MEDI CHEM

NEWSLETTER

November 2007

Change of Chairmanship and Secretariat

On the occasion of the recent General Assembly in Queretaro/Mexico, two officer's positions were changed: As new chairman serves Thirumalai Rajgopal. The new chairman was welcomed with a warm applause by the Medichem members present at the General Assembly and he took over from Stephen Borron. Additionally, I handed over the office as Medichem Secretary to Georg Wultsch from Austria (see also minutes from the GA in this issue of the Newsletter). The Medichem Board had confirmed in its preceding meeting Georg Wultsch's appointment. I want to thank you for your support and help in the past, and I ask you to continue to support my successor likewise.

Doz. Dr. Robert Winker
(Vienna, Astria)

Introduction of the new secretary

Dear Medichem members and colleagues !

My name is Dr. Georg Wultsch and I will serve - as you may have read a column before - as new secretary. After my education in general medicine I specialised in the field of occupational and environmental medicine. In my new position as medical director of the Occupational Health Center Styria my team takes care of almost 60.000 people working with a variety of companies, including chemical industries as well as steel manufacturing and agricultural companies.

In addition I already serve as head of the occupational medicine division in the Styrian Medical Chamber, and was nominated for the Austrian Medical Chamber to represent the opinion of the medical chamber on work related diseases in the workforce to the Austrian government.

My impetus to try the challenge as Secretary of Medichem, is to get in close touch with international collegues who as well have chosen this sometimes rather difficult way in medicine. I therefore promise to improve my abilities in typewriting and time management to get the next issue printed in time.

Dr. Georg Wultsch
(Graz, Austria)

Minutes of the Medichem General Assembly Sptember 13th, 2007, Queretaro

TOP 1: Welcome to participants and guests

Present: 17 members in good standing. As a guest: Marilyn Fingerhut (MF); ICOH/NIOSH

(continued on p. 2)

MEDICHEM - Occupational and Environmental Health in the Production and Use of Chemicals

Founded 1972 in Ludwigshafen, Germany

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Prof. K. Kono (Japan)
Dr. A.B. Kotzé (South Africa)
Dr. J.A. Morales (Mexico)
Dr. M. Nasterlack (Germany)
Prof. T. Popov (Bulgaria)
Dr. F.G. Rose (U.K.)
Dr. S. Shanbhag (India)
Dr. A. Wiener (Israel)
Dr. L.M. Yee (USA)

(continued from p. 1)

Chairman Stephen Borron (SB) opened the meeting at 17:15 p.m.

TOP 2: Approval of the minutes of the last General Assembly Meeting

The minutes of the September Milano- General Assembly, were approved as written.

TOP 3: Approval/addition/ changes of agenda

As additional topic "change of currency" was added to the agenda as distributed by the Secretary.

TOP 4: Officers´report

a) Chairman

Stephen Borron presented his chairman report. He also provided the follwing written report: Medichem has had a productive year in 2006-2007. While I was unable to participate in the main activities of the ICOH 2006 Congress in Milan, several Medichem members attended what was described to be a very successful Congress. Medichem co-sponsored a mini-symposium with the Scientific Committee on Pesticides and chaired a free papers session on chemicals and their effects. Sadly, one of the organizers of the Mini-Symposium and of the main ICOH Congress as well as long time Medichem member, Professor Marco Maroni died suddenly shortly after the Congress. Medichem and I personally regret the loss of this tireless and giving individual. He will surely be missed.

Just before the ICOH Congress, an Advanced Hazmat Life Support Course was co-sponsored by Medichem with the Sacred Heart Hospital and Poison Center in Rome. Approximately 30 students completed the course, which provides information on the medical management of chemical exposure victims.

In January, Medichem Board members met in Zagreb, Croatia for our annual mid-term meeting. Through the kind assistance of Medichem members, Dr. Piasek and Pr. Saric, we were able to organize a very well-received Mini-Symposium which featured lectures by Medichem Board Members as well as members of the local Occupational Medicine Institute. Attendance was quite good and feedback was quite positive.

Prior to the current Congress, another Advanced Hazmat Life Support Course and Instructor Course were held here in Queretaro. Through the hard work of local organizers and Dr. Andres Lugo and assistants, more than 30 students completed the two courses.

This year brings my two terms of service as Medichem's Chairman to an end. I am pleased to say that I believe that with the hard work of the Board and the perseverance of our members, we have made some progress during this time. We have had numerous successful Congresses. I am especially pleased that we have made new inroads to developing countries, highlighted by Congresses in India and Mexico, mini-symposia in Bulgaria, Mexico and Croatia, and the election of our dear colleague, Dr. Thirumalai Rajgopal from India as the new Medichem Chairman. We have also initiated some new programs that I believe are positive steps, such as the Young Professionals Program and sponsorship of two AHLS courses which improve competence in the management of chemical injuries by occupational health professionals.

I wish to thank all the Board members for their contributions. I must specifically mention the almost daily contributions to Medichem made by Drs. Andreas Flueckiger, Michael Nasterlack, and Robert Winker, without whose assistance I quite simply could not have performed my duties. They deserve a great deal of appreciation from Medichem and me.

Finally, I thank the Medichem members who have placed their trust in me over the years. My tenure has been has been a true pleasure and I will continue to cherish my membership in Medichem and the friendships I have developed here. I will do my best to assist Dr. Rajgopal to assure his tenure is a positive and more productive one than my own and ask that all Medichem members do the same.

b) Treasurer

Andreas Flückiger (AF) reported that with expenditures amounting to CHF 10,899.90 and revenues of CHF 27,874.90, the year ended with an increase of Medichem's assets of CHF 16,975.00. Therefore the credit balance on December 31st, 2006 was CHF 293,286.19 (USD 240,398.51). AF reported that the books were revised by Walter Urbatus in February 2007 and found to be in good order. The members at the GA unanimously accepted the report as presented.

c) Secretary

Robert Winker (RW) as secretary first gave an update on the development of Medichem's membership since 2001; additionally he handed out the following written report:

Membership:

As announced in the last report, our treasurer Andreas Flückiger and I did a major sweep through the membership list (those were omitted, who did not pay for the third time). This led to the exclusion of 35 members who had not paid their dues for at **least three years**, and remained silent after several attempts to contact them. We had to register some additional losses due to job change, retirement, and death (7 members in total; 4 members in between the Milano-congress and the mid-term meeting and 3 members since January). Thus, we have lost 42 members in total since the ICOH-Medichem congress in Milano; June 2006. During the same time period we gained 10 new members and therefore currently list 254 members from 41 countries.

Printed materials:

Since January 2007 the Secretary issued two Newsletters. Costs for printing and distribution were borne as usual by BASF Aktien-gesellschaft Ludwigshafen.

Board and chairman elections:

The secretary issued a call for candidates, which yielded seven valid nominations for the Medichem board. Since this year, 9 Medichem Board members came to the end of their terms of office there were fewer candidates as there are vacancies on the Board, and this year's Board election went with a "silent vote". The Past Chairman serving his one year on the Board after chairmanship shall not be included in this maximum number. Thus, including Stephen Borron for serving one year after the maximum of two chairmanship-periods on the board, this time the board is limited to 18 members (actually we have a vacancy for one additional board member). The list with the Medichem Board 2007 valid as of September 1st can be found on our homepage.

The secretary additionally issued a call for candidates for Medichem-chairman: Two members were nominated for the position of Medichem-chairman. One of the two members, which were proposed for the chairman-office, withdrew his name from consideration. Therefore, Thirumalai Rajgopal serves as Medichem-chairman from September 2007. I like to express my congratulations and send all my best wishes to the new Medichem-chairman.

Change of secretariat:

Stephen Borron, Michael Nasterlack, Andreas Flückiger and I supported Georg Wultsch as the next Medichem secretary and asked the board for approval. Dr. Georg Wultsch has sent out a CV for introduction to the board. We received some positive feedback via e-mail. This issue is scheduled as topic 8 (Succession planning for Secretariat). If there are no objections against Georg Wultsch as Medichem-Secretary, I would hand over the office as Medichem Secretary to Georg Wultsch.

I want to thank you board-members for your support in the past, and I ask you to continue to support my successor likewise.

Homepage:

The homepage was last updated in September 2007.

TOP 5: Upcoming congresses (The Netherlands, ICOH Cape Town)

As reported in the secretary report Thirumalai Rajgopal (TR) serves as the new chairman from September 2007. TR was welcomed with a warm applause by the Medichem members present at the General Assembly and

took over from Stephen Borron (SB).

a) Amsterdam 2008:
Peter Boogard gave a short presentation about the upcoming congress in the Netherlands. An organizing committee has been set up, which includes the following members:
Dr. Peter Boogaard (Shell), chair; Dr. Monique Caubo (DSM), SciCie; Dr. Henri Hendrickx (GE); Dr. Peter Priem (Solvay); Dr. Ron Slootweg (Dow); Dr. Dick Veldhorst (AKZO-Nobel), treasurer.
The congress will take place in Sept. 9th to 11th, 2008 in Amsterdam. As theme "Innovation in Occupational Health" was chosen. A link on our homepage will be placed as soon as an internet site has been prepared.

b) ICOH Cape Town 2009:
The congress will take place from March 23th to 27th, 2009. TR reported that the board suggested that Medichem should organise a Mini-Symposium on its own this time, rather than doing it together with another ICOH Scientific Committee as it was the case in recent years, for example at the ICOH congress in Milano and Iguaçú with the Scientific Committee on Pesticides. As topics "Emergency response" and "hazard assessment" were suggested by SB and AF. Our Mini-Symposium should preferably not be parallel with another chemicals-related session like in Milano (only 15 participants at our Mini-Symposium due to this reason).
The board decided to contact Jo Barnes and William Murray and ask them how active they want to be involved in the organisation of the congress.

TOP 6: Publication of manuscripts from the Medichem congresses

TR briefly introduced the Indian Journal of Occupational and Environmental Health, which can be accessed via Internet and is Medline-cited.
For the price of 7000 USD, Medichem could receive 150 copies of a supplemental issue (including postage); and for another 7500 USD we could receive 300 extra copies to distribute the Journal among our members. Dr. Kulkarni serves as the fixed contact person of the Indian Journal of Occupational and Environmental Health.
Since some board-members at the this year´s BM expresses their skeptical attitude concerning publication of manuscripts, SB introduced to the General Assembly a compromise, which was accepted by the board one day before: Medichem as a trial for the next congress will plan to publish articles. If we can achieve to collect a minimum of 50 pages of publishable contributions submitted according to the Style of the Indian Journal, we will pay for the publication. If we don't gather 50 pages for publication, the Indian Journal will publish in a normal issue any articles if they are accepted based on selection criteria as for any articles submitted to the Journal, but mentioning that they represented presentations at a Medichem Congress. There would be no cost for such publications to Medichem. Submission will be invited and submission will undergo the review-process mentioned above; thus publication will not be guaranteed.
Tee L. Guidotti as a possible second journal proposed the Archives of Environmental & Occupational Health. He is Chief-editor of this journal and he proposed that up to 10 contributions to a congress could be published as a supplemental issue.

TOP 7: Experiences from Querétaro with the "Young Investigators Medichem Award"

The Medichem Young Investigators Award has already been included in our constitution. However, with all the different price schemes provided by Medichem, there has been a bit of confusion.
The board decided one day prior to the GA that the Medichem Young Investigators award shall be called "Medichem National Occupational Health Association Award" instead. TR reported on this issue on behalf of the board. 6 young professionals submitted papers, all were accepted for the first time. It will newly be intended for sponsoring a speaker at a national congress. This speaker will be formally speaking on behalf of Medichem. A proposal for 3 such speakers

will have to be made to the Medichem Chairman and Medichem has the right to decide which of the 3 will receive the award. The first trial will be launched in India in January. TR will rephrase the wording in the handbook. Offering the Medichem Young Professionals Award for the first time also revealed uncertainties of interpretation. Therefore, the name of the Award was changed to *"Medichem International Young Professionals Award"*.

TOP 8: AOB: Change of Medichem dues quotations from USD to EUR

AF expressed his thoughts that changing the dues from USD to EUR might be advisable for two reasons. First of all, a change to EUR might be easier to handle for the European sustaining members. Secondly, Medichem could save some money, since some Board members fear a decline of the USD compared with the EUR.
TR reported that the Board therefore decided to convert the dues from USD to EUR according to the current exchange rate (1000 USD->800 EUR; 400 EUR, …).

TR declared the secession as closed at 18:30 p.m.

The **next General Assembly** will take place in September 2008 in Amsterdam. **Date and venue will be communicated**.

Doz. Dr. Robert Winker
(Vienna, Austria)

The Employer as Health Coach

Susan Okie, M.D.

N Engl J Med 357:15(11), 2OO7

"A couple of years ago, Jennifer and Pamela Gardiner Matovich, who work in the Information Systems Division at the Minneapolis headquarters of General Mills, were at risk for serious medical Problems. The women, both in their 30s and mothers of young children, were obese and had diabetes. Gardiner weighed over 200 Ib, smoked heavily, and avoided physical activity. Matovich weighed 230 Ib, took Insulin several times a day, had had episodes of severe hypoglycemia, and could not lift her babies because of pain from herniated lumbar disks. Both wanted to feel better and to reduce their risk of future illness. Their employer had a stake in their health, too: studies correlating medical claims data with individual risk factors show that obese, physically inactive employees with diabetes are likely to get sicker and rack up high medical bills Through determination and company-sponsored health promotion programs, both women have transformed themselves - doing so largely at work. They attend Weight Watchers meetings at the office and exercise at the company's well-equipped gym, where Matovich has been treated by a physical therapist and Gardiner works with a personal trainer. They eat lunch at a corporate cafeteria that offers many nutritious, low-calorie choices, including a subsidized salad bar. Gardiner was motivated to quit smoking in part by the promise of a substantial reduction in her health insurance premium, and coworkers helped her get through the difficult early weeks of tobacco withdrawal. She has lost 27 Ib to date and has run two half-marathons during the past year; Matovich has dropped 72 Ib so far. Both have been able to cease taking diabetes medications. They told me that without the health Services available at their workplace, they would not have had the time and opportunity to make these changes. Gardiner says not only does she feel better, but "I think they probably get more out of me, because I'm a healthier person." With 28,500 employees world-wide and more than 18,000 in North America, General Mills is one of a growing number of big U.S. companies that are tackling high medical costs by promoting wellness in their workforce. Corporate health executives, once mainly concerned with workplace safety and health insurance ben-efits, have begun tracking em- ployees' modifiable risk factors and persuading workers to change unhealthy habits. Companies have adopted various strategies - promoting annual health risk assessments, or HRAs (questionnaires and screening tests to identify risk factors); offering incentives for participation in risk-reduction programs; providing free preven-tive Services at work; covering most or all of the cost

of medications for certain chronic diseases; offering special programs for stressed-out or depressed workers; and opening on-site medical clinics, gyms, and pharmacies.

The trend is driven by more than two decades of occupation-al health research indicating that health care for employees with multiple risk factors tends to cost more than care for other workers and that getting workers to adopt or maintain healthy behaviors can save money, reduce absenteeism, and increase productivity. Reviews of the literature on workplace interventions at individual companies have concluded that some companies have both improved employee health and reduced costs, at least in the short to medium term.1'3 The Task Force on Community Preventive Services of the Centers for Disease Control and Prevention (CDC) recently stated, in a draft recommendation, that the use of HRAs with individualized feedback and health education shows "strong evidence of effectiveness in improving one or more health behaviors or conditions in populations of workers" Large employers - faced with an aging workforce and escalating health care expenses - are desperate to curtail rising costs. Doing nothing is not an option," said Nico Pronk, executive director of the Health Behavior Group at Minnesota-based HealthPartners, which designs, manages, and studies health promotion programs. "Companies aren't go-ing to wait 5 years for randomized, controlled trials - they would go out of business." A 2007 survey of 573 U.S. employers with a total of 11 million employees found that 72% were offering HRAs, 42% had obesity-reduction programs, and 28% offered reduced health insurance premiums for participants in health-management programs. Additional employers plan to Institute such programs in 2008. In effect, many companies are doing what public health experts have long advocated: trying to shift health care spending away from treatment and toward prevention.

Experts say that to be effective, health-promotion programs must be comprehensive, tailored to the employee population, marketed creatively, and given the emphatic support of top management. In addition, federal and state laws require the protection of worker privacy for example, an organization separate from the employer must collect and störe personal health data, and managers may use only de-identified, aggregated data to assess risk factors, choose health interventions, and monitor their effect. Incentives must also be accessible to all - for example, all nonsmokers must be eligible for rewards offered to employees who quit smoking.

The possibility that employers could use employee health Information to discriminate worries Patricia Werhane, a professor of business ethics at the Barden School of Business, University of Virginia. "Anyone with any talent can Interpret the data and find out who the people at risk are," she said. "We should reward people who lose weight or stop smoking," she adds, but the failure to make such changes shouldn't affect hiring or firing decisions. A few employers have instituted smoking restrictions - the Cleveland Clinic, for instance, administers a cotinine test to all Job candidates to detect tobacco use and won't hire anyone who tests positive - and some require that workers meet physical-fitness Standards or impose financial penalties on overweight employees. Last year, Scotts Miracle-Gro, an Ohio-based lawn care firm, was sued by a former employee alleging that before becoming eligible for health care benefits (including help with quitting smoking), he was fired for being a smoker. In 2005, executives of Wal-Mart, the country's largest employer, sent a memo to the company's board about reducing health costs; among other proposals, it reportedly suggested that all Jobs include some tasks requiring physical activity to discourage unhealthy people from applying.

However, Pronk says that most companies use carrots rather than sticks and that benefits such as HRAs, fitness programs, and work-site clinics are populär among employees. Making an effort to change, rather than attaining results, should be sufficient to qualify an employee for rewards, Pronk added. Requiring workers to

achieve a certain outcome "is the wrong message," he said. "We're talking about health. You can't force people into health." Health-promotion programs work best when accompanied by other corporate policies that send the message that managers care about workers' well-being, said Glorian Sorensen, a professor of health and social behavior at the Harvard School of Public Health. "Workers may be viewing their health risks in a very holistic way," she said. "Among blue-collar workers, smoking-cessation rates are increased when we incorporate changes at the work site to reduce exposures [to hazardous substances] on the Job."

Employees at General Mills assess their risk factors and com-pute their "Health Number" by answering seven behavior-related questions - concerning exercise, diet, alcohol intake, tobacco use, stress management and mood, seat-belt use, and cancer screen-ing - plus three questions concerning body-mass index, blood pressure, and blood lipid levels. Employees with a Health Number indicating intermediate risk are advised to consider lifestyle changes, and those with high risk are urged to initiate such changes, either on their own or with the company's help.

(Completing an HRA is voluntary, but employees are offered incentives to participate; most companies aim for a participation rate of 80% or higher, with about half of participants typically going on to use a health-promotion program, ac-cording to Pronk.) Timothy Crimmins, an emergency physician and the General Mills vice president of health, safety, and environ-ment, said the Company uses aggregated data to set health priorities for groups of employees: a group of executives who have multiple medical risk factors but report little stress, for example, require Services that are differ-ent from those required by workers in a division that is being downsized, who may have high levels of stress and depression. "People can only change one or two things at a time, and you have to really focus resources around some key goals," Crimmins said.

After several years of trying to reduce cardiac risk company-wide by promoting the appropriate use of aspirin, statins, blood pressure control, and smoking-cessation programs, said Crimmins, "we're seeing our heart dis-ease claims start to dip down." Meanwhile, in response to rising rates of obesity and musculo-skeletal disorders, the firm has been rolling out diet and fitness programs, ranging from weight-loss campaigns and free appointments with a nutritionist to ball-room-dancing sessions, running races, yoga classes, and dodgeball tournaments. With almost 5000 employees in the Minneapolis area, "we're a small town here," he said. "You've got to have a critical mass of people to do this."

Most General Mills employees, however, are dispersed among other locations, where local man-agers must implement rauch of popular television show. Of the plant's 700 workers, 188 competed on 4-person teams that weighed in weekly on the factory's giant product scale. The members of the team that lost the highest percentage of its starting weight over 3 months each won a $500 gift certificate from a sporting-goods store or fitness center.

The first- and second-place teams lost 269 and 244 Ib, respectively, representing 25.45% and 25.42% of their starting weight. (The average lost by all teams was 6.4%.) When the contest began, "I was the heaviest I had ever been," said Brian Fetzer, a member of the second-place team, called Larry's Kids. He changed his eating habits and "probably dropped 40 Ib just on diet alone." Teammate Kevin Redig ran on a treadmill and was able to build up from a quarter-mile to about eight miles at a Stretch. Despite Killean's efforts to keep team weights secret and to provide sound nutritional advice, competition be-came so fierce that one member of the winning team, Flab-U-Less, resorted to a regimen of lemon juice, water, maple syrup, and liquid cayenne pepper during the final 10 days. Most participants I interviewed said that competitiveness and support from team-mates had helped them to adopt healthier habits and that they had kept much of the weight off.

Although obesity is increasingly being targeted by

corporate programs, there is little scientific evidence regarding which work-site strategies are effective, particularly in producing lasting weight loss. So the National Heart, Lung, and Blood Institute is funding seven randomized, controlled trials of work-site weight-control interventions, involving more than 23,000 workers. The trials are scheduled to end in mid-2008. The CDC is also funding scientific evaluations of the effectiveness of various work-site health-promotion interventions. Besides seeking to improve risk profiles, some companies have gone to extraordinary lengths to increase access to preventive care and help employees manage chronic illnesses. Health beneflts managers at Connecticut-based Pitney Bowes, which has 24,000 employees in the United States and 35,000 worldwide, studied workers' medical claims and disability records and identified their highest-cost diseases: diabetes, heart disease, musculoskeletal disorders, asthma, and depression. They also found that two types of employees ultimately had the highest medical costs: those who normally filed no medical claims and those with chronic diseases who filled monthly prescriptions for maintenance medications fewer than 10 times per year. To encourage the first group to seek primary care, managers decided to charge employees nothing for most preventive Services, no more than $20 for the most expensive ones, and $20 for visits to primary care providers. To encourage workers with chronic diseases to take medication, the Company reduced copayments on all drugs for hypertension, asthma, and diabetes to 10%. Although the company's spending on these drugs increased, its overall costs for the three diseases dropped, and it expanded the policy to cover several other conditions. Today, the firm says its health costs per employee are roughly 20% below those of comparable employers.

Of course, most Americans work for much smaller employers, but Michael Critelli, chief executive officer at Pitney Bowes, believes such programs make economic sense even for those organizations, because having one or two workers with high-cost illnesses can be catastrophic for a small business. "Our philosophy was [that] people get sick for the most part because of behaviors that are preventable and changeable," Critelli said. "Taking care of your health is free. If you do it right up front, it's by far the most cost-effective way to deliver health." “

Cohort study of cancer risk among male and female shift workers

(Judith Schwartzbaum, Anders Ahlbom, Maria Feychting; Scand J Work Environ Health 2007;33(5):336-343.)

Melatonin, a Hormone that inhibits experimentally induced cancers, is suppressed by nighttime exposure to light so that nighttime shift workers may be at an increased risk of cancer. Previous studies of shift workers found an increased risk of breast cancer among women and suggested a possible increased risk of colon cancer among women and prostate cancer. The present study was conducted to see whether these previous findings could be confirmed and whether shift workers are at elevated risk for cancer at additional sites. Methods Altogether 2 102 126 male and l 148 661 female workers were identified who worked in both 1960 and 1970. Their Jobs were classified according to the percentage of shift workers, and they were followed from 1971 through 1989 or until they were diagnosed with cancer or died. Standardized incidence ratios (SIR) were used to compare the adjusted cancer incidence rates for shift workers with those for nonshift workers.

Cancer rates were not elevated for the male shift workers or for the female shift workers (all sites combined). No evidence was found for an association between shift work and breast or prostate cancer, or all cancer sites combined among shift workers.

Forthcoming Events

The next Medichem Congress will take place in Amsterdam, Sept. 9th to 11th (see above). More information will appear on Medichem’s website.