 (95% CI 0.30 to 0.91). Asthma was a risk factor for inpatient care while allergic rhinitis was associated with less in-patient care (odds ratio (OR) for total asthma 1.16 (95% CI 1.00 to 1.34), severe asthma 1.38 (95% CI 1.04 to 1.85), allergic rhinitis 0.92 (95% CI 0.82 to 1.03)). Those with asthma tended to avoid jobs with a high probability for airway-irritating exposure (OR 0.88, 95% CI 0.71 to 1.09), but not to the same extent as subjects with allergic rhinitis (OR 0.58, 95% CI 0.47 to 0.70) (ORs from 1990). CONCLUSION: Subjects with asthma did not change their exposure situation to the same extent as subjects with allergic rhinitis. Further, asthmatics had an increased risk for morbidity and mortality compared to healthy subjects and subjects with allergic rhinitis.

PMID: 17681997 [PubMed - indexed for MEDLINE]


Socioeconomic position in childhood and adulthood and weight gain over 34 years: the Alameda County Study.

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PURPOSE: Socioeconomic position (SEP) has been shown to be related to obesity and weight gain, especially among women. It is unclear how different measures of socioeconomic position may impact weight gain over long periods of time, and whether the effect of different measures vary by gender and age group. We examined the effect of childhood socioeconomic position, education, occupation, and log household income on a measure of weight gain using individual growth mixed regression models and Alameda County Study data collected over thirty four years (1965-1999). METHODS: Analyses were performed in four groups stratified by gender and age at baseline: women, 17-30 years (n = 945) and 31-40 years (n = 712); men, 17-30 years (n = 766) and 31-40 years (n = 608). RESULTS: Low childhood SEP was associated with increased weight gain among women 17-30 (0.13 kg/year, p < 0.001). Low educational status was associated with increased weight gain among women 17-30 (0.14 kg/year, p = 0.030), 31-40 (0.14 kg/year, p = 0.014), and men 17-30 (0.20 kg/year, p = 0.001). CONCLUSION: Log household income was inversely associated with weight gain among men 31-40 (-0.10 kg/yr, p = 0.16). Long-term weight gain in adulthood is associated with childhood SEP and education in women and education and income in men.

PMID: 17521922 [PubMed - indexed for MEDLINE]


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AIM: The aim of this study was to identify who is at risk for long-term sickness absence according to occupation, gender, education, age, business sector, agency
Methods: The study is based on a sample of 5357 employees aged 18-69, interviewed in 2000. The cohort was followed up in a national register from January 1st 2001 to June 30th 2003, to identify cases with sickness absences that exceeded 8 weeks. Results: During follow-up 486 persons (9.1%) experienced one or more periods of absence that exceeded 8 weeks. Higher risk of long-term sickness absence was associated with gender, age, educational level, and the municipal employment sector. Kindergarten teachers and people employed in day care, health care, janitorial work, food preparation, and unskilled workers were at greatest risk. Managers, computer professionals, technicians and designers, and professionals had lower risks. The health care and social service sectors were also in the high risk category, whereas the private administration sector had a lower risk. Conclusions: The study identifies specific occupational target populations and documents the need to perform job-specific research and tailor interventions if the intended policy of decreasing long-term sickness absence within the Danish labour market is to be realized.

PMID: 17429148 [PubMed - indexed for MEDLINE]


Stress and depression in the employed population.

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Objectives: This article describes stress levels among the employed population aged 18 to 75 and examines associations between stress and depression. Data sources: Data are from the 2002 Canadian Community Health Survey: Mental Health and Well-being and the longitudinal component of the 1994/95 through 2002/03 National Population Health Survey. Analytical techniques: Stress levels were calculated by sex, age and employment characteristics. Multivariate analyses were used to examine associations between stress and depression in 2002, and between stress and incident depression over a two-year period, while controlling for age, employment characteristics, and factors originating outside the workplace. Main results: In 2002, women reported higher levels of job strain and general day-to-day stress. When the various sources of stress were considered simultaneously, along with other possible confounders, for both sexes, high levels of general day-to-day stress and low levels of co-worker support were associated with higher odds of depression, as was high job strain for men. Over a two-year period, men with high strain jobs and women with high personal stress and low co-worker support had elevated odds of incident depression.

PMID: 17111591 [PubMed - indexed for MEDLINE]


Twenty-three years of hypersensitivity pneumonitis mortality surveillance in the United States.

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Background: There are few population-based studies addressing hypersensitivity pneumonitis (HP) in the United States. The National Institute for Occupational Safety and Health (NIOSH) has nationally comprehensive longitudinal mortality data that can contribute to a better understanding of the epidemiology of HP. Methods: The National Center for Health Statistics multiple cause-of-death data
were analyzed for the period 1980-2002. Annual death rate was age-adjusted to the 2000 U.S. standard population. Death rate time-trends were calculated using a linear regression model and geographic distribution of death rates were mapped by state and county. Proportionate mortality ratios (PMRs) by usual industry and occupation adjusted for age, sex, and race, were based on data from 26 states reporting industry and occupation during 1985-1999. RESULTS: Overall age-adjusted death rates increased significantly (P < 0.0001) between 1980 and 2002, from 0.09 to 0.29 per million. Wisconsin had the highest rate at 1.04 per million. Among industries, PMR for HP was significantly high for agricultural production, livestock (PMR, 19.3; 95% CI, 14.0-25.9) and agricultural production, crops (PMR, 4.3; 95% CI, 3.0-6.0). Among occupations, PMR for HP was significantly elevated for farmers, except horticulture (PMR, 8.1; 95% CI, 6.4-10.2). CONCLUSIONS: These findings indicate that agricultural industries are closely associated with HP mortality and preventive strategies are needed to protect workers in these industries.

PMID: 17096370 [PubMed - indexed for MEDLINE]


Fetal alcohol syndrome and its long-term effects.

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Ancient scripture and paintings together with several medical reports on the effect of alcohol on the newborn over the past 300 years finally led to the description of the fetal alcohol syndrome in the 1970s by French and American research groups. Maternal alcohol abuse during pregnancy can result in the specific pattern of malformations and neurocognitive deficits characteristic of this syndrome. Diagnostic criteria and classifications have been developed and in the 1990s reports showed the long-term consequences for these children. In recent years several studies from different countries have shown that prenatal alcohol exposure will lead to life-long consequences on physical development, intellectual development, behavior, social development, occupation, independence, sexuality or sexual behavior and increased risk of suicidality. In this review of long-term observation studies we found that the prenatal exposure to alcohol have permanent and life-long damage, which impair both the social and occupational future of the person exposed with a need for life-long assistance in order for that person to function at an optimal level. Primary prevention and early intervention with general public health educational efforts seems to be the best way forward.

PMID: 16832326 [PubMed - indexed for MEDLINE]


Prognosis of occupational hand eczema: a follow-up study.

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Comment in:

OBJECTIVE: To identify prognostic risk factors in patients with occupational hand
eczema (OHE). DESIGN: Cohort study with 1-year follow-up. SETTING: Danish National Board of Industrial Injuries Registry. PATIENTS: All patients with newly recognized OHE (758 cases) from October 1, 2001, through November 10, 2002. INTERVENTIONS: Participants received a questionnaire covering self-rated severity, sick leave, loss of job, depression, and health-related quality of life. One year after the questionnaire was returned, all responders (N = 621) received a follow-up questionnaire, and 564 (91%) returned it. MAIN OUTCOME MEASURES: Persistently severe or aggravated OHE, prolonged sick leave, and loss of job after 1-year follow-up. RESULTS: During the follow-up period, 25% of all patients with OHE had persistently severe or aggravated disease, 41% improved, and 34% had unchanged minimal or mild to moderate disease. Patients with atopic dermatitis fared poorly compared with other patients. Patients younger than 25 years fared clearly better than older groups. Furthermore, severe OHE, age 40 years or greater, and severe impairment of quality of life at baseline appeared to be important predictors of prolonged sick leave and unemployment. Patients with lower socioeconomic status also had a high risk of prolonged sick leave, job change, and loss of job. Contact allergy was not found to be a risk factor for poor prognosis. CONCLUSIONS: Atopic dermatitis, greater age, and low socioeconomic status may be reliable prognostic factors in early OHE. Quality of life and standardized severity assessment may also be valuable tools to identify patients at high risk of prolonged sick leave and unemployment.

PMID: 16549705 [PubMed - indexed for MEDLINE]


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Myanmar migrants are at increased risk for nocturnally periodic Wuchereria bancrofti causing imported bancroftian filariasis. They have a significant influence on the effectiveness of diethylcarbamazine (DEC) mass treatment at the provincial level in the National Program to Eliminate Lymphatic Filariasis (PELF) during the fiscal years (FY) 2002-2006, in Thailand. Two oral doses of DEC 6 mg/kg are given twice a year to the eligible Myanmar migrants (> or = 2 years old). A 300 mg DEC provocation test is given once a year to all Myanmar migrants with work permits. Effectiveness evaluation parameters, such as cumulative index (CI) and the effectiveness ratio (ER), were obtained after 2 years of the multiple-dose DEC treatment program in Ranong Province, Southern Thailand. By cross-sectional night blood surveys at the end of FY 2003 in two districts of Ranong Province, the microfilarial positive rates (MPR) were 0.8% and 1.2% for Mueang Ranong and Kra Buri, respectively. The MPR in the agricultural (1.5%) and industrial (0.4%) occupations were not significantly different from each other. Our findings suggest that most untreated microfilaremics working in agriculture, with short-term residency in Thailand, may have delayed multiple-dose DEC treatment.

PMID: 16295532 [PubMed - indexed for MEDLINE]


Socioeconomic determinants of inequality and self-reported morbidity among adolescents in a developing country.

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OBJECTIVE: Studies about health inequalities among adolescents have been conducted principally in developed countries. Although adolescents represent 15% of the Mexican population, no studies are available in this specific age group on health inequalities. In this study, we assess differences in the perception of morbidity severity among adolescent students, as well as their association with selected socioeconomic characteristics.

METHODS: We carried out a cross-sectional study (baseline of a longitudinal study of adolescent's health) in 1999. Participants were Mexican adolescents (n=12769) aged 12-19 years, attending to public schools selected through of multistage sampling method. We measured the health status through a self-reported morbidity in 2 weeks time. We included several socioeconomic indicators and for statistical analysis we used the multinomial logistic regression model.

RESULTS: The prevalence of self-reported health problems was 32%. Women had 23% increased odds for reporting health problems. Age was positively associated to frequency and severity of health problems; also, there was a positive association with the mother's occupation, one-parent homes, and not owning an automobile.

CONCLUSIONS: Morbidity reporting rates are higher than expected in this population. Moderate reporting levels are found among social groups, especially when health problems were perceived as moderately severe, suggesting the importance of socioeconomic factors as determinants. Further studies should conducted using different kinds of health indicators in this age group.

PMID: 16228067 [PubMed - indexed for MEDLINE]


Social and economic development and change in four Guatemalan villages: demographics, schooling, occupation, and assets.

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This article uses census data and village histories to examine changes over the last 35 years in the four villages where the Institute of Nutrition of Central America and Panama (INCAP) Longitudinal Study (1969-77) was conducted and offers a rare picture of development and change in rural localities over a long period of time. In addition, by characterizing the environment in which the subjects of this study were raised, we provide context for and inputs into quantitative analyses of data collected at various points in time on these subjects. The villages have undergone massive demographic, social, and economic change. Initial differences have conditioned many of these changes, especially differences associated with agricultural potential and location. Originally these villages were rather isolated, but road and transportation access has improved substantially. The populations in the villages have more than doubled and also have aged. While marriage patterns have held steady, religious practice has changed a great deal. After many years of steady out-migration, three of the four villages are more recently experiencing net in-migration, a pattern associated with ease of access. Schooling access and outcomes also have improved, with average grades of schooling nearly tripling and literacy doubling to levels currently above national averages. Although agriculture remains an important component of individual livelihood strategies, non-agricultural sources of employment have become more important. Much of this change is associated with declining agricultural markets and increased access to non-agricultural jobs near the villages and in the capital. Accompanying these changes has been an improvement in living standards as measured by a number of indicators of household living conditions and consumer durable goods.
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BACKGROUND: Mortality in a population is regarded as an accurate and valid measure of the population's health. There are a few international studies, predominantly cross-sectional, of mortality among all foreign-born compared with an indigenous population, and the results have varied. No Swedish longitudinal study describing and analysing mortality data was found in a literature review.

METHODS: This study describes and analyses the differences in mortality between foreign-born persons and native Swedes during the period 1970-1999, based on data from Statistics Sweden and the National Board of Health and Welfare. The database consisted of 723,948 persons, 361 974 foreign-born living in Sweden in 1970, aged > or = 16 years, and 361 974 Swedish controls matched for age, sex, occupation and type of employment, living in the same county in 1970. RESULTS: The results showed increased mortality for foreign-born persons compared with the Swedish controls [odds ratio (OR) 1.08; 95% confidence interval (CI) 1.07-1.08]. Persons who had migrated 'late' (1941-1970) to Sweden were 2.5 years younger at time of death than controls. In relation to country of birth, the highest risk odds were for men born in Finland (OR 1.21), Denmark (OR 1.11) and Norway/Iceland (OR 1.074). Age cohorts of foreign-born persons born between 1901 and 1920 had higher mortality at age 55-69 years than cohorts born between 1921 and 1944. CONCLUSIONS: Migrants had higher mortality than the native population, and migration may be a risk factor for health; therefore, this seems to be an important factor to consider when studying mortality and health.

PMID: 16037077 [PubMed - indexed for MEDLINE]

Smoking from adolescence to adulthood: the effects of parental and own socioeconomic status.
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BACKGROUND: The aim of the study was to examine the effects of parental socioeconomic status, own socioeconomic status and social mobility upon the development of smoking from adolescence to adulthood. METHODS: Subjects were the participants of the North Karelia Youth Project study from six schools in Eastern Finland. At the baseline in 1978 they were 13 year-olds (n=903) and in the last of the six surveys in 1993 they were 28-year-olds. The parents were studied in 1978 and 1980. The association between smoking and socioeconomic status was measured by education, occupation and income in adolescence and adulthood, and social mobility was measured by the difference between parental and own education. RESULTS: In general, parental socioeconomic status was not significantly associated with the subjects' smoking in adolescence or adulthood. Own socioeconomic status measured at the age of 21 and 28 was strongly related to smoking. Those who were most educated in adulthood had smoked the least already from the age of 13. Social mobility was not significantly associated with smoking. CONCLUSION: The study stresses the importance of own socioeconomic
status in relation to smoking, but parental socioeconomic status or social mobility does not have direct effects on smoking. Socioeconomic differences in smoking should be understood as an important determinant for health inequalities.

PMID: 15542880 [PubMed - indexed for MEDLINE]


Central nervous system effects of acute organophosphate poisoning in a two-year follow-up.


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OBJECTIVES: Patients hospitalized for acute organophosphate poisoning in León, Nicaragua, were followed for effects on the central nervous system (CNS) over a 2-year period. METHODS: Immediate verbal memory (Rey verbal learning), visuomotor performance (digit symbol), and neuropsychiatric symptoms (Q-16) were assessed for 53 poisoned persons at the time of hospital discharge, 7 weeks postpoisoning, and 2 years postpoisoning, and, at the same time intervals, for 28 persons who had never been poisoned. The poisonings were classified as moderate occupational (31), severe occupational (15), and severe through the oral route (7), representing low, medium, and high exposure, respectively. Longitudinal confounder-adjusted between-category comparisons and longitudinal analyses of variance and covariance were used to assess the effects of the exposure. RESULTS: Immediate verbal learning showed deficits in the high-exposure group, in particular at the time of discharge, but the estimate of the difference when compared with the values of the unexposed was imprecise. Visuomotor performance showed a deficit at 7 weeks in the medium-exposure group, but it had improved after 2 years relative to that of the unexposed, for whom improvement had occurred at 7 weeks and persisted during the 2 years of follow-up, possibly a test-retest effect. Neuropsychiatric symptoms were in excess 2 years after the hospital discharge in the low- and medium-exposure groups and all the groups combined. All the results were imprecise for the small high-exposure group. CONCLUSIONS: Visuomotor performance and possibly short-term verbal memory seem to be affected early after severe acute organophosphate poisoning and recover, either truly or by some compensatory mechanism. Neuropsychiatric symptoms seem to increase after a longer latency period.

PMID: 15529800 [PubMed - indexed for MEDLINE]


Chronic osteomyelitis of long bones: reasons for delay in presentation.

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BACKGROUND: Chronic osteomyelitis is a common orthopaedic infection and a major medical problem in developing countries. Time is a critical factor in the evolution of the chronic disease as most of our cases are a progression from acute haematogenous osteomyelitis. Our patients present very late. OBJECTIVE: To identify the reasons for this delayed presentation and suggest possible solutions. METHOD: Over three years (2000-2003) in a multi-centre study (2000-2003), we prospectively evaluated patients with both clinical and radiological diagnosis of chronic osteomyelitis. Besides personal data, mode of onset, duration of illness, father's educational status and occupation and reasons for delayed presentation were documented using a questionnaire. Previous
surgery was an exclusion criterion. RESULTS: One hundred and thirty-six patients comprising 81 males and 55 females with a mean age of 17.7 (2-55) years were recruited. The mean duration between onset of disease and presentation for treatment was 13.3 (2-120) months. Sixty-one (44.9%) presented to a health facility were misdiagnosed and inappropriately treated; ignorance was the reason in 37 (27.2%) and lack of finances in 32 (23.2%). There was no statistically significant association between the father's educational status and occupation and the attitude to hospital attendance. CONCLUSION: Misdiagnosis, ignorance and poverty are the reasons for delayed presentation in patients with chronic osteomyelitis in this environment. A high index of suspicion, accurate diagnosis and appropriate therapy offer the only hope in containing the acute phase. Continuing medical education, improvement in social and medical amenities and the national health insurance scheme are possible ways of overcoming undue delay in presentation for specialist consultation.

PMID: 15523861 [PubMed - indexed for MEDLINE]


Family socioeconomic status and self-reported sexually transmitted diseases among black and white american adolescents.

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OBJECTIVE: The objective of this study was to assess associations between socioeconomic status (SES) and adolescent sexually transmitted diseases (STDs) stratified by race and gender. STUDY: In cross-sectional analyses of the National Longitudinal Study of Adolescent Health Wave One (1995), unadjusted and adjusted associations between 4 family SES indicators and STD reports for black and white 7th through 12th graders were examined. RESULTS: Lower maternal education and nonprofessional maternal occupations were associated with higher STD reports in all groups except white females. Generally, STD reports were higher for adolescents not living in 2-parent homes, and lower income was only associated for black males. CONCLUSION: Overall, SES is only a weak to moderate marker for adolescent STD risks. The relationship of SES and STDs varies by the SES measure used and differs across race-gender groups. Other individual factors such as risk behaviors or community factors such as income inequality could play a more critical role for adolescent STDs than family SES.

PMID: 15480114 [PubMed - indexed for MEDLINE]


Adjusting for case mix and social class in examining variation in home visits between practices.

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OBJECTIVES: The purpose of this study was to investigate whether adjusting for clinical case mix and social class explains more of the variation in home visits between general practices than adjusting for age and sex alone. METHODS: The setting was 60 general practices in England and Wales taking part in the 1 year Fourth National Morbidity Survey. The participants comprised 349 505 patients who were registered with one of the participating general practices for at least 180 days, and who had at least one consultation during the period. The outcome
measure is whether or not a patient received a home visit in that year. A clinical case mix category (morbidity class) based on 1 year's diagnostic information was assigned to each patient using the Johns Hopkins Adjusted Clinical Groups (ACG) Case Mix System. The social class measure was derived from occupation and employment status and is similar to that of the 1991 UK census. Variations in home visits between practices were examined using multilevel logistic regression models. The variability between practices before and after adjusting for clinical case mix and social class was estimated using the intracluster correlation coefficient (ICC). RESULTS: The overall percentage of patients receiving a home visit over the 1 year study period was 17%, and this varied from 7 to 31% across the 60 practices. The percentage of the total variation in home visits attributable to differences between practices was 2.5% [95% confidence interval (CI) 1.4–3.2%] after adjusting for age and sex. This reduced to 1.6% (95% CI 1.1–2.4%) after taking into account morbidity class. The results were similar when social class was included instead of morbidity class. Morbidity and social class together reduced variation in home visits between practices to 1.5% (95% CI 1.1–2.2%). CONCLUSIONS: Age, sex, social class and clinical case mix are strong determinants of home visits in the UK. Adjusting for morbidity and social class results in a small improvement in explaining the variability in home visits between practices compared with adjusting for age and sex alone. There is far more variation between patients within practices; however, it is not straightforward to examine the factors influencing this variation. In addition to morbidity and social class, there could also be other unmeasured factors such as varying patient demand for home visits, disability or differences in GP home visiting practice style that could influence the large within-practice variability observed in this study.

PMID: 15249522 [PubMed - indexed for MEDLINE]


Quality of life in adult survivors beyond 10 years after liver, kidney, and heart transplantation.


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BACKGROUND: The yearly increasing survival rates testify to the success of transplantation, but questions remain relating to the quality of life (QOL) associated with long-term survival. METHODS: A sample of 126 liver recipients (Liver-R), 229 kidney recipients (Kidney-R), and 113 heart recipients (Heart-R) with more than 10 years posttransplant follow-up were included in the study with a response rate of 86%. Respondents were matched with healthy subjects recruited from general population (GP). The three groups of recipients and GP subjects completed a French version of the questionnaire used by the National Institute of Diabetes and Digestive and Kidney Disease, Pittsburgh, PA, and were compared for each score, with adjustments for age and sex. RESULTS: Personal function and measures of disease by the transplant recipients were significantly worse than in the GP (P<0.0001), with the worst score in Kidney-R. No difference, either between organs or between organs and GP, was found regarding the perceived social and role function. However, for psychologic status and general health perception, Kidney-R had the least favorable performance when compared with GP (P<0.01) and also when compared with Liver-R (P<0.05). With the exception of Kidney-R, the well-being index of Liver-R and Heart-R was significantly better than the GP (P<0.001 and P<0.05, respectively). CONCLUSIONS: The QOL beyond 10 years after liver, heart, and kidney transplantation is quite similar to the GP, with Kidney-R starting out as the worst, Heart-R as intermediate, and Liver-R the best.

Cigarette smoking and cognitive decline in midlife: evidence from a prospective birth cohort study.

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OBJECTIVES: The authors investigated the effects of cigarette smoking on midlife cognitive performance. METHODS: Multiple regression was used to test the association between cigarette smoking and changes in cognitive test scores among male and female members of the British 1946 birth cohort aged between 43 and 53 years. RESULTS: Smoking was associated with faster declines in verbal memory and with slower visual search speeds. These effects were largely accounted for by individuals who smoked more than 20 cigarettes per day and were independent of sex, socioeconomic status, previous (adolescent) cognitive ability, and a range of health indicators. CONCLUSIONS: The present results show that heavy smoking is associated with cognitive impairment and decline in midlife. Smokers who survive into later life may be at risk of clinically significant cognitive declines.

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PMID: 12773367 [PubMed - indexed for MEDLINE]


Family disruption in childhood and risk of adult depression.

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OBJECTIVE: The authors examined the risk that family disruption and low socioeconomic status in early childhood confer on the onset of major depression in adulthood. METHOD: Participants were 1,104 offspring of mothers enrolled during pregnancy in the Providence, R.I., site of the National Collaborative Perinatal Project. Measures of childhood family disruption and socioeconomic status were obtained before birth and at age 7. Structured diagnostic interviews were used to assess respondents' lifetime history of major depressive episode between the ages of 18 and 39. Survival analysis was used to identify childhood risks for depression onset. RESULTS: Parental divorce in early childhood was associated with a higher lifetime risk of depression among subjects whose mothers did not remarry as well as among subjects whose mothers remarried. These effects were more pronounced when accompanied by high levels of parental conflict. Independent of the respondents' adult socioeconomic status, low socioeconomic status in childhood predicted an elevated risk of depression. CONCLUSIONS: Family disruption and low socioeconomic status in early childhood increase the long-term risk for major depression. Reducing childhood disadvantages may be one avenue for prevention of depression. Identification of modifiable pathways linking aspects of the early childhood environment to adult mental health is needed to mitigate the long-term consequences of childhood disadvantage.

PMID: 12727699 [PubMed - indexed for MEDLINE]

Social determinants of disability pension: a 10-year follow-up of 62 000 people in a Norwegian county population.

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BACKGROUND: Non-medical factors may be important determinants for granting disability pension (DP) even though disability is medically defined, as in Norway. The aim of this analysis was to identify determinants of DP in a total county population in a 10-year follow-up study. METHODS: Participants were people without DP, 20- to 66-years-old in 1984-1986. The baseline data were obtained in the Nord-Trøndelag Health Study (HUNT): 90 000 people were invited to answer questionnaires on health, disease, social, psychological, occupational, and lifestyle factors. Information on those who later received DP was obtained from the National Insurance Administration database in 1995. Data analyses were performed using Cox regression analyses. RESULTS: The incidence of DP showed great variation with regards to age and gender, accounting for an overall increase in the follow-up period. Low level of education, low self-perceived health, occupation-related factors and any long-standing health problem were found to be the strongest independent determinants of DP. Low level of education and socioeconomic factors contributed more to younger people's risk compared to those over 50 years. For people under 50 years of age with a low level of education compared to those with a high level of education, the age-adjusted relative risk for DP was 6.35 for men and 6.95 for women. The multivariate-adjusted relative risk was 2.91 and 4.77, respectively. CONCLUSIONS: Even for a medically based DP, low socioeconomic status, low level of education and occupational factors might be strong determinants when compared to medical factors alone. These non-medical determinants are usually not addressed by individual based health or rehabilitation programmes.

PMID: 12540720 [PubMed - indexed for MEDLINE]


[Epidemiology of snake bites in the Republic of Ivory Coast]

[Article in French]

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A national survey was carried out in Côte d'Ivoire in 1979 in order to evaluate the incidence, morbidity and mortality of snakebites. This unpublished survey has not been renewed to our knowledge. Although 20 odd years have passed since, the survey is not obsolete and can be usefully presented at this congress. We associated a retrospective survey using health centre registers and a prospective survey performed in 7 health centres between 1972 and 1979. The incidence, estimated prospectively for rural areas, exceeded 200 bites for 100,000 inhabitants. This evaluation could be an underestimation because many victims consulted traditional practitioners. Annual morbidity was higher in forest areas (195 envenomations per 100,000 inhabitants) than in the savannah (130 envenomations per 100,000 inhabitants). Conversely, the case fatality rate was higher in the savannah (3.1%) than in forest areas (2%). More than half of the bites involved men aged 15 to 50 years. The risks were significantly higher for farmers, particularly in industrial plantations, where 27% of the total of number of bites involved 1.5% of the population. At the beginning of the 1980s, envenomations could be estimated at over 13,000 per 8 million inhabitants and the number of deaths 200 per annum.
Autologous transfusion in surgical patients at Kenyatta National Hospital, Nairobi.

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OBJECTIVE: To identify autotransfusion strategies and their basis in elective surgery patients. DESIGN: A cross sectional prospective study. SETTING: General surgery and orthopaedic wards, Kenyatta National Hospital, Nairobi. SUBJECTS: Adult patients of both sexes planned for elective surgery. MAIN OUTCOME MEASURE: For every patient, the following were enquired about and documented: age in years, sex, ethnicity, religion, occupation and educational standard. Blood values of haemoglobin, platelet counts, total and differential white cell counts, urea, electrolytes and liver function tests were assayed. Others were the number of units of blood donated before the operation, the type of surgery performed, time taken from diagnosis to performing the operation and whether the blood was transfused preoperatively, intraoperatively and postoperatively. RESULTS: A total of sixty three cases constituting five per cent of all surgical patients admitted during the period of study were evaluated. Of these 53 (84%) were males and ten (16%) females. The age range was 15 to 65 years with a peak at 45-49 years. There were more Christians (90%) than Muslims (10%). In all, 32 (51.6%) had primary school education, 23 (36.5%) secondary school education, seven (11.3%) no formal education and one (1.6%) had attained college level. Employment pattern showed 50% were civil servants, 30% were self employed and 20% were unemployed. The duration of disease ranged from 1-24 weeks with two peaks at two weeks and six weeks. Orthopaedic cases constituted 78.7% and general surgery 21.3%. Preoperative haemoglobin ranged from 13.5-14.2 g/dl. Transfusions were given intraoperatively to 41 (66.1%) and to 12 (33.9%) postoperatively. Mean duration of hospitalisation was 13 days (range 5 to 21 days). 98.4% deposited only one unit while 1.6% deposited four units of blood. Only one patient required additional transfusion from homologous donors. CONCLUSION: The strategies and basis for autotransfusion have been demonstrated among a majority of adult patients requiring orthopaedic procedures. Major determinants are shown to be baseline blood count profiles and time to operation.
have prison sentences or psychiatric hospitalizations, and had not been caught by the police after the initial phase of the study. Offences against property in early adolescence and intravenous drug use were predictive factors for imprisonment, psychiatric hospitalization, and death. A poor atmosphere at home and the occupation of the father as labourer were predictive factors for imprisonment, psychiatric hospitalization, and death for boys. For girls low education was predictive of imprisonment and psychiatric hospitalization. Drug use in adolescence is a signal of greater risk for adjustment problems in later life.

PMID: 11839117 [PubMed - indexed for MEDLINE]


Determinants of overweight tracking from childhood to adolescence: a 5 y follow-up study of Hat Yai schoolchildren.

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OBJECTIVE: To study the determinants of overweight tracking from childhood to adolescence of Hat Yai schoolchildren. DESIGN: A longitudinal study. SETTING: Primary and secondary schools of Hat Yai municipality, southern Thailand. SUBJECTS: 2252 schoolchildren recruited in 1992 and follow-up for 5y. MEASUREMENTS: Child's annual body mass index (BMI, kg/m2) from 1992 to 1997; parental BMIs, parental income, and family history of diseases by a questionnaire completed by parents in 1992. RESULTS: Prevalence of overweight of males using the 85th percentile of the U S First National Health and Nutritional Examination Survey reference for age and sex as a cut-off point increased from 12.4% in 1992 to 21% in 1997, whereas that of females went down from 15.2 to 12.6. At the end of the fifth year, 11.8% of children remained overweight while 4.5% became overweight. Comparing to the non-overweights, the risk for becoming an overweight adolescent of an overweight boy was 8.2 (95% confidence interval (CI) = 6, 11.2) whereas that of the overweight girls was 20 (95% CI = 12.4, 32.3). The generalized estimating equations model predicted an increase in child BMI associated with having a father or a mother with high BMI, a family history of obesity, a monthly income greater than 5000 baht, and a lower level of exercise than their peers. Secular increase in BMI was also observed. CONCLUSION: Predictors of overweight tracking found in this study would be useful to select children at risk for preventive intervention.

PMID: 11126218 [PubMed - indexed for MEDLINE]


[ESTEV study on relationship between health, work and aging in Italy]

[Article in Italian]

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A longitudinal epidemiological study into the relationships between age/health/work is currently under way in different geographical areas throughout Italy. The research is co-ordinated by INRCA (Italian National Research Centres on Aging) in Ancona with the collaboration of the Universities of Ancona, Verona and Bari. This study concerns a population of approximately 2,000 employees from a variety of production sectors. The sample is made up of 5 groups of workers
selected according to the year they were born and aged: 32, 37, 42, 47 and 52 years. The chosen research tool is modelled on ESTEV and VISAT researches, the former conducted on a sample of 20,000 French workers, the latter on approximately 3,000 workers and still under way. It involves a set of three questionnaires which allow for a number of variables to be taken into consideration: the first questionnaire concentrates on information regarding the occupation, both past and present; the second on the life style and self-assessed health according to the Nottingham Health Profile (NHP); the third, completed by the occupational physician, contains information on current and previous illnesses, the presence of disorders of the musculo-skeletal apparatus, the taking of any drugs and some anthropometrical and clinical-instrumental parameters (Respiratory Functionality Test, Visiotest and Audiogram). The study will be carried out in two phases: a first survey (under way) and a second one five years later on the same subjects. The results of the analysis will be compared with those of other European countries.

PMID: 11098600 [PubMed - indexed for MEDLINE]


Sexually transmitted infections and use of sexual health services among young Australian women: women's health Australia study.

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Our objective was to examine associations between self-reported sexually transmitted infections (STIs) and sociodemographic, lifestyle, health status, health service use and quality of life factors among young Australian women; and their use of family planning and sexual health clinics and associations with health, demographic and psychosocial factors. The study sample comprised 14,762 women aged 18-23 years who participated in the mailed baseline survey for the Australian Longitudinal Study on Women's Health, conducted in 1996. The main outcome measures are self report of ever being diagnosed by a doctor with an STI, including chlamydia, genital herpes, genital warts or other STIs, and use of family planning and sexual health clinics. The self-reported incidence of STI was 1.7% for chlamydia, 1.1% genital herpes, 3.1% genital warts, and 2.1% other STIs. There was a large number of demographic, health behaviour, psychosocial and health service use factors significantly and independently associated with reports of having had each STI. Factors independently associated with use of family planning clinic included unemployment, current smoking, having had a Pap smear less than 2 years ago, not having ancillary health insurance, having consulted a hospital doctor and having higher stress and life events score. Factors independently associated with use of a sexual health clinic included younger age, lower occupation status, being a current or ex-smoker, being a binge drinker, having had a Pap smear, having consulted a hospital doctor, having poorer mental health and having higher life events score. This study reports interesting correlates of having an STI among young Australian women aged 18-23. The longitudinal nature of this study provides the opportunity to explore the long-term health and gynaecological outcomes of having STIs during young adulthood.

PMID: 10824940 [PubMed - indexed for MEDLINE]


The role of socioeconomic status gradients in explaining differences in US adolescents' health.
OBJECTIVE: This study sought to determine whether socioeconomic status (SES) gradients exist among US adolescents for self-rated health and for 5 diseases that cause serious adolescent and continuing adult morbidity. METHODS: Baseline data from 15,483 adolescent and parental surveys from the National Longitudinal Study of Adolescent Health were used. SES indicators included parental education and occupation, and household income. Dependent variables included self-rated health and the presence of depression, obesity, asthma, suicide attempt in the past year, and prior sexually transmitted disease. RESULTS: SES gradients were found for self-rated health, depression, and obesity (P < .01). Suicide attempt was linearly associated with income (P < .01). After adjustment for other SES and sociodemographic factors, education and income remained independent correlates of both depression and obesity; income remained an independent correlate of attempted suicide. CONCLUSIONS: Differences in susceptibility to socially mediated etiologic mechanisms of disease may exist during adolescence. Understanding the sociostructural context and patterning of adolescents' lives is crucial to clearly understanding health and disease etiology throughout the course of life.

PMCID: PMC1508793
PMID: 10511834 [PubMed - indexed for MEDLINE]


Incremental absenteeism due to headaches in migraine: results from the Mig-Access French national cohort.

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OBJECTIVE: To assess the costs of headache-related absenteeism of community-dwelling migraineurs, and to compare the amount of absenteeism between migraineurs aged 18 and older and age, sex, and occupation-matched nonheadache-prone subjects. DESIGN: Follow-up over a 3-month period. SAMPLES: 385 migraineurs and 313 nonheadache subjects representative of the setting. METHODS: Every day, the participants recorded the presence of headache, if any, and the work situation (unemployment, holiday, weekend, medical reason, nonmedical reason). Sickness-related absenteeism was the number of workdays missed or interrupted for medical reasons. Headache-related absenteeism was the sickness-related absenteeism during workdays with headaches. The annual headache-related absenteeism costs in France were extrapolated from these data in accordance with the mean income per occupational category. The incremental absenteeism and related costs were the difference between the two samples. RESULTS: Of working migraineurs, 20% had at least one period of absenteeism. During the 3 months, they missed or interrupted on average 1.4 days for medical reasons, 0.25 of which for headaches. Sickness-related absenteeism was the number of workdays missed or interrupted for medical reasons. Headache-related absenteeism was the sickness-related absenteeism during workdays with headaches. The annual headache-related absenteeism costs in France were extrapolated from these data in accordance with the mean income per occupational category. The incremental absenteeism and related costs were the difference between the two samples. RESULTS: Of working migraineurs, 20% had at least one period of absenteeism. During the 3 months, they missed or interrupted on average 1.4 days for medical reasons, 0.25 of which for headaches. Sickness-related absenteeism was statistically higher in migraineurs than in nonheadache-prone subjects. This difference was due to a higher absenteeism for comorbidity reasons, not for headache reasons, representing 20% of all sickness-related absenteeism. Migraineurs avoided sick leave for headache reasons. As an incremental total, 1.68 days or approximately 0.7% of the annual number of working days are lost on average per individual with migraine. The annual incremental headache-related absenteeism cost was 5.22 billions, i.e. 1,551 FF (US$240) per migraineur.

PMID: 10403066 [PubMed - indexed for MEDLINE]
Social class, assets, organizational control and the prevalence of common groups of psychiatric disorders.

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This study provides an update on the association between social class and common types of psychiatric disorder in the US. In addition to usual measures of social class, we provide hypotheses for the expectation that assets and organizational control are associated with specific varieties of psychiatric disorders (mood, anxiety, alcohol and drug use disorders). We analyzed two surveys. The National Comorbidity Survey conducted in 1990-1992 yielded 12-month prevalence rates in a probability sample of 8098 respondents in the 48 contiguous states. The Epidemiologic Catchment Area Follow-up conducted in 1993-1996 provided similar rates among 1920 East Baltimore residents. Analyses of the National Comorbidity Survey showed an inverse association between financial and physical assets and mood, anxiety, alcohol, and drug disorders. The Epidemiologic Catchment Area Followup provided additional evidence for the inverse association between financial and physical assets and anxiety, alcohol and drug disorders. Also in the Epidemiologic Catchment Area, lower level supervisors presented higher rates of depression and anxiety disorders than higher level managers. Inequalities in assets and organizational control, as well as typical measures of social class, are associated with specific psychiatric disorders. These constructs can provide additional explanations for why social inequalities in psychiatric disorders occur.

PMID: 10075245 [PubMed - indexed for MEDLINE]

Incidence and occupational pattern of leukaemias, lymphomas, and testicular tumours in western Ireland over an 11 year period.

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STUDY OBJECTIVE: To determine incidence of the following malignancies, testicular tumours, all leukaemias and all lymphomas in the West of Ireland in an 11 year period. Secondly, to examine the relation between disease patterns and available occupational data in male subjects of working age. DESIGN: A census survey of all cases occurring in the three counties in the Western Health Board (WHB) area, Galway, Mayo and Roscommon, for the 11 year period 1980 to 1990 inclusive. Average annual age standardised incidence rates for the period were calculated using the 1986 census data. Rates for the area are compared with rates from the southern region of Ireland, which had a tumour registry. Trends over the time period are evaluated. All male subjects for whom occupational data were available were categorised using the Irish socioeconomic group classification and incidence rates by occupation were compared using the standardised incidence ratio method. In one of the counties, Galway, a detailed occupational history of selected cases and an age matched control group was also elicited through patients' general practitioners. SETTING: All available case records in the West of Ireland. RESULTS: There are no national incidence records for the period. Compared with data from the Southern Tumour Registry, the number of cases of women with myeloid leukaemias was significantly lower. Male leukaemia rates were significantly lower as a group (SIR 84 (95% CI 74, 95) but not when considered as individual categories. Regression analysis revealed an increasing trend in the number of new
cases of non-Hodgkin's lymphoma among both men (r = 0.47, p = 0.02) and women (r = 0.90, p = 0.0001) and of chronic lymphocytic leukaemia in men (r = 0.77, p = 0.005) and women (r = 0.68 p = 0.02) in the WHB region over the last decade. Four hundred and fifty six male cases over the age of 15 years were identified and adequate occupational information was available for 74% of these. Standardised incidence ratios of testicular tumours (100, 938) and agriworkers other than farmers (SIR 377, 95% CI 103, 967). There were also significantly increased incidence ratios for both non-Hodgkin's lymphoma (SIR 169, 95% CI 124, 266) and three categories of leukaemias among farmers. Hodgkin's disease and acute myeloid leukaemias were significantly increased among semi-skilled people. Interview data with 90 cases and 54 controls of both sexes revealed that among farmers, cases (n = 31) were significantly less likely than controls (n = 20) to use tractor mounted spraying techniques (OR = 0.19 (95% CI 0.04, 0.80)) and less likely to wear protective masks (OR 0.22 (95% CI 0.05, 0.84)). CONCLUSIONS: Trends of increase in non-Hodgkin's lymphoma and some leukaemias are consistent with studies elsewhere. The study provides further evidence of the relation between agricultural work and certain lymphoproliferative cancers. The possible carcinogenic role of chemicals used in agricultural industries must be considered as an explanation.

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PMID: 10023465 [PubMed - indexed for MEDLINE]


Worksite physical activity interventions.

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BACKGROUND: National objectives for public health have targeted worksite as important settings for interventions to increase physical activity. However, expert reviews reveal no scientific consensus about the effectiveness of worksite interventions for increasing physical activity or fitness. METHODS: We judged the quantity and quality of existing evidence against scientific standards for the internal and external validity of the research design and the validity of measurements. Meta-analytic methods were used to quantify the size of effects expressed as Pearson correlation coefficients (r). Variation in effect was examined in relation to several features of the studies deemed important for implementing successful worksite interventions. Pre-experimental cohort studies were excluded because they are sensitive to secular trends in physical activity.

RESULTS: Twenty-six studies involving nearly 9,000 subjects yielded 45 effects. The mean effect was heterogeneous and small, r = 0.11 (95% CI, -0.20 to 0.40), approximating 1/4 S.D., or an increase in binomial success rate from 50% to 56%. Although effects varied slightly according to some of the study features we examined, effects were heterogeneous within levels of these features. Hence, the moderating variables examined did not explain variation in the effects (P > 0.05). The exception was that effects were smaller in randomized studies compared with studies using quasi-experimental designs (P < 0.05). CONCLUSIONS: Our results indicate that the typical worksite intervention has yet to demonstrate a statistically significant increase in physical activity or fitness. The few studies that have used an exemplary sample, research design, and outcome measure have also yielded small or no effects. The generally poor scientific quality of the literature on this topic precludes the judgment that interventions at worksites cannot increase physical activity or fitness, but such an increase remains to be demonstrated by studies using valid research designs and measures.

PMID: 9838977 [PubMed - indexed for MEDLINE]

This study was designed to assess the return to work, the poststroke depression and the quality of life after a cerebral infarction in young adults and was conducted on 71 consecutive young patients (aged 15-45 years) affected by a cerebral infarct who were hospitalized for the first time and discharged at least 1 year before the study. Data about risk factors, etiology, side and territory of stroke, social characteristics of the patient (age, sex, profession, educational level, family situation), poststroke seizures, recurrent stroke, other vascular events, and deaths were collected. Neurological deficits were graded with the National Institutes of Health (NIH) Stroke Scale. Poststroke depression (PSD) was quantified using the DSM-IIIR criteria and the Montgomery Asberg Depression Rating Scale. Outcomes were rated with the Ranking Scale, the Barthel Index and the Glasgow Outcome Scale. Quality of life was assessed with the Sickness Impact Profile. Follow-up information was obtained by interview and neurological examination. Follow-up information was obtained in 65 patients at a mean of 31.7 +/- 13.0 (range 12-59) months, as 2 patients died and 4 were lost to follow-up and were thus excluded from this study. Poststroke seizures occurred in 7 patients (10.8%) and recurrent strokes in 4 patients (6.2%), but none were fatal. The outcome after stroke among survivors was usually good, since more than two-thirds of the patients (69.8%) reported no problem, 11.1% moderate handicap and one-fifth major handicap. Forty-six patients (73%) returned to work: the time period ranging from several days after stroke to 40 months, with a mean of 8 months. However, adjustments in their occupation were necessary for 12 patients (26.1%). PSD was common, since 48.31% of the patients were classified as depressed. PSD was associated with the localization of the infarct (carotid territory), a severe disability, a bad general outcome, and an absence of return to work. Their opinion about their quality of life was negative among approximately 30% of the patients, especially in emotional and alertness behaviors, social interaction, recreation and pastimes. The general outcome after cerebral infarct in young adults is usually good. However, the risk of a PSD is high, and only half of the patients had returned to their previous work. A remaining psychosocial handicap and depression of sexual activity impaired the quality of life. In multivariate analysis, a low NIH score at admission is a significant predictor for return to work, the absence of PSD, and a good quality of life.

PMID: 9712928 [PubMed - indexed for MEDLINE]


Parental literacy level and understanding of medical information.

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OBJECTIVE: To ascertain the impact of literacy level on parents' understanding of medical information and ability to follow therapy prescribed for their children. DESIGN/METHODS: A prospective cohort of parents accompanying their children for acute care. Parents were interviewed about demographic status, their child's health, and use of pediatric preventive services. The Rapid Estimate of Adult Literacy in Medicine (REALM) test was used to assess parental literacy. The same parent was interviewed 48 to 96 hours later and asked to recall the child's diagnosis, any medication prescribed, and instructions. RESULTS: A total of 633
patients were enrolled. Follow-up was obtained in 543 patients (85.8%). Mean parental age was 32.43 years (SD = 9.07). Mean REALM score was 57.6 (SD = 10.9), corresponding to a 7th- to 8th-grade reading level, with a mean parental educational level of 13.43 years (SD = 2.09). Low REALM score was significantly correlated with young parental age and parental education. African-American race was associated with lower REALM scores. After controlling for these variables, REALM score significantly correlated with parental perception of how sick the child was, but not with use of preventive services, comprehension of diagnosis, medication name and instructions, or ability to obtain and administer prescribed medications. CONCLUSIONS: Parental literacy level did not correlate with use of preventive services or parental understanding of or ability to follow medical instructions for their children.

PMID: 9685471 [PubMed - indexed for MEDLINE]


Minimally invasive approach for the treatment of idiopathic varicocele.

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Laparoscopic ligation of the spermatic veins represents a new approach for the treatment of the idiopathic varicocele. This procedure was performed in 28 consecutive patients. The diagnosis was based on physical examination and Doppler ultrasonography. The indications for surgery were (a) infertility and abnormal semen analyses (15 patients), (b) scrotal pain (six patients), and (c) psychological reasons (seven patients). One patient underwent concomitant hernioplasty. Two cases presented with a recurrence after 6 and 12 months, respectively. The mean operative time was 34 +/- 11 min in unilateral cases and 47 +/- 9 min in bilateral cases. In one patient with left inguinal hernia and varicocele, the operative time was 70 min. All patients were discharged the day after operation without antibiotics and analgesics and resumed normal activity within 5 to 9 days, depending on age and occupation. Postoperative semen analyses (at 12 months' follow-up) were obtained from seven patients and demonstrated an improvement in semen motility (preoperative 40% versus postoperative 56%). This study confirms that laparoscopic treatment of varicocele is safe, minimally invasive, and, according to National Health Service fees, less costly than radiological occlusion procedures.

PMID: 9109245 [PubMed - indexed for MEDLINE]


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STUDY DESIGN: This study of professional drivers is a part of a longitudinal record linkage study of all economically active men in Denmark, identified on January 1, 1981. Information about the main occupation was identified in 1980. The cohort was followed for first hospitalization with prolapsed cervical intervertebral disc until December 31, 1990. OBJECTIVES: To examine the risk of prolapsed cervical intervertebral disc in all Danish professional drivers, and to analyze exposures of the male drivers in a sample of all Danish male drivers.
SUMMARY OF BACKGROUND DATA: Only a few studies on occupation and prolapsed cervical intervertebral disc have been published. These studies suggest that professional driving may be a risk factor for development of prolapsed cervical intervertebral disc. Drivers are exposed to whole-body vibrations, heavy lifting, and a sedentary position. Other potential exposures are accelerations and decelerations and whiplash accidents. Such exposure may be involved in the causation of prolapsed cervical intervertebral disc. METHODS: A standardized hospitalization ratio was calculated for each subgroup of drivers using all economically active people as the standard. Additional exposure information was extracted from a national survey on work environment. RESULTS: Almost all men in occupations involving professional driving had a statistically significant elevated risk of being hospitalized with prolapsed cervical intervertebral disc. CONCLUSIONS: Professional driving is a risk factor for prolapsed cervical intervertebral disc.

PMID: 8915070 [PubMed - indexed for MEDLINE]


Occupation and ischemic heart disease in the European Community: a comparative study of occupations at potential high risk.

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Four longitudinal studies of mortality and morbidity by occupation based on individual record linkage of information and two cross-sectional studies of mortality were compared in order to identify occupations at high risk of ischemic heart disease. In more than one country an increased risk of ischemic heart disease was found in drivers of buses, taxies, and lorries, in bakers, in naval officers and fishermen, in hotel and restaurant workers, in senior police, customs, and other uniformed men, in barbers and hairdressers, in warehouse and wholesale staff, as well as in laboratory assistants and in radio and telegraph operators. Occupations found at high risk in Denmark were also found at high risk in Great Britain and Italy. These occupations may be at genuine high risk. None of these groups work day-work only and several of the groups have psychologically demanding work but unsatisfactory decision authority. Identification of occupations at high risk may help to develop focused preventive strategies.

PMID: 8892545 [PubMed - indexed for MEDLINE]


Occupations, cigarette smoking, and lung cancer in the epidemiological follow-up to the NHANES I and the California Occupational Mortality Study.

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What jobs are associated with the highest and lowest levels of cigarette use and of lung cancer? Are there gender differences in these jobs? Two data sets—the Epidemiological Follow-up to the National Health and Nutrition Examination Survey (NHEFS) and the California Occupational Mortality Study (COMS) were analyzed to answer these questions. For females, the broad occupations ranking from highest to lowest cigarette use in the NHEFS was: transportation operators, managers, craft workers, service workers, operatives, laborers, technicians, administrative workers, farm owners and workers, sales workers, no occupation, and professionals. The corresponding ranking for males was: transportation operators, no occupation, laborers, craft workers, service workers, technicians, and
professionals. The highest-ranking jobs in the COMS were waitresses, telephone operators, and cosmetologists for women, and water-transportation workers, roofers, foresters and loggers for men. Teachers were especially low on all four lists. This study could not determine whether employment within any occupation encouraged smoking or if smokers selected certain occupations.

PMCID: PMC2359318
PMID: 8982527 [PubMed - indexed for MEDLINE]

Musculoskeletal symptoms among sewing machine operators.
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OBJECTIVES: A longitudinal study was conducted to describe the prevalences and development of musculoskeletal symptoms among sewing machine operators in relation to age and exposure and among former sewing machine operators who changed exposure by changing occupation. METHODS: Musculoskeletal symptoms were assessed among 327 sewing machine operators in 1985 with the use of the standardized Nordic questionnaire. A follow-up study in 1991 showed that approximately one-third was still working as a sewing machine operator, one-third had changed occupation, and the rest were out of employment. The exposure was assessed by a questionnaire regarding the type of machine being operated, work organization, workplace design, units produced per day, and payment system. RESULTS: High prevalences of musculoskeletal symptoms of the neck and shoulders were found, with some associations to exposure variables such as efficiency. Initially symptom-free sewing machine operators were not at a higher risk of developing symptoms when they continued sewing during the six-year follow-up when compared with those who changed to other employment. However, symptomatic sewing machine operators who quit sewing were much more likely to be relieved of their symptoms than were symptomatic operators who continued sewing, odds ratio 3.26 [95% confidence interval (95% CI) 1.38-7.72] for 12-month symptoms and odds ratio 3.90 (95% CI 1.28-11.90) for 7-day symptoms. This trend also applied to long-lasting symptoms. CONCLUSIONS: The results demonstrate that, for many sewing machine operators, neck and shoulder symptoms are reversible and may be influenced by reallocation to other worktasks.

PMID: 8824748 [PubMed - indexed for MEDLINE]

Occupational injury and stress.
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A literature search was conducted to identify studies that measured the relationship between stress and occupational injury. Studies that provided a quantitative measure of stress and occupational injury and a quantitative assessment of the relationship between these two factors were selected for this review. Twenty studies were identified, and all had P values of less than .05 or odds ratios ranging from .3 to 4.6. Twelve of 17 measures had odds ratios greater than 1.0. Several factors limit the generalizability of these results, however, and these include methodological differences in the assessment of stress and injury, study design, and limited representation of occupations.
A profile of heart disease risk factors and their relation to parents' education, fathers' occupation and family history of heart disease in 843 South Australian families: the Adelaide Children's WHO Collaborative Study.

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OBJECTIVE: A study was conducted to determine whether the prevalence of risk factors among pre-adolescent children is associated with their parents' risk factor status and what influence family history of ischaemic heart disease (IHD) and socio-economic status (SES) had. METHODOLOGY: This was a cross-sectional study of 856 children, mean age 8.6 years, and their parents who underwent the World Health Organization and National Heart Foundation protocols for the study of arteriosclerosis precursors. Historical, demographic, anthropometric, clinical and biochemical outcome measures were used. RESULTS: There was the expected burden of illness reported for the grandparents and parents, with the latter conforming to their expected age group's heart disease risk factor status. The mean serum total cholesterol (TC) level for boys was 4.43 (+/- 0.79) mmol/L and girls 4.62 (+/- 0.84) mmol/L, with the 95th percentile for boys and girls combined being 5.88 mmol/L. The level corresponding to two standard deviations above the mean was 6.0 mmol/L. Children's IHD risk factor status reflected their parents' with TC, skin fold thickness and body mass index most closely correlated, followed by blood pressure. The greatest correlation was between the childrens' TC and their mothers'. Socio-economic status as assessed by the parents' education level and fathers' occupational status produced differences in their childrens' risk factors, with mother's level of education having the major influence. There was no impact of family history of IHD. CONCLUSIONS: From these results it would appear that screening of the pre-adolescent may be appropriate but longitudinal study will be important to establish this by documenting persistence of risk factor status. Also, it would appear that a child's future risk from IHD morbidity may be due to environmental influences mediated through differences in SES. As the level of IHD risk factors is reduced within the community, the extent of parent-child transmission of measurable IHD risk factors in families of high IHD risk may be reduced.
normal activities. Nineteen percent of the youths appear to have been injured in 
jobs declared to be hazardous, or typically prohibited for their age (14- and 
15-year-olds) under federal child labor laws. The prohibited job directly 
contributed to the injury in 64% of these cases.

PMID: 7645574 [PubMed - indexed for MEDLINE]


Cigarette smoking among former military service personnel: a neglected social 
issue.

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BACKGROUND. This article investigates cigarettes smoking among active military 
personnel, veterans, and comparable civilian populations. METHODS. It is based on 
secondary analysis of archival data from the General Social Surveys and the 
National Longitudinal Surveys of Youth. RESULTS. Findings were consistent with 
past research, indicating higher smoking rates for current active military 
personnel than for civilians. Among men and women who were in their thirties 
during the early 1980s, findings suggest that military personnel and civilians 
alone exhibited the same tendency toward cigarette use and initiated smoking at 
approximately the same ages. General Social Surveys and National Longitudinal 
Surveys of Youth data suggest that military smoking did not appear to be a 
situational behavior which occurred only during a recruit's tour of duty; results 
also suggest that previous military experience was associated with higher 
lifelong patterns of cigarette consumption, compared to those who had never been 
in the armed services. CONCLUSIONS. This evidence suggests that the military--as 
the nation's largest employer, with an immense influence upon civilian 
relations--exerts a force of considerable magnitude thwarting national goals to 
achieve reduced cigarette consumption.

PMID: 8047531 [PubMed - indexed for MEDLINE]


A clinical follow up of unemployed. II: Sociomedical evaluations as predictors of 
re-employment.

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OBJECTIVE--To frame and study sociomedical evaluations in clinical work with 
unemployed people. DESIGN--In a two-year follow up of routine health 
examinations, three sociomedical evaluations were set up. The first was the 
direct conclusion of the check-up, based on sickness and possibilities of 
treatment. The second dealt with work identity, and the last was a diagnostic set 
of main unemployment problem. SETTING--The four municipalities of Grenland, 
Norway. PARTICIPANTS--A representative sample aged 16 to 63 who had been 
registered with the labour market authorities for more than 12 weeks. 
RESULTS--21% of the unemployed needed further treatment. 7% were classified as 
"discouraged", being on their way out of the labour market, while the majority of 
the study group was healthy job seekers. Work identity seemed to be wage earning 
for 83%, homemaking for 9%, cultural work for 3%, and being a pensioner for 5%. 
The main unemployment problem was lack of work for 46% of the examined. Other 
problems were poor health, being less attractive workers, or having little 
courage for job search. The evaluations predicted re-employment after two years.
They divided the unemployed in groups with from five to seven times difference in re-employment rate. CONCLUSION--These standardized sociomedical evaluations seen to be useful in clinical work with unemployed people.

PMID: 8146506 [PubMed - indexed for MEDLINE]


Mortality and incidence of cancer in a cohort of Swedish chimney sweeps: an extended follow up study.

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Despite 200 years of efforts to regulate safety in this occupation, chimney sweeps have increased mortality from cancer, ischaemic heart disease, and respiratory disease. Mortality and incidence of cancer were examined in a cohort of 5542 Swedish chimney sweeps employed through their national trade union at any time between 1918 and 1980. Previous studies of this cohort found increased risks of ischaemic heart disease, respiratory disease, accidental deaths, and various neoplasms. By increasing follow up, we sought to increase the power of the study and examine disease time trends. Mortality analysis was extended 7.5 years to cover the period 1951-90; cancer incidence analysis was extended six years to cover the period 1958-87. New findings include increased incidence and mortality of prostate cancer (SMR 169, 95% CI 106-256, 22 observed) and increased incidence of total haematolymphatic cancers (SIR 151, 95% CI 106-209, 36 observed). When only the most recent follow up period was analysed, previously observed risks persisted for total lung cancer (SIR 178, 95% CI 99-293), oat cell lung cancer (SIR 240, 95% CI 103-472), bladder cancer (SIR 247, 95% CI 131-422), and oesophageal cancer (Obs/Exp = 2/1.1). Mortality from ischaemic heart disease (SMR 98, 95% CI 76-123) and respiratory disease (SMR 111, 95% CI 56-199) declined during recent follow up, although significant excess mortality remained during analysis of the entire study period (ischaemic heart disease SMR 128, 95% CI 112-145; respiratory disease SMR 159, 95% CI 115-213). In analyses of the entire study period, risks of ischaemic heart disease and lung, bladder, and oesophageal cancer were adjusted for smoking; oesophageal cancer was also adjusted for use of alcohol. All risks remained significantly raised. Exposure-response analyses showed significant positive associations between duration of employment and risks for mortality from lung, oesophageal, and total cancer. Chimney sweeps remain at increased risk for cancers of the lung, oesophagus, and bladder. Our study supports a casual role for exposure to chimney soot, which contains carcinogens including polycyclic aromatic hydrocarbons. Extended follow up of this cohort now shows increased risks of prostate and haematolymphatic cancers.

PMCID: PMC1012164
PMID: 8507598 [PubMed - indexed for MEDLINE]


Unusual form of motor neuron disease in Kenya.

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Comment in:

Over the period November 1978 to October 1988, 46 cases of motor neuron disease
were seen at Kenyatta National Hospital, Nairobi. One case was seen in private practice. A bimodal age distribution of the disease was identified with a peak in the fourth decade of life and another peak in the sixth decade of life. The disease seen in the fourth decade of life was different as seen in other parts of the world in that the majority of patients tended to present with very rapidly progressive disease despite the primary presentation with limb symptoms and signs. Serum cholinesterase activity in five of these patients and five of the classical motor neuron disease revealed no abnormalities. This unusually rapidly progressive disease in young adults has not been described anywhere. The disease seen in older age groups and especially in patients over fifty years of age was not different from the one seen in other parts of the world.

PMID: 1505388 [PubMed - indexed for MEDLINE]


Zero crossing rate of electromyograms during occupational work and endurance tests as predictors for work related myalgia in the shoulder/neck region.

Hägg GM, Suurküla J.


The relationship between electromyographic signs of fatigue (ESF) during work and occupation-related myalgia in the shoulder/neck region was investigated in a longitudinal study. Forty-three healthy female assembly workers were studied over 2 years. Measurements were performed at the start of the study with follow-up measurements after 1 and 2 years. The ESF were estimated as the zero crossing rate of electromyograms (EMG) detected during short test contractions performed during short breaks in normal work. As a complement, an endurance test using EMG records was performed and analysed with the zero crossing technique. The occurrence of shoulder/neck disorders was assessed by a clinical investigation and a questionnaire. No significant relationship between ESF during work in year 0 and deterioration of the disorder was seen. On the other hand, the absolute zero crossing rate and the time constant of the zero crossing decline from the endurance test showed a significant relationship with deterioration of the disorder. The ESF during work year 2, showed a significant relationship with disorder year 2, while the endurance test parameters year 2 did not. It was concluded that ESF during work was not a predictor of muscle injury, whereas it could be useful as a diagnostic tool.

PMID: 1893908 [PubMed - indexed for MEDLINE]


The effect of physical activity during pregnancy on preterm delivery and birth weight.

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The relationship between physical activity during pregnancy, preterm birth, and gestational age-adjusted birth weight was investigated prospectively in a cohort of 7101 women. This study is one of few to evaluate both employment- and non-employment-related physical activity. Prolonged periods of standing were associated with a modestly increased risk of preterm delivery (adjusted odds ratio for greater than or equal to 8 hours/day of standing = 1.31). Heavy work or exercise was not associated with preterm delivery (adjusted odds ratio for
greater than or equal to 4 hours per day of heavy work = 1.04). The proportion of infants born preterm did not differ among women working in predominantly standing, active, and sedentary occupations. Physical activity was not associated with gestational age-adjusted birth weight after controlling for confounding variables. These data suggest that unmeasured socioeconomic differences among women reporting different levels of activity may account for previously described associations between physical activity and pregnancy outcome. Most pregnant women who report increased levels of physical activity are not at increased risk of preterm delivery or reduced intrauterine growth. However, these data do not address the role of activity restriction in the management of selected women at high risk for adverse pregnancy outcome.

PMID: 2240086 [PubMed - indexed for MEDLINE]


Incidence of leukemia in occupations with potential electromagnetic field exposure in United States Navy personnel.

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Leukemia is the fourth most commonly occurring cancer in the United States population between the ages of 17 and 34 years, an age group heavily represented in the US Navy. Historical computerized military career records maintained at the Naval Health Research Center, San Diego, California, were used to determine person-years at risk (total, 4,072,502 person-years) by demographic characteristics and occupation for active-duty naval personnel during 1974-1984. Computerized inpatient medical records were searched for first hospitalizations for leukemia. Cases of leukemia (n = 102) were verified by using pathology reports or Navy Medical Board or Physical Evaluation Board findings. For comparisons, age-adjusted incidence rates and standardized incidence ratios were calculated by using rates for the US population provided by the Surveillance, Epidemiology, and End Results program of the National Cancer Institute. The overall age-adjusted incidence rate of leukemia in active-duty naval personnel was found to be very close to that of the Surveillance, Epidemiology, and End Results program population (6.0 vs. 6.5 per 100,000 person-years). Only one occupation, electrician's mate, emerged with a borderline statistically significant excess risk of leukemia (standardized incidence ratio compared with the Surveillance, Epidemiology, and End Results program population = 2.4, 95% confidence interval 1.0-5.0). This finding is intriguing in the light of several studies showing an excess risk of leukemia associated with exposure to electromagnetic fields.

PMID: 2372008 [PubMed - indexed for MEDLINE]


Family timing in late adolescence and early adulthood: the case of southern males.

Marshall KP, Zito GV, Cosby AG.

PIP: A model of processes underlying marriage and family timing were applied to longitudinal data on 288 young adult males from the Southern Youth Study. The purpose was to assess the implications which adolescent status and familial orientations may hold for patterns of family formation and expansion. The subjects were selected from nonmetropolitan high schools in Alabama, Georgia, Texas, and South Carolina. Initial contact was made in the sophomore year (1966-1967) when family background and significant other encouragement data were
requested through questionnaires administered in the classroom. Recontacted as seniors in 1968, respondents were questioned concerning status and family aspirations. In 1972 the respondents were contacted for a 3rd time and data regarding marriage timing and procreation were obtained. 45% of the 288 males had married within 4 years of high school, but 81% reported no children. 16% reported 1 child and only 3% reported 2 or more children. On the average, as high school seniors, these males expressed desires for slightly later marriage than did males in the Project Talent national study of high school seniors. The expected negative relationships of early fertility with significant other occupational encouragement and with educational aspirations indicated high aspirations to be associated with lower young adult procreation. The strongest correlation reflected the importance of marital timing. Premarital factors failed to directly influence procreation independently of marital duration and only adolescent educational and marital desires directly influenced the timing of marriage.

PMID: 12310209 [PubMed - indexed for MEDLINE]


A multi-group cross-lagged analyses of work stressors and health using Canadian National sample.

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This article examines the reciprocal relationships between work variables and health outcomes and if these relationships differ by social class (measured by occupational grouping). We used longitudinal data from the 1994/95--2002/03 Canadian National Population Health Survey (NPHS). Karasek's work stress variables were measured in the 1994/95 (cycle 1, time 1), 2000/01 (cycle 4, time 2) and 2002/03 (cycle 5, time 3) surveys. Analyses were limited to 2556 respondents aged 18-56 at time 1 and who remained in the same social class (as defined by occupational position) for all the three time points. Work variables used were job strain ratio, work social support and job insecurity. Health outcomes used were distress, depression and self-rated health. Multi-group path analyses were used to investigate the reciprocal relationships between work and health variables and if these relationships differed by social class. Analyses controlled for age, gender, marital status and work status. We find there is a differential burden of work psychosocial factors and health outcomes by social class. The cross-lagged relationships between work and health depended on the outcome, social class and time lag. More significant paths from work to health were observed than reverse paths from health to work. More significant relationships between work and health were observed for the shorter time lag (2 years) compared to longer time lags (6 years). Low work social support and job insecurity were more detrimental to health for respondents in lower social class positions. Findings from this study highlight the importance of time lag, and to some extent social class, in the reciprocal relationships between work and health.

PMID: 19010577 [PubMed - indexed for MEDLINE]


Factors contributing to treatment success among tuberculosis patients: a prospective cohort study in Bangkok.

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SETTING: Chest Clinic, Ministry of Public Health and health care centres, Bangkok Metropolitan Administration. OBJECTIVE: To determine patient factors predicting successful tuberculosis (TB) treatment. DESIGN: A prospective cohort was conducted during May 2004 to November 2005. Newly diagnosed TB patients aged > or = 15 years were recruited after giving informed consent. Three sets of questionnaires were used to collect data from the patients three times. Data were also gathered from treatment cards. RESULTS: Of 1241 patients, 81.1% were successfully treated. Bivariate analysis indicated that patients' sex, education, occupation, level of knowledge about TB and adverse effects were associated with treatment success. Unconditional logistic regression analysis showed that females had a higher success rate than males (OR = 1.9, 95%CI 1.2-2.9). Patients with regular incomes had twice the likelihood of success of the unemployed (OR = 2.0, 95%CI 1.1-3.5). Patients with high knowledge levels were more likely to complete treatment (OR = 2.0, 95%CI 1.2-3.4), while those with adverse effects were less likely to adhere (OR = 0.6, 95%CI 0.4-0.9). CONCLUSION: The current low treatment success rate may be partly due to inadequate knowledge about TB among patients. Improvements in health education and early detection and management of adverse effects should be prioritised by the National Tuberculosis Programme.

PMID: 18812046 [PubMed - indexed for MEDLINE]

Socio-economic differences in the association between sickness absence and mortality: the prospective DREAM study of Danish private sector employees.

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OBJECTIVES: To examine duration of sickness absence as a risk marker for future mortality by socio-economic position among all private sector employees in Denmark in 1998-2004. METHODS: All residents in Denmark employed in the private sector receiving sickness absence compensation in 1998 were investigated in a prospective cohort study. 236 207 persons (38.2% women, 61.8% men, age range 18-65, mean age 37.8 years) alive on 1 January 2001 were included in the study. Mortality from 1 January 2001 to 31 December 2004 was assessed using national register data. Deaths in 1999 and 2000 were excluded to determine the status of sickness absence duration as an early risk marker. For analyses within occupational grades, data were available for a sub-population of 137 607 study participants. RESULTS: 3040 persons died during follow-up. The age-adjusted risk of future mortality increased by duration of sickness absence in a graded fashion among men and non-blue collar workers. Among women and blue collar workers, there was no association of mortality with duration of sickness absences below 6 weeks. However, employees with > or =6 weeks of absence compared to those with 1-week absence had a substantial excess risk of death in all groups: adjusted hazard ratio 2.2 (95% CI 1.8 to 2.7) for women, 2.1 (95% CI 1.8 to 2.4) for men, 3.7 (95% CI 1.9 to 7.2) in white collar occupations, 3.3 (95% CI 2.2 to 5.0) in intermediate grade occupations and 2.0 (95% CI 1.7 to 2.3) in blue collar occupations. CONCLUSION: Administratively collected data on sickness absence compensation for periods > or =6 weeks identified "at risk" groups for future excess mortality in male and female private sector employees across occupational grade levels.

PMID: 18805885 [PubMed - indexed for MEDLINE]

Weight and wages: fat versus lean paychecks.
Past empirical work has shown a negative relationship between the body mass index (BMI) and wages in most cases. We improve on this work by allowing the marginal effect of non-linear BMI groups to vary by gender, age, and type of interpersonal relationships required in each occupation. We use the National Longitudinal Survey of Youth 1979 (1982-1998). We find that the often-reported negative relationship between the BMI and wages is larger in occupations requiring interpersonal skills with presumably more social interactions. Also, the wage penalty increases as the respondents get older beyond their mid-twenties. We show that being overweight and obese penalizes the probability of employment across all race-gender subgroups except black women and men. Our results for the obesity-wage association can be explained by either consumers or employers having distaste for obese workers. (c) 2008 John Wiley & Sons, Ltd.

PMID: 18677723 [PubMed - indexed for MEDLINE]


Socioeconomic position in childhood and adulthood and weight gain over 34 years: the Alameda County Study.

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PURPOSE: Socioeconomic position (SEP) has been shown to be related to obesity and weight gain, especially among women. It is unclear how different measures of socioeconomic position may impact weight gain over long periods of time, and whether the effect of different measures vary by gender and age group. We examined the effect of childhood socioeconomic position, education, occupation, and log household income on a measure of weight gain using individual growth mixed regression models and Alameda County Study data collected over thirty four years (1965-1999). METHODS: Analyses were performed in four groups stratified by gender and age at baseline: women, 17-30 years (n = 945) and 31-40 years (n = 712); men, 17-30 years (n = 766) and 31-40 years (n = 608). RESULTS: Low childhood SEP was associated with increased weight gain among women 17-30 (0.13 kg/year, p < 0.001). Low educational status was associated with increased weight gain among women 17-30 (0.14 kg/year, p = 0.030), 31-40 (0.14 kg/year, p = 0.014), and men 17-30 (0.20 kg/year, p = 0.001). CONCLUSION: Log household income was inversely associated with weight gain among men 31-40 (-0.10 kg/yr, p = 0.16). Long-term weight gain in adulthood is associated with childhood SEP and education in women and education and income in men.

PMID: 17521922 [PubMed - indexed for MEDLINE]


Stress and depression in the employed population.

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OBJECTIVES: This article describes stress levels among the employed population
aged 18 to 75 and examines associations between stress and depression. DATA SOURCES: Data are from the 2002 Canadian Community Health Survey: Mental Health and Well-being and the longitudinal component of the 1994/95 through 2002/03 National Population Health Survey. ANALYTICAL TECHNIQUES: Stress levels were calculated by sex, age and employment characteristics. Multivariate analyses were used to examine associations between stress and depression in 2002, and between stress and incident depression over a two-year period, while controlling for age, employment characteristics, and factors originating outside the workplace. MAIN RESULTS: In 2002, women reported higher levels of job strain and general day-to-day stress. When the various sources of stress were considered simultaneously, along with other possible confounders, for both sexes, high levels of general day-to-day stress and low levels of co-worker support were associated with higher odds of depression, as was high job strain for men. Over a two-year period, men with high strain jobs and women with high personal stress and low co-worker support had elevated odds of incident depression.

PMID: 17111591 [PubMed - indexed for MEDLINE]


Twenty-three years of hypersensitivity pneumonitis mortality surveillance in the United States.

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BACKGROUND: There are few population-based studies addressing hypersensitivity pneumonitis (HP) in the United States. The National Institute for Occupational Safety and Health (NIOSH) has nationally comprehensive longitudinal mortality data that can contribute to a better understanding of the epidemiology of HP. METHODS: The National Center for Health Statistics multiple cause-of-death data were analyzed for the period 1980-2002. Annual death rate was age-adjusted to the 2000 U.S. standard population. Death rate time-trends were calculated using a linear regression model and geographic distribution of death rates were mapped by state and county. Proportionate mortality ratios (PMRs) by usual industry and occupation adjusted for age, sex, and race, were based on data from 26 states reporting industry and occupation during 1985-1999. RESULTS: Overall age-adjusted death rates increased significantly (P < 0.0001) between 1980 and 2002, from 0.09 to 0.29 per million. Wisconsin had the highest rate at 1.04 per million. Among industries, PMR for HP was significantly high for agricultural production, livestock (PMR, 19.3; 95% CI, 14.0-25.9) and agricultural production, crops (PMR, 4.3; 95% CI, 3.0-6.0). Among occupations, PMR for HP was significantly elevated for farmers, except horticulture (PMR, 8.1; 95% CI, 6.4-10.2). CONCLUSIONS: These findings indicate that agricultural industries are closely associated with HP mortality and preventive strategies are needed to protect workers in these industries.

PMID: 17096370 [PubMed - indexed for MEDLINE]


Prognosis of occupational hand eczema: a follow-up study.

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Comment in:
OBJECTIVE: To identify prognostic risk factors in patients with occupational hand eczema (OHE). DESIGN: Cohort study with 1-year follow-up. SETTING: Danish National Board of Industrial Injuries Registry. PATIENTS: All patients with newly recognized OHE (758 cases) from October 1, 2001, through November 10, 2002. INTERVENTIONS: Participants received a questionnaire covering self-rated severity, sick leave, loss of job, depression, and health-related quality of life. One year after the questionnaire was returned, all responders (N = 621) received a follow-up questionnaire, and 564 (91%) returned it. MAIN OUTCOME MEASURES: Persistently severe or aggravated OHE, prolonged sick leave, and loss of job after 1-year follow-up. RESULTS: During the follow-up period, 25% of all patients with OHE had persistently severe or aggravated disease, 41% improved, and 34% had unchanged minimal or mild to moderate disease. Patients with atopic dermatitis fared poorly compared with other patients. Patients younger than 25 years fared clearly better than older groups. Furthermore, severe OHE, age 40 years or greater, and severe impairment of quality of life at baseline appeared to be important predictors of prolonged sick leave and unemployment. Patients with lower socioeconomic status also had a high risk of prolonged sick leave, job change, and loss of job. Contact allergy was not found to be a risk factor for poor prognosis. CONCLUSIONS: Atopic dermatitis, greater age, and low socioeconomic status may be reliable prognostic factors in early OHE. Quality of life and standardized severity assessment may also be valuable tools to identify patients at high risk of prolonged sick leave and unemployment.

PMID: 16549705 [PubMed - indexed for MEDLINE]


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Myanmar migrants are at increased risk for nocturnally periodic Wuchereria bancrofti causing imported bancroftian filariasis. They have a significant influence on the effectiveness of diethylcarbamazine (DEC) mass treatment at the provincial level in the National Program to Eliminate Lymphatic Filariasis (PELF) during the fiscal years (FY) 2002-2006, in Thailand. Two oral doses of DEC 6 mg/kg are given twice a year to the eligible Myanmar migrants (> or = 2 years old). A 300 mg DEC provocation test is given once a year to all Myanmar migrants with work permits. Effectiveness evaluation parameters, such as cumulative index (CI) and the effectiveness ratio (ER), were obtained after 2 years of the multiple-dose DEC treatment program in Ranong Province, Southern Thailand. By cross-sectional night blood surveys at the end of FY 2003 in two districts of Ranong Province, the microfilarial positive rates (MFR) were 0.8% and 1.2% for Mueang Ranong and Kra Buri, respectively. The MFR in the agricultural (1.5%) and industrial (0.4%) occupations were not significantly different from each other. Our findings suggest that most untreated microfilaremics working in agriculture, with short-term residency in Thailand, may have delayed multiple-dose DEC treatment.

PMID: 16295532 [PubMed - indexed for MEDLINE]


Social and economic development and change in four Guatemalan villages: demographics, schooling, occupation, and assets.
This article uses census data and village histories to examine changes over the last 35 years in the four villages where the Institute of Nutrition of Central America and Panama (INCAP) Longitudinal Study (1969-77) was conducted and offers a rare picture of development and change in rural localities over a long period of time. In addition, by characterizing the environment in which the subjects of this study were raised, we provide context for and inputs into quantitative analyses of data collected at various points in time on these subjects. The villages have undergone massive demographic, social, and economic change. Initial differences have conditioned many of these changes, especially differences associated with agricultural potential and location. Originally these villages were rather isolated, but road and transportation access has improved substantially. The populations in the villages have more than doubled and also have aged. While marriage patterns have held steady, religious practice has changed a great deal. After many years of steady out-migration, three of the four villages are more recently experiencing net in-migration, a pattern associated with ease of access. Schooling access and outcomes also have improved, with average grades of schooling nearly tripling and literacy doubling to levels currently above national averages. Although agriculture remains an important component of individual livelihood strategies, non-agricultural sources of employment have become more important. Much of this change is associated with declining agricultural markets and increased access to non-agricultural jobs near the villages and in the capital. Accompanying these changes has been an improvement in living standards as measured by a number of indicators of household living conditions and consumer durable goods.

PMID: 16060210 [PubMed - indexed for MEDLINE]

Central nervous system effects of acute organophosphate poisoning in a two-year follow-up.

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OBJECTIVES: Patients hospitalized for acute organophosphate poisoning in León, Nicaragua, were followed for effects on the central nervous system (CNS) over a 2-year period. METHODS: Immediate verbal memory (Rey verbal learning), visuomotor performance (digit symbol), and neuropsychiatric symptoms (Q-16) were assessed for 53 poisoned persons at the time of hospital discharge, 7 weeks postpoisoning, and 2 years postpoisoning, and, at the same time intervals, for 28 persons who had never been poisoned. The poisonings were classified as moderate occupational (31), severe occupational (15), and severe through the oral route (7), representing low, medium, and high exposure, respectively. Longitudinal confounder-adjusted between-category comparisons and longitudinal analyses of variance and covariance were used to assess the effects of the exposure. RESULTS: Immediate verbal learning showed deficits in the high-exposure group, in particular at the time of discharge, but the estimate of the difference when compared with the values of the unexposed was imprecise. Visuomotor performance showed a deficit at 7 weeks in the medium-exposure group, but it had improved after 2 years relative to that of the unexposed, for whom improvement had occurred at 7 weeks and persisted during the 2 years of follow-up, possibly a test-retest effect. Neuropsychiatric symptoms were in excess 2 years after the hospital discharge in the low- and medium-exposure groups and all the groups
CONCLUSIONS: Visuomotor performance and possibly short-term verbal memory seem to be affected early after severe acute organophosphate poisoning and recover, either truly or by some compensatory mechanism. Neuropsychiatric symptoms seem to increase after a longer latency period.

PMID: 15529800 [PubMed - indexed for MEDLINE]


Family socioeconomic status and self-reported sexually transmitted diseases among black and white american adolescents.

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OBJECTIVE: The objective of this study was to assess associations between socioeconomic status (SES) and adolescent sexually transmitted diseases (STDs) stratified by race and gender. STUDY: In cross-sectional analyses of the National Longitudinal Study of Adolescent Health Wave One (1995), unadjusted and adjusted associations between 4 family SES indicators and STD reports for black and white 7th through 12th graders were examined. RESULTS: Lower maternal education and nonprofessional maternal occupations were associated with higher STD reports in all groups except white females. Generally, STD reports were higher for adolescents not living in 2-parent homes, and lower income was only associated for black males. CONCLUSION: Overall, SES is only a weak to moderate marker for adolescent STD risks. The relationship of SES and STDs varies by the SES measure used and differs across race-gender groups. Other individual factors such as risk behaviors or community factors such as income inequality could play a more critical role for adolescent STDs than family SES.

PMID: 15480114 [PubMed - indexed for MEDLINE]


Quality of life in adult survivors beyond 10 years after liver, kidney, and heart transplantation.


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BACKGROUND: The yearly increasing survival rates testify to the success of transplantation, but questions remain relating to the quality of life (QOL) associated with long-term survival. METHODS: A sample of 126 liver recipients (Liver-R), 229 kidney recipients (Kidney-R), and 113 heart recipients (Heart-R) with more than 10 years posttransplant follow-up were included in the study with a response rate of 86%. Respondents were matched with healthy subjects recruited from general population (GP). The three groups of recipients and GP subjects completed a French version of the questionnaire used by the National Institute of Diabetes and Digestive and Kidney Disease, Pittsburgh, PA, and were compared for each score, with adjustments for age and sex. RESULTS: Personal function and measures of disease by the transplant recipients were significantly worse than in the GP (P<0.0001), with the worst score in Kidney-R. No difference, either between organs or between organs and GP, was found regarding the perceived social and role function. However, for psychologic status and general health perception, Kidney-R had the least favorable performance when compared with GP (P<0.01) and
also when compared with Liver-R (P<0.05). With the exception of Kidney-R, the well-being index of Liver-R and Heart-R was significantly better than the GP (P<0.001 and P<0.05, respectively). CONCLUSIONS: The QOL beyond 10 years after liver, heart, and kidney transplantation is quite similar to the GP, with Kidney-R starting out as the worst, Heart-R as intermediate, and Liver-R the best.

PMID: 14688519 [PubMed - indexed for MEDLINE]

Cigarette smoking and cognitive decline in midlife: evidence from a prospective birth cohort study.

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OBJECTIVES: The authors investigated the effects of cigarette smoking on midlife cognitive performance. METHODS: Multiple regression was used to test the association between cigarette smoking and changes in cognitive test scores among male and female members of the British 1946 birth cohort aged between 43 and 53 years. RESULTS: Smoking was associated with faster declines in verbal memory and with slower visual search speeds. These effects were largely accounted for by individuals who smoked more than 20 cigarettes per day and were independent of sex, socioeconomic status, previous (adolescent) cognitive ability, and a range of health indicators. CONCLUSIONS: The present results show that heavy smoking is associated with cognitive impairment and decline in midlife. Smokers who survive into later life may be at risk of clinically significant cognitive declines.

PMCID: PMC1447882
PMID: 12773367 [PubMed - indexed for MEDLINE]

Family disruption in childhood and risk of adult depression.

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OBJECTIVE: The authors examined the risk that family disruption and low socioeconomic status in early childhood confer on the onset of major depression in adulthood. METHOD: Participants were 1,104 offspring of mothers enrolled during pregnancy in the Providence, R.I., site of the National Collaborative Perinatal Project. Measures of childhood family disruption and socioeconomic status were obtained before birth and at age 7. Structured diagnostic interviews were used to assess respondents' lifetime history of major depressive episode between the ages of 18 and 39. Survival analysis was used to identify childhood risks for depression onset. RESULTS: Parental divorce in early childhood was associated with a higher lifetime risk of depression among subjects whose mothers did not remarry as well as among subjects whose mothers remarried. These effects were more pronounced when accompanied by high levels of parental conflict. Independent of the respondents' adult socioeconomic status, low socioeconomic status in childhood predicted an elevated risk of depression. CONCLUSIONS: Family disruption and low socioeconomic status in early childhood increase the long-term risk for major depression. Reducing childhood disadvantages may be one avenue for prevention of depression. Identification of modifiable pathways linking aspects of the early childhood environment to adult mental health is needed to mitigate
A national survey was carried out in Côte d'Ivoire in 1979 in order to evaluate the incidence, morbidity and mortality of snakebites. This unpublished survey has not been renewed to our knowledge. Although 20 odd years have passed since, the survey is not obsolete and can be usefully presented at this congress. We associated a retrospective survey using health centre registers and a prospective survey performed in 7 health centres between 1972 and 1979. The incidence, estimated prospectively for rural areas, exceeded 200 bites for 100,000 inhabitants. This evaluation could be an underestimation because many victims consulted traditional practitioners. Annual morbidity was higher in forest areas (195 envenomations per 100,000 inhabitants) than in the savannah (130 envenomations per 100,000 inhabitants). Conversely, the case fatality rate was higher in the savannah (3.1%) than in forest areas (2%). More than half of the bites involved men aged 15 to 50 years. The risks were significantly higher for farmers, particularly in industrial plantations, where 27% of the total number of bites involved 1.5% of the population. At the beginning of the 1980s, envenomations could be estimated at over 13,000 per 8 million inhabitants and the number of deaths 200 per annum.
obesity, a monthly income greater than 5000 baht, and a lower level of exercise than their peers. Secular increase in BMI was also observed. CONCLUSION: Predictors of overweight tracking found in this study would be useful to select children at risk for preventive intervention.

PMID: 11126218 [PubMed - indexed for MEDLINE]


Social class, assets, organizational control and the prevalence of common groups of psychiatric disorders.

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This study provides an update on the association between social class and common types of psychiatric disorder in the US. In addition to usual measures of social class, we provide hypotheses for the expectation that assets and organizational control are associated with specific varieties of psychiatric disorders (mood, anxiety, alcohol and drug use disorders). We analyzed two surveys. The National Comorbidity Survey conducted in 1990-1992 yielded 12-month prevalence rates in a probability sample of 8098 respondents in the 48 contiguous states. The Epidemiologic Catchment Area Follow-up conducted in 1993-1996 provided similar rates among 1920 East Baltimore residents. Analyses of the National Comorbidity Survey showed an inverse association between financial and physical assets and mood, anxiety, alcohol, and drug disorders. The Epidemiologic Catchment Area Follow-up provided additional evidence for the inverse association between financial and physical assets and anxiety, alcohol and drug disorders. Also in the Epidemiologic Catchment Area, lower level supervisors presented higher rates of depression and anxiety disorders than higher level managers. Inequalities in assets and organizational control, as well as typical measures of social class, are associated with specific psychiatric disorders. These constructs can provide additional explanations for why social inequalities in psychiatric disorders occur.

PMID: 10075245 [PubMed - indexed for MEDLINE]


Worksite physical activity interventions.

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BACKGROUND: National objectives for public health have targeted worksite as important settings for interventions to increase physical activity. However, expert reviews reveal no scientific consensus about the effectiveness of worksite interventions for increasing physical activity or fitness. METHODS: We judged the quantity and quality of existing evidence against scientific standards for the internal and external validity of the research design and the validity of measurements. Meta-analytic methods were used to quantify the size of effects expressed as Pearson correlation coefficients ($r$). Variation in effect was examined in relation to several features of the studies deemed important for implementing successful worksite interventions. Pre-experimental cohort studies were excluded because they are sensitive to secular trends in physical activity. RESULTS: Twenty-six studies involving nearly 9,000 subjects yielded 45 effects. The mean effect was heterogeneous and small, $r = 0.11$ (95% CI, -0.20 to 0.40), approximating 1/4 S.D., or an increase in binomial success rate from 50% to 56%.
Although effects varied slightly according to some of the study features we examined, effects were heterogeneous within levels of these features. Hence, the moderating variables examined did not explain variation in the effects (P > 0.05). The exception was that effects were smaller in randomized studies compared with studies using quasi-experimental designs (P < 0.05). CONCLUSIONS: Our results indicate that the typical worksite intervention has yet to demonstrate a statistically significant increase in physical activity or fitness. The few studies that have used an exemplary sample, research design, and outcome measure have also yielded small or no effects. The generally poor scientific quality of the literature on this topic precludes the judgment that interventions at worksites cannot increase physical activity or fitness, but such an increase remains to be demonstrated by studies using valid research designs and measures.

PMID: 9838977 [PubMed - indexed for MEDLINE]


Parental literacy level and understanding of medical information.

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OBJECTIVE: To ascertain the impact of literacy level on parents' understanding of medical information and ability to follow therapy prescribed for their children.

DESIGN/METHODS: A prospective cohort of parents accompanying their children for acute care. Parents were interviewed about demographic status, their child's health, and use of pediatric preventive services. The Rapid Estimate of Adult Literacy in Medicine (REALM) test was used to assess parental literacy. The same parent was interviewed 48 to 96 hours later and asked to recall the child's diagnosis, any medication prescribed, and instructions. RESULTS: A total of 633 patients were enrolled. Follow-up was obtained in 543 patients (85.8%). Mean parental age was 32.43 years (SD = 9.07). Mean REALM score was 57.6 (SD = 10.9), corresponding to a 7th- to 8th-grade reading level, with a mean parental educational level of 13.43 years (SD = 2.09). Low REALM score was significantly correlated with young parental age and parental education. African-American race was associated with lower REALM scores. After controlling for these variables, REALM score significantly correlated with parental perception of how sick the child was, but not with use of preventive services, comprehension of diagnosis, medication name and instructions, or ability to obtain and administer prescribed medications. CONCLUSIONS: Parental literacy level did not correlate with use of preventive services or parental understanding of or ability to follow medical instructions for their children.

PMID: 9685471 [PubMed - indexed for MEDLINE]


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STUDY DESIGN: This study of professional drivers is a part of a longitudinal record linkage study of all economically active men in Denmark, identified on January 1, 1981. Information about the main occupation was identified in 1980. The cohort was followed for first hospitalization with prolapsed cervical
intervertebral disc until December 31, 1990. OBJECTIVES: To examine the risk of prolapsed cervical intervertebral disc in all Danish professional drivers, and to analyze exposures of the male drivers in a sample of all Danish male drivers. SUMMARY OF BACKGROUND DATA: Only a few studies on occupation and prolapsed cervical intervertebral disc have been published. These studies suggest that professional driving may be a risk factor for development of prolapsed cervical intervertebral disc. Drivers are exposed to whole-body vibrations, heavy lifting, and a sedentary position. Other potential exposures are accelerations and decelerations and whiplash accidents. Such exposure may be involved in the causation of prolapsed cervical intervertebral disc. METHODS: A standardized hospitalization ratio was calculated for each subgroup of drivers using all economically active people as the standard. Additional exposure information was extracted from a national survey on work environment. RESULTS: Almost all men in occupations involving professional driving had a statistically significant elevated risk of being hospitalized with prolapsed cervical intervertebral disc. CONCLUSIONS: Professional driving is a risk factor for prolapsed cervical intervertebral disc.

PMID: 8915070 [PubMed - indexed for MEDLINE]


Occupation and ischemic heart disease in the European Community: a comparative study of occupations at potential high risk.

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Four longitudinal studies of mortality and morbidity by occupation based on individual record linkage of information and two cross-sectional studies of mortality were compared in order to identify occupations at high risk of ischemic heart disease. In more than one country an increased risk of ischemic heart disease was found in drivers of buses, taxies, and lorries, in bakers, in naval officers and fishermen, in hotel and restaurant workers, in senior police, customs, and other uniformed men, in barbers and hairdressers, in warehouse and wholesale staff, as well as in laboratory assistants and in radio and telegraph operators. Occupations found at high risk in Denmark were also found at high risk in Great Britain and Italy. These occupations may be at genuine high risk. None of these groups work day-work only and several of the groups have psychologically demanding work but unsatisfactory decision authority. Identification of occupations at high risk may help to develop focused preventive strategies.

PMID: 8892545 [PubMed - indexed for MEDLINE]


Occupations, cigarette smoking, and lung cancer in the epidemiological follow-up to the NHANES I and the California Occupational Mortality Study.

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What jobs are associated with the highest and lowest levels of cigarette use and of lung cancer? Are there gender differences in these jobs? Two data sets—the Epidemiological Follow-up to the National Health and Nutrition Examination Survey (NHEFS) and the California Occupational Mortality Study (COMS) were analyzed to answer these questions. For females, the broad occupations ranking from highest to lowest cigarette use in the NHEFS was: transportation operators, managers, craft workers, service workers, operatives, laborers, technicians, administrative
workers, farm owners and workers, sales workers, no occupation, and professionals. The corresponding ranking for males was: transportation operators, no occupation, laborers, craft workers, service workers, technicians, and professionals. The highest-ranking jobs in the COMS were waitresses, telephone operators, and cosmetologists for women, and water-transportation workers, roofers, foresters and loggers for men. Teachers were especially low on all four lists. This study could not determine whether employment within any occupation encouraged smoking or if smokers selected certain occupations.

PMCID: PMC2359318
PMID: 8982527 [PubMed - indexed for MEDLINE]


Occupational injury and stress.
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A literature search was conducted to identify studies that measured the relationship between stress and occupational injury. Studies that provided a quantitative measure of stress and occupational injury and a quantitative assessment of the relationship between these two factors were selected for this review. Twenty studies were identified, and all had P values of less than .05 or odds ratios ranging from .3 to 4.6. Twelve of 17 measures had odds ratios greater than 1.0. Several factors limit the generalizability of these results, however, and these include methodological differences in the assessment of stress and injury, study design, and limited representation of occupations.

PMID: 8542339 [PubMed - indexed for MEDLINE]


A profile of heart disease risk factors and their relation to parents' education, fathers' occupation and family history of heart disease in 843 South Australian families: the Adelaide Children's WHO Collaborative Study.
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OBJECTIVE: A study was conducted to determine whether the prevalence of risk factors among pre-adolescent children is associated with their parents' risk factor status and what influence family history of ischaemic heart disease (IHD) and socio-economic status (SES) had. METHODOLOGY: This was a cross-sectional study of 856 children, mean age 8.6 years, and their parents who underwent the World Health Organization and National Heart Foundation protocols for the study of arteriosclerosis precursors. Historical, demographic, anthropometric, clinical and biochemical outcome measures were used. RESULTS: There was the expected burden of illness reported for the grandparents and parents, with the latter conforming to their expected age group's heart disease risk factor status. The mean serum total cholesterol (TC) level for boys was 4.43 (+/- 0.79) mmol/L and girls 4.62 (+/- 0.84) mmol/L, with the 95th percentile for boys and girls combined being 5.88 mmol/L. The level corresponding to two standard deviations above the mean was 6.0 mmol/L. Childrens' IHD risk factor status reflected their parents' with TC, skin fold thickness and body mass index most closely correlated, followed by blood pressure. The greatest correlation was between the childrens' TC and their mothers'. Socio-economic status as assessed by the parents' education level and fathers' occupational status produced differences in
their children's risk factors, with mother's level of education having the major influence. There was no impact of family history of IHD. CONCLUSIONS: From these results it would appear that screening of the pre-adolescent may be appropriate but longitudinal study will be important to establish this by documenting persistence of risk factor status. Also, it would appear that a child's future risk from IHD morbidity may be due to environmental influences mediated through differences in SES. As the level of IHD risk factors is reduced within the community, the extent of parent-child transmission of measurable IHD risk factors in families of high IHD risk may be reduced.

PMID: 7669380 [PubMed - indexed for MEDLINE]


A detailed analysis of work-related injury among youth treated in emergency departments.

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Telephone interviews were conducted with 146 14- to 16-year-olds who incurred an occupational injury treated in an emergency department during the period July through September 1992. Thirty-two percent of the injuries occurred as the result of using equipment. Over half the workers reported not having received prior training on how to avoid injury. The injury limited normal activities for at least 1 day for 68% of the youth and for more than a week for 25%, corresponding to an estimated 6,208 (95% CI: 4,277, 8,139) and 2,639 (95% CI: 1,580, 3,699) youths nationwide, respectively. Employment in retail trades, equipment use, lack of training, and burn injuries were associated with increased limitation of normal activities. Nineteen percent of the youths appear to have been injured in jobs declared to be hazardous, or typically prohibited for their age (14- and 15-year-olds) under federal child labor laws. The prohibited job directly contributed to the injury in 64% of these cases.

PMID: 7645574 [PubMed - indexed for MEDLINE]


Cigarette smoking among former military service personnel: a neglected social issue.

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BACKGROUND. This article investigates cigarettes smoking among active military personnel, veterans, and comparable civilian populations. METHODS. It is based on secondary analysis of archival data from the General Social Surveys and the National Longitudinal Surveys of Youth. RESULTS. Findings were consistent with past research, indicating higher smoking rates for current active military personnel than for civilians. Among men and women who were in their thirties during the early 1980s, findings suggest that military personnel and civilians alike exhibited the same tendency toward cigarette use and initiated smoking at approximately the same ages. General Social Surveys and National Longitudinal Surveys of Youth data suggest that military smoking did not appear to be a situational behavior which occurred only during a recruit's tour of duty: results also suggest that previous military experience was associated with higher lifelong patterns of cigarette consumption, compared to those who had never been in the armed services. CONCLUSIONS. This evidence suggests that the military--as
the nation's largest employer, with an immense influence upon civilian relations--exerts a force of considerable magnitude thwarting national goals to achieve reduced cigarette consumption.

PMID: 8047531 [PubMed - indexed for MEDLINE]


A clinical follow up of unemployed. II: Sociomedical evaluations as predictors of re-employment.

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OBJECTIVE--To frame and study sociomedical evaluations in clinical work with unemployed people. DESIGN--In a two-year follow up of routine health examinations, three sociomedical evaluations were set up. The first was the direct conclusion of the check-up, based on sickness and possibilities of treatment. The second dealt with work identity, and the last was a diagnostic set of main unemployment problem. SETTING--The four municipalities of Grenland, Norway. PARTICIPANTS--A representative sample aged 16 to 63 who had been registered with the labour market authorities for more than 12 weeks. RESULTS--21% of the unemployed needed further treatment. 7% were classified as "discouraged", being on their way out of the labour market, while the majority of the study group was healthy job seekers. Work identity seemed to be wage earning for 83%, homemaking for 9%, cultural work for 3%, and being a pensioner for 5%. The main unemployment problem was lack of work for 46% of the examined. Other problems were poor health, being less attractive workers, or having little courage for job search. The evaluations predicted re-employment after two years. They divided the unemployed in groups with from five to seven times difference in re-employment rate. CONCLUSION--These standardized sociomedical evaluations seen to be useful in clinical work with unemployed people.

PMID: 8146506 [PubMed - indexed for MEDLINE]


Unusual form of motor neuron disease in Kenya.

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Comment in:


Over the period November 1978 to October 1988, 46 cases of motor neuron disease were seen at Kenyatta National Hospital, Nairobi. One case was seen in private practice. A bimodal age distribution of the disease was identified with a peak in the fourth decade of life and another peak in the sixth decade of life. The disease seen in the fourth decade of life was different as seen in other parts of the world in that the majority of patients tended to present with very rapidly progressive disease despite the primary presentation with limb symptoms and signs. Serum cholinesterase activity in five of these patients and five of the classical motor neuron disease revealed no abnormalities. This unusually rapidly progressive disease in young adults has not been described anywhere. The disease seen in older age groups and especially in patients over fifty years of age was not different from the one seen in other parts of the world.
The effect of physical activity during pregnancy on preterm delivery and birth weight.

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The relationship between physical activity during pregnancy, preterm birth, and gestational age-adjusted birth weight was investigated prospectively in a cohort of 7101 women. This study is one of few to evaluate both employment- and non-employment-related physical activity. Prolonged periods of standing were associated with a modestly increased risk of preterm delivery (adjusted odds ratio for greater than or equal to 8 hours/day of standing = 1.31). Heavy work or exercise was not associated with preterm delivery (adjusted odds ratio for greater than or equal to 4 hours per day of heavy work = 1.04). The proportion of infants born preterm did not differ among women working in predominantly standing, active, and sedentary occupations. Physical activity was not associated with gestational age-adjusted birth weight after controlling for confounding variables. These data suggest that unmeasured socioeconomic differences among women reporting different levels of activity may account for previously described associations between physical activity and pregnancy outcome. Most pregnant women who report increased levels of physical activity are not at increased risk of preterm delivery or reduced intrauterine growth. However, these data do not address the role of activity restriction in the management of selected women at high risk for adverse pregnancy outcome.

Incidence of leukemia in occupations with potential electromagnetic field exposure in United States Navy personnel.

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Leukemia is the fourth most commonly occurring cancer in the United States population between the ages of 17 and 34 years, an age group heavily represented in the US Navy. Historical computerized military career records maintained at the Naval Health Research Center, San Diego, California, were used to determine person-years at risk (total, 4,072,502 person-years) by demographic characteristics and occupation for active-duty naval personnel during 1974-1984. Computerized inpatient medical records were searched for first hospitalizations for leukemia. Cases of leukemia (n = 102) were verified by using pathology reports or Navy Medical Board or Physical Evaluation Board findings. For comparisons, age-adjusted incidence rates and standardized incidence ratios were calculated by using rates for the US population provided by the Surveillance, Epidemiology, and End Results program of the National Cancer Institute. The overall age-adjusted incidence rate of leukemia in active-duty naval personnel was found to be very close to that of the Surveillance, Epidemiology, and End Results program population (6.0 vs. 6.5 per 100,000 person-years). Only one occupation, electrician's mate, emerged with a borderline statistically significant excess risk of leukemia (standardized incidence ratio compared with the Surveillance, Epidemiology, and End Results program population = 2.4, 95% confidence interval 1.0-5.0). This finding is intriguing in the light of several
studies showing an excess risk of leukemia associated with exposure to electromagnetic fields.

PMID: 2372008 [PubMed - indexed for MEDLINE]

Pregnancy outcome in unmarried teenage nulligravidae in Singapore.
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Singapore, like other newly industrialized countries, has seen a dramatic transformation in the social standards of its population in a particularly short space of time. Unfortunately, this period of development has been accompanied by an escalation in the number of pregnancies to unmarried teenage girls. This paper examines the obstetric and social implications of 150 such pregnancies in younger and older teenagers. Poor intrauterine growth in the younger teenager appears to be the most important adverse obstetric outcome in that mean birthweight was significantly reduced (2738 g compared to 3054 g; P less than 0.02). We believe this to be an important explanation for the five-fold increase in perinatal mortality seen in this group of mothers. Unlike some other reports, we found no significant increase in the incidence of cephalopelvic disproportion, anemia or pregnancy induced hypertension in these mothers. The social implications of teenage pregnancy in Singapore are also examined and recommendations made for methods to curb the problem.

PMID: 2576537 [PubMed - indexed for MEDLINE]

Family timing in late adolescence and early adulthood: the case of southern males.
Marshall KP, Zito GV, Cosby AG.

PIP: A model of processes underlying marriage and family timing were applied to longitudinal data on 288 young adult males from the Southern Youth Study. The purpose was to assess the implications which adolescent status and familial orientations may hold for patterns of family formation and expansion. The subjects were selected from nonmetropolitan high schools in Alabama, Georgia,
Texas, and South Carolina. Initial contact was made in the sophomore year (1966-1967) when family background and significant other encouragement data were requested through questionnaires administered in the classroom. Recontacted as seniors in 1968, respondents were questioned concerning status and family aspirations. In 1972 the respondents were contacted for a 3rd time and data regarding marriage timing and procreation were obtained. 45% of the 288 males had married within 4 years of high school, but 81% reported no children. 16% reported 1 child and only 3% reported 2 or more children. On the average, as high school seniors, these males expressed desires for slightly later marriage than did males in the Project Talent national study of high school seniors. The expected negative relationships of early fertility with significant other occupational encouragement and with educational aspirations indicated high aspirations to be associated with lower young adult procreation. The strongest correlation reflected the importance of marital timing. Premarital factors failed to directly influence procreation independently of marital duration and only adolescent educational and marital desires directly influenced the timing of marriage.

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