French epidemiological surveillance program of work-related musculoskeletal disorders: strengths and challenges

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Mots-clés
Epidemiology [7], public policy [8], Surveillance [9]
Aims: An epidemiological surveillance pilot program for work-related musculoskeletal disorders (WRMSDs) was implemented in 2002 in France's Pays-de-la-Loire region to assess their incidence and prevalence in the general and working population, identify levels of exposure to occupational risk factors and investigate the proportion of cases that might be attributable to work exposure [1,2]. Estimations according to occupational categories and economic sectors of activity aimed at the prioritization of areas for preventive strategies. This program has contributed to a better description of WRMSDs in France, which until recently was mainly based on workers compensation data statistics. In order to make the burden of occupational factors more visible in the social debate and to facilitate the use of the epidemiological results by all the actors of occupational risks prevention (public institutions, social partners, companies, occupational physicians, workers...), we are working to build comprehensible, reliable and reproducible indicators.

Methods: Relative risks from the Maine-et-Loire study [2] were used to estimate the population-attributable fractions (PAF) of carpal tunnel syndrome (CTS) according to occupational categories and the number of surgical CTS cases that could be attributable to work on a national scale. Sex-specific indicators of exposure to WRMSD risk factors according to occupational categories and economic sectors were constructed using a random sample of 3710 salaried workers [1]. These indicators were adjusted to be representative of the structure of the salaried worker population of the whole Pays-de-la-Loire region.

Results: PAF of CTS ranged from 16% to 33% in females clerks, from 8% to 16% in females blue-collar workers, and from 30% to 56% in male blue-collar workers. The estimated number of surgical CTS cases attributable to work ranged from 13,143 to 30,860 among female workers aged 20-59, representing from 22% to 51% of all surgical cases of this age group in France. Exposure indicators from the Pays-de-la-Loire region show that 24% of females (95% CI[22%-27%]) and 19% of males (17%-20%) were exposed to at least one extreme posture for >2 hours/day and a highly repetitive job for >4 hours/day, and 20% of females ([18%-22%]) and 17% of males (15%-19%) were exposed to at least one extreme posture, a highly repetitive job and a forceful exertion at work (>2 hours/day).

Conclusion: The strengths and current challenges faced by this program will be discussed. Other methods are currently being explored to make this epidemiological surveillance more efficient on a national scale, and make its results more helpful to establish preventive strategies.

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