

OSTEOMUSCULOARTICULAR PROFESSIONAL DISEASES AND PROFESSIONAL-LINKED DISEASES. CONCEPT, PROFESSIONAL MORBIDITY IN MARAMURES COUNTY AND IMPLICATIONS FOR MEDICAL REHABILITATION SERVICES OF THESE DISEASES



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Abstract

Introduction

Legislation in occupational medicine includes osteomusculoarticular diseases both in the category of occupational diseases and those related to the profession. From the point of view of Occupational Medicine, workplace records and monitorization are different for occupational and profession-linked diseases.

Materials and Methods Criteria for qualifying as occupational or profession-linked disease as well as workplace monitorization requirements of these diseases are different. Starting from the analysis of national morbidity data, the occupational morbidity in Maramures county is analyzed as well as the collaboration between the rehabilitation ambulatory and the occupational medicine service, which ensure hospitalization of the patients with occupational diseases in the County Emergency Hospital, through data synthesis of patients hospitalized between February - March 2018.

Results Analysis of morbidity with temporary work incapacity shows that at national level, the ratio of osteomusculoarticular diseases increased from 7-10% between 1970-1990 reaching 18-20% between 2003-2013. General morbidity on disease types had a progressive increase in time for osteomusculoarticular diseases, their number being by 4.83 times higher in 2014 than in 1970. In 2013, national statistics show a 25.58% prevalence of osteomusculoarticular diseases within professional morbidity. Occupational morbidity by osteomusculoarticular diseases in Maramures county has increased progressively over the last 6 years both in terms of number (doubled) and especially as ratio within occupational morbidity (from 70% to 85%). In the Occupational Disease Department, out of a total of 81 patients discharged in February, 20 followed physiotherapy procedures, and in March of a total of 79 discharged patients, 29 associated physiotherapy procedures during hospitalization. Patients' access to physiotherapy procedures was not determined by the type of occupational disease (most commonly pneumoconiosis) but by associated osteomuscular diseases.

Conclusions Criteria for classification as occupational or profession-linked disease are difficult to define, accuracy of recorded data and efficiency of occupational medicine services being decisive factors. Electronic health records in occupational medicine, interoperable with HIH IT systems (Health Insurance House-Information Technology systems), can optimize the qualification either as occupational or profession-linked disease, as well as the collaboration between the medical rehabilitation and occupational health services. Osteomuscular diseases have a progressive increase both as general morbidity and temporary work inability, but also as national and professional morbidity at Maramures county level. Access to the medical rehabilitation service for patients hospitalized with occupational diseases is limited by the restricted capacity of the medical rehabilitation service (insufficient medical staff, equipment) to respond to the increased demand from the occupational disease department.

The necessity of expanding rehabilitation ambulatory medical services as well as of hospitalization is imperative especially as the presented morbidity data only partially reflect the actual morbidity (the iceberg peak), patients with occupational diseases associating (due to noxious working conditions) unacknowledged osteomusculoarticular diseases but also since these diseases affect the professionally active population who need to recover their work capacity.

Key-words: physiotherapy, medical rehabilitation service, professional disease, profession-linked disease, professional morbidity.