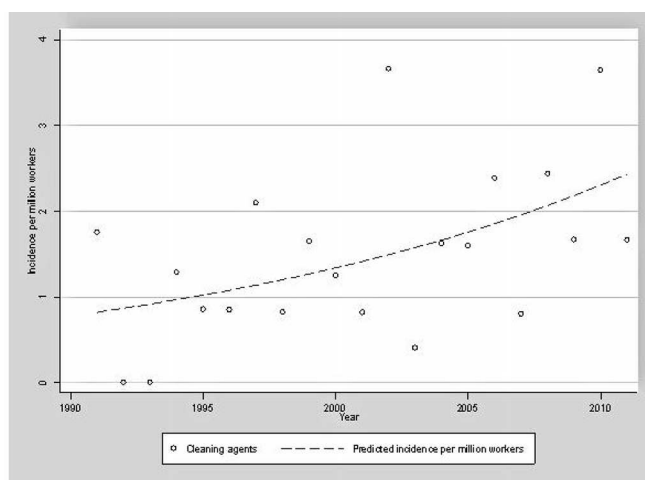


population estimates. A number of statistical analyses were undertaken to calculate trends in annual notifications: (i) non-parametric Kendall tau-b correlation (reference method), (ii) a negative binomial regression model, calculating incident rate ratios (IRRs), including a step-change analysis, and (iii) a logistic regression model calculating annual reporting odds ratios for 13 common causative agents.

Results 1637 cases of OA were notified between 1991 and 2011. Most cases were notified from the Birmingham Heartlands specialist clinic and notifications made elsewhere in the West Midlands fell from 16 per million workers in 1995 to zero in 2004, with very few cases (4 per million workers) after that. A significant non-linear decrease in annual total notifications was observed over the study period (IRR = 1.056; 95% CI = 1.012–1.102; $p = 0.012$), as was the case for most causative agents studied. However cleaning products showed a 6% increase in notifications year-on-year (IRR = 1.056; 95% CI = 1.012–1.102; $p = 0.012$; Figure 1). Although the incidence of isocyanate-related OA decreased significantly after 2005, the proportion of annual notifications due to isocyanates relative to other agents increased year on year ($\tau = 0.43$; $p = 0.007$).

Conclusions Falling incidence of OA between 1991 and 2011 is explained in part by under-recognition by healthcare professionals, and by reporter fatigue, though for some causative agents this may be attributed in part to better workplace controls. Isocyanates remain the most common cause of OA but reports have fallen recently along with colophony, latex and glutaraldehyde, which have almost disappeared. Conversely cleaning product related OA is increasingly recognised.



Abstract P205 Figure 1. Annual notifications of occupational asthma due to cleaning products (cases per million workers) recorded 1991–2011 in West Midlands UK, with prediction line based on negative binomial regression analysis.

P206 ASBESTOS RELATED DIFFUSE PLEURAL THICKENING; LIKELIHOOD OF PROGRESSION IN THE SECONDARY CARE SETTING

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Introduction There is a lack of recent evidence in terms of progression and prognosis in subjects with asbestos induced diffuse

pleural thickening (DPT). We reviewed those with a diagnosis of DPT to look at radiological progression and prognosis.

Methods A local database search identified those registered with DPT as agreed by a Multidisciplinary Meeting (MDT) and defined by Industrial Injuries Disablement Benefit (IIDB) as including obliteration of a costophrenic angle on chest x-ray (CXR) and mesothelioma previously ruled out. Years of follow-up and progression on radiology defined as a measureable increase in thickening unilaterally on CXR, or new obliteration of a costophrenic angle contralaterally. All causes of death were recorded.

Results 39 of 48 subjects registered, all male had local follow up. Radiological follow-up occurred for between 1 and 10 years, mean 3.9 yrs.

In total 16/39 (41%) had radiological progression on CXR. 7 (18%) died, 6/39 (15%) from respiratory related illness. 6/39 had coexistent asbestosis.

28/39 (72%) presented with unilateral DPT of whom 5/28 (18%) had asbestosis on CT.

11/28 (39%) progressed from unilateral to bilateral DPT including 3 with asbestosis, 4/28 (14%) died, (1 with DPT and asbestosis developed mesothelioma), 1 of non-respiratory cancer, 2 died respiratory failure; however 35% (8/23) of the unilateral DPT only cohort also progressed or died.

5/11 (45%) presenting with bilateral DPT progressed or died. 2 (18%) increased thickening on CXR. 3/11 (27%) died, 1 lung cancer (with asbestosis) and 2 respiratory failure.

Discussion Although DPT is considered benign, 41% progressed including 39% with unilateral DPT who developed bilateral disease. 15% had coexistent asbestosis and as expected were more likely to progress or die. 11% of those presenting with unilateral disease on CXR and over 27% with bilateral disease died of respiratory cause over the follow-up period.

Conclusions Notwithstanding the limitations of this study, the likelihood of radiological progression with a diagnosis of DPT is 2 in 5, including those with unilateral disease. The risk of death from a respiratory cause with bilateral DPT diagnosed on CXR (27%) is more than twice that for unilateral disease on CXR (11%).

Abstract P206 Table 1.

	Unilateral DPT on CXR N=28		Bilateral DPT on CXR N=11		Total
	CT	CT	CT	CT	
Progression	DPT only	Asbestosis seen	DPT only	Asbestosis seen	
Stable	15	2	6	0	23
Progressed	5	2	2	0	9
Died	3*	1	2	1	7
Total	23	5	10	1	39

*1 died of non-respiratory cancer
CT-Computed Tomography of lungs
DPT-Diffuse pleural thickening

P207 REPORTING OF ASBESTOS RELATED LUNG DISEASE TO HM CORONER: A RETROSPECTIVE ANALYSIS

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10.1136/thoraxjnl-2013-204457.359

Background Asbestos related lung disease consists of a spectrum of disorders, ranging from benign pleural plaques to