



CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

THE NEED FOR EUROPEAN OSD MINIMUM STANDARDS

Ana Maria Giménez- Arnau ⁽¹⁾

Hospital del Mar . IMIM. Universitat Autònoma. Barcelona . Spain, Dermatology, Barcelona, Spain ⁽¹⁾

Skin diseases constitute up to 40% of all notified occupational diseases (OD) in most European countries involving contact dermatitis, contact urticaria, and in some countries, skin cancer. In general, national registries are incomplete as a result of a high under-diagnosing and under-reporting. The average incidence rate of registered occupational contact dermatitis is around 0.5-1.9 cases per 1,000 full-time workers per year, with a significant social and economic impact. Occupational Skin Diseases (OSD) assessment in European countries is not homogeneous, mainly because of differences between the health systems across countries. It should be noted that OSD patients do not differ with regard to their disease across Europe. Hence, they should be treated and assessed in the same way, based on scientific evidence-based criteria. However, only few countries in Europe have hitherto established recommendations for the diagnosis and management of OSD. To tackle this challenge, the COST Action TD 1206 "Development and Implementation of European Standards on Prevention of Occupational Skin Diseases (StanDerm)" was launched in 2013. Based on the identification of the differences on prevention and management of occupational dermatoses between European countries, StanDerm aimed to develop common European standards. In this context, standards – a minimum acceptable benchmark- have been developed by consensus a position paper entitled "Minimum Standards on Prevention, Diagnosis and Treatment of Occupational and Work-related Skin Diseases in Europe" (Alfonso JH et al. 2017). According with this document work-related as well as occupational diseases (WRSD/OSC) comprises entities/conditions with an occupational contribution. However, occupational diseases are additionally defined by diverging national legal definitions. The impact on prevention, management and compensation of these definitions will be discussed. The new ICD-11 classification is recommended because will improve a comprehensive identification of WRSD/OSC. It will facilitate a more accurate reporting, which is important for monitoring and effective allocation of resources. Reporting procedures should be transparent, simple and easily accessible to provide optimal care for affected workers. They contribute to preventing chronic and relapsing disease courses. An early diagnosis is key for prevention and management. The diagnosis and therapeutic management is based on existing guidelines and should include a multi-disciplinary approach. Patch testing is essential if contact dermatitis persists longer than 3 months or relapses. Workplace exposure assessment is





mandatory and requires a worker's medical and occupational history, physical examination and product labels/material safety data sheets assessment. Full labeling of products ingredients should be requested on MSDS in Europe. The objective is to develop effective primary, secondary and tertiary prevention strategies that will allow maintain the worker healthy, avoid disease chronicity and/or progression or implement rehabilitation. Several unmet needs have to be urgently addressed to achieve a standardized prevention of WRDS and OSD in Europe being necessary improve research, knowledge transfer, legal action/socio-political approach and global harmonization. WRSD and OSD have been identified as a top priority problem at the EU level. A coordinated action involving all stakeholders at national and international level is necessary. The economic burden of WRSD/OSD will be significantly reduced by the implementation of the minimum common standards discussed.

