Has an occupational cause of symptoms been excluded?\(^1,2\)

- Yes
- No

Do symptoms improve when away from work or deteriorate when at work?

- Yes
- No

**Non-occupational disease**

- Continue treatment

**ASTHMA**

**RHINITIS**

- Possible work-related asthma
  - Refer quickly to a chest physician or occupational physician \(^3,5\)
  - Arrange serial PEF measurements \(^6\)

- Possible work-related rhinitus
  - Refer to an allergy specialist or occupational physician
  - Monitor for the development of asthma symptoms \(^3\)

**High risk work\(^2\) includes:**

- baking & pastry making
- chemical processing
- farming
- food processing
- hairdressing
- health care & dental care
- laboratory animal work
- spray painting
- textile, plastics & rubber manufacture
- welding, soldering & metalwork
- woodworking
- other jobs with exposure to dusts & fumes

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1. About 1 in 6 cases of new or recurrent asthma in adult life are attributable to occupation.
2. Enquire of adult patients with rhinitis or asthma about their job and the materials with which they work.
3. Rhino-conjunctivitis may precede occupational asthma; the risk of developing asthma being highest in the year after the onset of rhinitis.
4. The prognosis of occupational asthma is improved by early identification and early avoidance of further exposure to its cause.
5. Confirm a diagnosis supported by objective criteria and not on the basis of a compatible history alone because of the potential implications for employment.
6. Arrange for workers whom you suspect of having work-related asthma to perform serial peak flow measurements at least 4 times a day and for at least 3 weeks.