

A new light on work-related fatigue

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Work-related fatigue is a common complaint encountered by the occupational physician in the industrialized societies. Most past investigations of work-related fatigue focused on age, subjective discomforts, social-economical factors or on work styles. However, the association between work-related fatigue and general objective health measures, such as liver function tests, metabolic syndrome components (waist circumference, blood pressure, sugar and lipids profile) or hematology test results are yet to be declared among the modern workplaces in Taiwan.

An article to be published on November 14, 2008 in the *World Journal of Gastroenterology* addresses this question. The research group was led by Dr. Yu-Cheng Lin from Tao-Yuan General Hospital of Taiwan.

From October to December, 2007, an annual health examination was performed for the workers from an electronics manufacturing factory in Taiwan. Health records of 1216 workers with a relatively homogeneous socioeconomic status were used for analysis. The health checkups included personal and NFR scale questionnaires, physical examinations, blood tests for biochemistry and hematology. The workers within the top tertile NFR score were defined as high-NFR workers.

They found that after adjusted for potential confounders, the workers with elevated alanine aminotransferase (ALT) and central obesity had a significantly higher NFR after work, with increased risks of 1.4-fold [95% confidence interval (CI) = 1.01-2.0] and 1.8-fold (95% CI = 1.2-2.7), respectively. Shiftworkers had a 2.0-fold (95% CI = 1.5-2.6)



increased risk for high-NFR. The associations between high-NFR and lipid profiles, blood sugar, hematology indexes or blood pressure were insignificant after controlling for confounders.

They concluded that for the apparently healthy workers, high NFR after work is not simply a subjective experience. Objective measures such as elevated ALT and increased waist circumference are significantly associated with high NFR after work for the apparently healthy workers. They suggest that careful evaluations should focus on abnormal liver function and central obesity for those apparently healthy workers with higher NFR after work in the modern workplaces. Further studies should address if the prevalence of risk factors, particularly central obesity and elevated ALT, would reduce the risk of work-related fatigue.

Source: World Journal of Gastroenterology

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