



Indoor occupational risk-factor in non-industrial settings and work-related asthma. A systematic review

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Aim: to review systematically studies linking work-related asthma and respiratory symptoms with indoor occupational risk-factor in non-industrial settings.

- ➤ using the following search phrase: (health effect* OR bronchial hyperreactivity OR work-related asthma OR occupational asthma) AND (damp OR indoor OR cleaning product* OR volatile organic compound* OR confined work environment OR indoor allergens OR hospital OR building* OR furniture* OR occupational indoor exposure OR indoor pollution*)
- considering only English language and human adults beings studies





Subjects at risk of work related asthma, respiratory symptoms and bronchial hyperreactivity, related to indoor environments were mainly:

- **≻Cleaners**
- > health-care workers
- >office workers
- >school and swimming pool workers
- hairdressers and housewives

Risk factors associated with work related asthma, respiratory symptoms or bronchial hyperreactivity were:

- >cleaning agents, disinfectants, volatile organic compounds (VOCs)
- **≻NO, NO2, SO2, H2S**
- >solvents, glutaraldehyde, second hand tobacco smoke, isocyanates, PM2.5 and PM10
- dampness, moulds and fungi



➤ latex, rat epithelium, enzymes, bacteria and cockroaches





- ➤ Diagnosis of work-related asthma or symptoms due to work exposure to dampness and moulds was made mainly by questionnaire
- ➤ Spirometry, BHR, and PEF monitoring were assessed in a few studies
- Sensitization (SPT or Specific IgE) to moulds in occupational studies are less frequently investigated
- ➤In the studies reported a positive association the odds ratios or RR ranged from 1.01 to 11.6
- ➤ Environmental monitoring was frequently not available





Work disability was associated with asthma in relation to workplace dampness (Karvala 2014)

Moulds exposure → not only work related asthma but a risk factor for rhinitis, rhinosinusitis, hypersensitivity pneumonitis

(Baxi

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Authority



