

Patient Update

Show occupational asthma who's boss

Asthma in the workplace is the most prevalent work-related disease in developed countries. In the United States, it is estimated that up to 15% of asthma cases in adults may have job-related factors, and it accounts for approximately 24.5 million missed work days for adults annually.

Occupational asthma is generally defined as a lung disorder caused by inhaling fumes, gases, dust or other potentially harmful substances while “on the job.” Symptoms of occupational asthma may develop for the first time in a previously healthy worker, or childhood asthma that had previously cleared may recur due to this exposure. In another form of work-related asthma, pre-existing asthma may be aggravated by exposures within the work place.

Early recognition and control of triggers are important in occupational-induced asthma because the likelihood of complete resolution of symptoms decreases with time of continuous exposure.

Symptoms of occupational asthma include:

- Wheezing
- Shortness of breath
- Chest tightness
- Difficulty exercising and cough
- Runny nose
- Nasal congestion
- Eye irritation

Causes of these symptoms may be allergic or non-allergic in nature, and the disease may last for a lengthy period in workers, even if they are no longer exposed to the agents that caused their symptoms. Commonly, symptoms worsen through the work week, improve on the weekend and recur when the worker returns to the job. Less frequently, an accident at work involving high exposure to irritating fumes or dusts may cause asthma within 24 hours. If you experience any of these symptoms, see your allergist/immunologist for treatment options.

Many individuals who have no history of asthma can still develop this disease if exposed to conditions that trigger it. Workers who smoke are at greater risk for developing asthma following occupational exposures. The length of occupational exposure that triggers



asthma varies, and can range from months to years before symptoms occur.

The incidence of occupational

asthma varies within individual industries. For example, in the detergent industry, inhalation of a particular enzyme used to produce washing powders has led to the development of respiratory symptoms in approximately 25% of exposed employees. About 5% of people working with laboratory animals or with powdered natural rubber latex gloves have developed occupational asthma. Chemicals widely used in many industries, including spray painting, insulation installation, and in manufacturing plastics, rubber and foam, can cause asthma in up to 10% of exposed workers.

Once the cause is identified, exposure to these triggers should be reduced. For instance, a worker should be moved to another job within the plant. Employers should consider pre-screening potential employees with lung function tests, and then continue to test for symptoms once the worker has been hired, to ensure that he or she has not developed asthma. Work areas should be closely monitored so exposure to asthma-causing substances is kept at the lowest possible levels.

Reducing exposure to occupational asthma triggers, receiving appropriate treatment and practicing careful avoidance measures will improve your quality of life and help you feel symptom relief. In some cases, pre-treatment with specific medications to counteract the effects of workplace substances may be helpful.

If you have questions about occupational asthma and treatment, be sure to ask your allergist/immunologist.

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