In this issue of *Occupational Medicine*

Eight years ago, *Occupational Medicine* published Waddell and Burton’s evidence-based occupational health guidelines for the management of low back pain at work [1]. This work remains one of the most frequently cited and accessed papers we have published. In this issue, Kim Burton and colleagues publish their evidence-based review of the management of work-relevant upper limb disorders and it will be interesting to see if it has a similar impact [2]. Occupational physicians will welcome the evidence-based findings and the clarity brought to bear on a problem we encounter on a daily basis even if the main findings have a familiar ring to them: upper limb disorder is very common but hard to diagnose and classify; workplace psychosocial factors and individual psychological factors are important and may be as important as physical exposure factors in causation and determining outcome; there is strong evidence that programmes using cognitive–behavioural approaches are effective whereas the evidence for ergonomic interventions is not as strong. In 2001, the back pain guidelines represented a major watershed in occupational health practice and in 2017 we may be writing the same thing about the upper limb disorder guidelines.

Last year, *Occupational Medicine* carried an in-depth review on doctors’ health and fitness to practise [3]. With revalidation looming, this is once again a topical subject, and Ruth Chambers and her colleagues consider this in an editorial [4]. As well as the implications for us as practising doctors, there may be implications for some of us called on to assess and advise on the fitness to practise of clinicians referred under the new revalidation procedures. Many of those referrals will be for mental ill-health and in this issue there are two research papers on the mental health of doctors, one of which also examines its impact on fitness to practise. Using the Maslach Burnout Inventory, Toral-Villanueva and colleagues [5] found a burnout prevalence of 40% in 312 junior hospital doctors in Mexico. Burnout was most strongly associated with working 12 hour shifts and a history of current or previous depression. Those doctors who reported burnout were five times more likely to report suboptimal patient care practices on a weekly basis.

In the second piece of research regarding the mental health of doctors, Miller [6] carried out a questionnaire survey of 116 members of the Doctors Support Network (DSN), a peer support group for doctors who have experienced, or are experiencing, mental ill-health. Following their illness, only a third were working full time compared to 80% prior to becoming unwell and almost a third were not working at all compared to 2% before illness. Flexible working practices were the most helpful reported strategy for enabling a doctor to return to work and the author concludes that, with improved support, more doctors may be able to return to work. This is something of a familiar message and re-emphasizes the importance of timely referral to an effective occupational health service that can facilitate supported return to work.

Other mental health research in this issue examines whether stress briefings are of any use in Royal Navy personnel [7]. They are, but only if good quality and those receiving them feel they are worthwhile. Even then, many people cannot remember them. Further research from the Royal Navy examined alcohol consumption and misuse in operational naval units [8]. Using the AUDIT-C questionnaire, Henderson and colleagues received responses from more than 1300 male personnel. Excessive alcohol consumption and binge drinking were found to be significantly more prevalent amongst operational personnel compared to the general population. The authors believe that more needs to be done both punitively and supportively to effect a change in the perception of alcohol misuse within the service. Finally, in another piece of mental health research, Sato and colleagues [9] examined stress response and its relation to working overtime in almost 25 000 workers using the Brief Stress Questionnaire. Working overtime did predict a stress response but this disappeared when adjustments for self-assessment of workload, mental workload and amount of sleep were made.

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[References]