

Table 3G. Occupational asthma

Referral Guideline	Rationale	Evidence Type
<p>Patients with a history suggesting occupational asthma should undergo testing to confirm the diagnosis of asthma and referral to an allergist for evaluation to establish that the asthma is caused by or triggered by agents at the workplace and to initiate appropriate avoidance therapy.</p>	<p>(1) History and physical examination is insufficient to confirm occupational asthma, and inaccurate conclusions can easily be drawn^{1,2}. Allergists can interpret spirometry when performed as a baseline, with response to bronchodilator, serial assessment of spirometry or peak flows, and changes in methacholine response during work periods vs. off work periods.³⁻⁹</p> <p>(2) Allergists can outline the algorithm for the clinical investigation of suspected occupational asthma and interpret other studies to confirm bronchial hyper-responsiveness including challenges with methacholine, histamine, cold air or exercise, yet realize that such studies may be negative if performed when the patient is off work and free of symptoms.^{3,5,8}</p> <p>(3) Allergists can review Material Safety Data Sheets (MSDS) and other specific details of the workplace obtained either through specific questioning, direct observation during an onsite work evaluation or assisting in obtaining industrial hygiene survey in an effort to identify exposure to possible causal agents. Allergists can arrange and interpret workplace challenges and be able to provide assistance in referring to centers that can perform specific agent laboratory challenges if indicated.^{3,5,7}</p> <p>(4). The importance of identifying the agent responsible for asthma is that continued exposure can lead to worsening asthma and possibly persistent disease even after exposure is instituted. Early accurate diagnosis and removal from further exposure to specific work sensitizers carries the best medical prognosis for those with occupational lung disease.¹⁰⁻¹⁶</p>	<p>Diagnostic Indirect outcome (avoidance)</p>
<p>Consider referral of a worker with asthma for evaluation of workplace exposures that could worsen or exacerbate the asthma.</p>	<p>Exposure to workplace irritants is a known cause of and known exacerbator of asthma.¹⁷⁻²¹</p>	<p>Indirect outcome (avoidance)</p>

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