



	Title	Outcomes in contact dermatitis
	Year	1999 – 2001
Investigator	Linn Holness	
CREOD Research Program	Occupational Skin Disease	
Research Theme	Prevention, Health Services, Outcomes	
Funder	WSIB	
Product Type	Research study	
Background	Work-related contact dermatitis (WRCD) is common, accounting for a significant portion of all occupational disease. There are many knowledge gaps related to WRCD, and little descriptive information about prevention, return to work, and health care delivery for WRCD.	
Study Focus (Research Question/Goals/Methods)	<p>We were interested in learning more about:</p> <ul style="list-style-type: none"> • Outcomes (disease-related, functional, and quality of life) for workers following a diagnosis of WRCD. • The return to work process (including the roles of the injured worker, employer, health care providers, and others), and any workplace modifications made to accommodate the worker with WRCD. • Workers' compensation for WRCD. <p>100 workers with hand dermatitis were enrolled at the St. Michael's Hospital Occupational Health Clinic (Toronto), and were followed for 6 months post-assessment. We collected information through questionnaires at the time of diagnosis, and at 3 and 6 months.</p>	
Key Findings	<p><u>Before diagnosis:</u></p> <ul style="list-style-type: none"> • Most workers had been through some occupational health and safety or WHMIS training in their workplace. However, training for glove use, hand washing, and skin care was less common, especially among workers involved in wet work. • It took workers an average of 8 visits to family doctors, and 5 visits to dermatologists before they were referred to our occupational health clinic for assessment. • Although family doctors and dermatologists had asked workers what they did for a living, they rarely asked for further details about workplace exposures. <p><u>6 months after diagnosis:</u></p> <ul style="list-style-type: none"> • Outcomes were poor – only 40% of participants showed clinical improvement. • 38% were not working, almost all because of their skin problem. • Of the 62% who were back at work, about one-third had changed jobs, almost all because of their skin problem. • Two-thirds had filed a workers' compensation claim, and 70% were accepted. • 62% had followed up with their family doctor at some point, but advice related to job change or job modification was rarely provided. 	
Implications for Health/Labour Policy and Practice	Our findings suggest that there are serious gaps in prevention, occupational health care delivery, and return to work programs for WRCD. The descriptive evidence we've generated can provide a useful starting place for further research on effective, sustainable strategies in the workplace and health care settings to prevent or better manage WRCD.	
Publication & Presentation Information	<p><u>Publications</u></p> <ul style="list-style-type: none"> • Holness DL. Outcomes of Contact Dermatitis. Report to the Workplace Safety and Insurance Board, 2003. • Holness DL. Workplace and health care characteristics of workers with possible contact dermatitis. Am J Contact Derm 2002;13:95. • Holness DL. Health care services use by workers with work-related contact dermatitis. Dermatitis 2004;15:18-24. • Saary MJ, Holness DL. Outcome measures in workers with contact dermatitis. Am J Contact Dermatitis 2003;14:111. • Holness DL, Arrandale VH. Return to work experience in the six months post diagnosis of work-related contact dermatitis. Dermatitis 2009;20:227. 	



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- Saary MJ, Holness DL. Outcome measures in workers with contact dermatitis. American Contact Dermatitis Society Annual Meeting, San Francisco, March 2003.
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