

und Empfehlungen wäre es im Hinblick auf die Herausforderungen durch die Globalisierung und das Zusammenwachsen der zentral-europäischen Länder vernünftig, die Möglichkeiten der immunologischen Prävention in Deutschland, Österreich und in der Schweiz so weit wie möglich zu vereinheitlichen.

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Practice and needs concerning occupational health in general practitioners and other medical specialists

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Purpose: Switzerland has a very low coverage of occupational physicians. In order to improve the recognition and registration of occupational diseases the implication of other physicians is of crucial importance. Therefore we conducted a survey to evaluate the types of problems in relation to work and their prevalence encountered by physicians in their daily practice. Additionally we have been interested to know their expectations and needs of a University Institute.

Methods: In 2008 we addressed a questionnaire survey to all general practitioners, internists, psychiatrist, ear, nose and throat specialists, pulmonologists, allergologists, dermatologists and rheumatologists in the French part of Switzerland (n=2750). The questionnaire was focused on the physician and his/her medical practice, on the perception and practice concerning occupational health and their need of support. The response rate was 32 % (806) and representative of the population with respect to sex, district and specialty.

Results: Characteristic of the population: 64 % male, mean age 54 years, 80 % in a private praxis. Prevalence of health problems associated with work: 14.5/100 diagnostics (7–21 % // specialty). The most encountered problems are with 93 % psychological problems followed with 70 % back-pain and 29 % other musculoskeletal problems. Practice: for a new patient 90 % of the physicians inquire the profession, 62 % satisfaction at work, 60 % working conditions and 44 % risks at work. 47 % have never made a declaration of an occupational disease and among them 37 % do not know how to do it. Concerning the needs for support two topics emerged very clearly: support for return to work and help concerning psychosocial problems at work. With increasing age physicians declare more occupational diseases and take more often contact with an occupational physician or employer.

Conclusions: There are very few studies concerning the practice of physicians and their needs in occupational health despite recent calls to improve collaborations. As a result of this study we started to develop a consultation concerning 'souffrance' at work as well as return to work and we augmented our efforts to sensitize physicians for occupational health questions and tailored training modules will be developed.

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Occupational and Environmental Medicine in Europe: together we will be stronger

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An expanding number of human health problems have been linked to occupational or environmental exposures. The changes in the new globalized production production, trade, logistic, and economic fields are combined with possible new health hazards for European, for consumers and the environment. New hazards may need new methods to identify them, new basic information on possible new toxic, carcinogenic and allergic effects. This can be accomplished in a best form if independent, interdisciplinary European scientists and practitioners network and cooperate within a society; such as recently founded the European Society for Occupational and Environmental Medicine, EOM

Some of the concrete aims of EOM are to: increase the European cooperation and maintain interdisciplinary research network between independent scientists, physicians and practitioners by enhancing the initiating teamwork also with other related focus areas like public health, cancer biology, toxicology, allergy, epidemiology; to define gaps and needs of the area of occupational health; to search for, recognize, identify and define new interdisciplinary innovative research areas combining interdisciplinary approaches and develop cooperative projects which cannot be covered as a whole by the traditional national occupational or environmental medicine/health societies only; to cooperate with various national scientific societies; to evaluate the potential of occupational health as a focal area for a future innovative partnerships with Universities and EU health care initiatives to offer expertise enabling to settle independent expert working groups on European strategies for harmonized diagnostic standards, recommendations for preventive measures and health promotion, respective guidelines.

In the name of: Prof. T. Aasen (Norway), Prof. J.G. Ayes (UK), Prof. X. Baur (Germany), Prof. C. Bolognesi (UK), Prof. M. Bratveit (Norway), Prof. D. Heederik (the Netherlands), Prof. J. R. Jepsen (Denmark), Prof. P. Maestrelti (Italy), Prof. J. Rooijackers (the Netherlands) Prof. T. Sigsgaard (Denmark), Prof. V. Schlünssen (Denmark), we would like to invite die Deutsche Gesellschaft für Arbeitsmedizin und Umweltmedizin, die Österreichische Gesellschaft für Arbeitsmedizin und die Schweizerische Gesellschaft für Arbeitsmedizin to join other national societies and to cooperate within Europe (www.EOMSociety.org).

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Occupational Medicine and The Czech Republic Health Reform 2012

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Occupational health services definition represents complex of preventive medical examinations, workplace inspections, consultations, and recommendations provided in the Czech Republic mainly by

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ABSTRACTS

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