

**Electronic news bulletin of the Cochrane Occupational Health Field  
August 2007**

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1. The Cochrane Health Promotion and Public Health Field has been referring in recent publications and on their website to their intention to register as a Public Health Review Group, within both the Cochrane and Campbell Collaborations. Their aim is to form and manage a team of authors and editors of Cochrane and Campbell reviews of the effects of public health interventions, with a focus on upstream interventions directed at the social determinants of health. Currently these types of review topics are not specifically covered by existing review groups. The HPPH Field will subsequently be deregistered.

As part of the registration process, and to gain insight into the needs of stakeholders, review users and contributors, the Health Promotion and Public Health Field is holding two exploratory meetings. The first meeting is being held to coincide with the Meeting of the Society for Social Medicine & the International Epidemiological Association (European Federation), on September 13 2007, between 1 - 5pm at University College, Cork, Ireland ([www.ucc.ie/academic/pubh/ssmiea/](http://www.ucc.ie/academic/pubh/ssmiea/)).

A second meeting is planned to coincide with Forum 11 of the Global Forum for Health Research, October 29 , 2007, between 10am - 2pm at the Jihua Resort and Convention Center in Beijing, China ([http://www.globalforumhealth.org/Site/004\\_Annual%20meeting/001\\_Forum%2011/001\\_Home.php](http://www.globalforumhealth.org/Site/004_Annual%20meeting/001_Forum%2011/001_Home.php)).

We, as the Occupational Health Field, still have to find out how this changes our position.

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2. The Finnish Institute of Occupational Health is organising a seminar on the 13th of September about prioritisation of review topics. Up until now the impetus for starting reviews within the COHF has been anything from own interest to sponsoring without recourse to burden of disease and suchlike. We hope that this occasion will provide us with better guidelines for the future.

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3. A reviewer from Malaysia has contacted us with the intention of writing a Cochrane review about interventions to prevent unwanted pregnancy outcomes due to risks at work. We are looking for people with both time and experience to help in the process of the review and for persons with research experience in this area who would be willing to provide expert advice. If you are interested in participating please contact our Field coordinator at: [jos.verbeek@ttl.fi](mailto:jos.verbeek@ttl.fi).

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4. New occupational health Cochrane reviews:

#### 4.1. Interventions for treating functional dysphonia in adults

##### PLAIN LANGUAGE SUMMARY

Functional dysphonia is characterised by an abnormal quality of voice in the absence of an identifiable lesion. People in occupations where voice use is central, like teachers, are more at risk of developing functional dysphonia. The causes of voice disorders are still being debated. There is also no consensus on the best method of evaluating voice, although many consider auditory voice quality assessment as a gold standard measure. Because functional dysphonia is a non-organic voice disorder there is no indication for surgical or medical interventions, and it is treated with behavioural (i.e. voice) therapy. Voice therapy usually consists of a combination of direct and indirect treatment techniques. Direct techniques focus on the underlying physiological changes needed to improve an individual's technique in using the vocal system whereas indirect techniques concentrate on contributory and maintenance aspects of the voice disorder (such as lack of knowledge).

We conducted a systematic search of the literature on treating functional dysphonia in adults. We then appraised the quality of the studies found and combined their results.

A combination of direct and indirect voice therapy is effective in improving vocal functioning when compared to no intervention. The achieved results may still be apparent after a year.

Most of the studies are small and of low methodological quality and further research is warranted.

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#### 4.2. Advice on material handling techniques and using assistive devices to prevent and treat back pain in workers

##### PLAIN LANGUAGE SUMMARY

Back pain is very common among adults. There is evidence that individuals who physically move or lift objects (manual material handling) on a regular basis increase the strain on their backs and the risk of developing back pain. In many occupations, it is difficult to avoid this. Training on proper lifting techniques and the use of mechanical aides (assistive devices) are considered important techniques to prevent back pain.

We included six randomized controlled trials (17,720 employees) and five cohort studies (772 employees) that examined the effects of training and the use of assistive devices on preventing low-back pain and reducing back-related disability.

We found limited to moderate evidence that, on average, there was no significant difference in reports of back pain, back-related disability or absence from work between groups who received training on proper lifting techniques and assistive devices and those who received exercise training, back belts or no training. Similarly, there was no difference, on average, between those who received intensive training and those who received shorter instruction. These findings were consistent when measured in the short-term or long-term and when examined in randomized trials or cohort studies.

We found no studies that examined the effects of training or the use of assistive devices as part of a treatment

plan for back pain.

These results are similar to other reviews that examined a range of possible prevention measures. Some of the other reviews found that workers who received training were satisfied and demonstrated increased knowledge on the subject, but this did not appear to consistently translate into behaviour change.

In conclusion, training workers about proper material handling techniques or providing them with assistive devices are not effective interventions by themselves in preventing back pain.

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5. Number of registered users to COHF database

We have currently 240 registered members on our e-mail list representing altogether 31 Countries around the world. The biggest numbers of users come from: the UK (57), Finland (39), the Netherlands (34), Australia (31) and Canada (17).

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6. Current status of COHF reference databases

There are presently 910 references of occupational health and safety intervention studies (766 original research studies and 144 reviews) in our database. In our systematic search for studies we have now covered almost ten years (1996-2005) and we are hoping to exceed 1000 references this year. If you haven't already used the database, it is accessible free of charge through our website at [www.cohf.fi](http://www.cohf.fi) after a short registration procedure. There is also a user manual provided at the website. Remember that we provide only reference data and not full text articles because of copyrights reasons. We do however categorise the studies according to study type and outcomes measured so that you can look, for example, for RCTs about back pain. There are currently 26 of those.

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7. Next issue of the COHF Newsletter

The next issue of the COHF Newsletter will be published in January 2008.

If you would like to inform your occupational health colleagues that receive this newsletter about important matters (e.g. conferences, publications, etc.) please submit your items to the editor at: [jani.ruotsalainen@ttl.fi](mailto:jani.ruotsalainen@ttl.fi) and include "COHF Newsletter" on the subject line. Unless you request otherwise, your submissions to the COHF Newsletter may be duplicated in other regular Cochrane Collaboration news channels such as Cochrane News and the Cochrane Collaboration web site, at the discretion of the editors.

Kind regards,  
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