

# Asthma can be caused by office work but finding and tackling the cause can keep employees in work

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New research presented at the European Respiratory Society International Congress suggests that the seemingly innocuous

environment of an office can cause asthma in some workers.

The study found a variety of triggers from printer toner and cleaning products to poor ventilation and mould circulating in air conditioning. It also found that employees with [asthma](#) brought on by [office](#) work left their jobs and, if employers did not make changes to tackle the problem, this was more common.

Researchers say that their work provides another reason for allowing home working to continue beyond COVID-19 restrictions, to benefit [office workers](#)' health and help businesses retain staff.

The study was presented by Dr. Christopher Huntley, from Birmingham Regional Occupational Lung Disease Service at University Hospitals Birmingham NHS Foundation Trust in the UK. He said: "Any [work environment](#) can induce [occupational asthma](#) if it harbours a respiratory sensitiser. This is a substance that triggers an irreversible allergic reaction, such as paint spray or dust. We usually think of an office as a [safe environment](#), so it's possible that when asthma is diagnosed in office workers, occupational causes may be overlooked. As a result, there has been very little research on this issue.

"However, we have been diagnosing increasing cases of occupational asthma in patients who work in office environments, as well as detecting clusters of cases in specific offices."

Dr. Huntley and his colleagues studied the cases of 47 office workers with occupational asthma that had been reported to the Birmingham Regional Occupational Lung Disease Service. The majority had had their asthma confirmed by serial peak flow monitoring. This measures the fastest rate patients can breathe air out of their lungs. Seventeen of the patients had also been tested and found to have lungs that react strongly to a test for sensitive airways.

The researchers identified three main categories that were causes of occupational asthma in the office workers. These were: triggers found inside the office (printer toner, floor tile adhesive, mould and cleaning products), triggers coming from the office ventilation system (mould in air conditioning and ventilation shafts that had been installed incorrectly) and triggers from the office's immediate environment (nearby workshops, paint and vehicle fumes).

They also investigated whether employers made any adjustments to support office workers with occupational asthma and what workers did as a result. Their most striking finding was that when employers failed to act, workers were 100 times more likely to quit their job.

Dr. Huntley said: "Although we only looked at the patients who were referred to our service and this is a relatively small study, it is still one of the largest studies reporting occupational asthma in office workers. We discovered some key causes to be aware of in an office environment, but there will certainly be others.

"If a [worker](#) develops occupational asthma, workplace adjustments can and should be made to improve asthma symptoms and help retain staff."

Dr. Huntley says that there have been fewer new referrals for patients with occupational asthma during COVID-19 restrictions and that those already suffering with occupational asthma have seen improvements while working from home. He adds: "Working from home has been useful for patients in both establishing their diagnosis and as a form of non-pharmacological treatment. Allowing workers with occupational asthma to continue working from home may help keep office workers in their jobs as they require fewer sick days."

Arzu Yorgancıoğlu, who was not involved in the study, is Chair of the European Respiratory Society Advocacy Council Chair and Professor in

Pulmonology at Celal Bayar University, Turkey. She said: "Because we tend to think of office environments as relatively safe, compared with other occupational settings where exposure to pollutants may occur, it is likely that there are more patients out there with undiagnosed office work-related asthma.

"For office workers with asthma who experience an unexplained deterioration in their symptoms, this study highlights the importance of identifying and removing any potential occupational triggers. Where we see clusters of work-related asthma in offices it is vital to investigate the underlying cause, as the causes may be surprising."

**More information:** Abstract no: PA1904 "Occupational Asthma in Office Workers: A Cross-Sectional Study", by Christopher Huntley et al; Presented in session, "Occupational rhinitis and asthma" at 13:15-14:15 CEST on Monday 6 September 2021. [k4.ersnet.org/prod/v2/Front/Pr...?e=262&session=13568](https://k4.ersnet.org/prod/v2/Front/Pr...?e=262&session=13568)

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