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REVIEW ARTICLE

Sick leave and disability pension in inflammatory bowel disease: A systematic review



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KEYWORDS

Work outcomes; Crohn's disease; Ulcerative colitis; Review

Abstract

Background & aims: Inflammatory bowel disease has considerable effects on work-related outcomes and leads to high societal costs due to sick leave and disability pension. The aims of this study were to systematically review evidence on work-related outcomes that are relevant to productivity losses and to evaluate whether medical or surgical interventions have a positive impact on patients' work ability.

Methods: A systematic literature search in PubMed was conducted in June 2013. Abstracts were screened by two independent reviewers, and full-text articles describing the frequency of work-related outcomes were retrieved. Two independent reviewers extracted data according to the PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses. Findings were organized by study design (non-interventional/interventional). Non-interventional studies were structured according to whether they presented data in comparison to control groups or not and interventional studies were summarized according to type of intervention.

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Abbreviations: A, absenteeism; ADA, adalimumab; CD, Crohn's disease; CPC, conventional proctocolectomy and Brooke ileostomy; CZP, certolizumab pegol; HPWAW, hours per week actually worked; HPWFP, productivity and hours per week fully productive; IBD, inflammatory bowel disease; IC, indeterminate colitis; IFX, infliximab; IPAA, ileal J-pouch—anal anastomosis; OP, operation; P, presenteeism; RCP, restorative proctocolectomy; RCT, randomized controlled trials; SIA, social insurance agency; TAI, total activity impairment; TWPI, total work productivity impairment; UC, ulcerative colitis; WP, work productivity; WPAI, Work Productivity and Activity Impairment.

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Results: This review included 30 non-interventional (15 with comparison groups and 15 without comparison group) and 17 interventional studies (9 surgical and 8 medical). The majority of the studies reported a high burden of work-related outcomes among inflammatory bowel disease patients regardless of the methodology used. While biologic agents showed positive effect on work absenteeism and presenteeism in randomized clinical trials, the impact of surgical interventions needs further evaluation.

Conclusions: Inflammatory bowel disease patients experience a high burden in work-related outcomes. Additional data on productivity losses and the long-term impact of interventions is needed to help inform decision-makers about treatment options and their benefits in reducing productivity losses in inflammatory bowel disease patients.

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1. Introduction

Immune-mediated inflammatory disorders including Crohn's disease (CD) and ulcerative colitis (UC) have considerable effects on employment outcomes. Many patients develop inflammatory bowel disease (IBD) at an early age which can result in high societal costs due to sick leave and disability pension. 2

To date, studies conducted on IBD and work outcome have primarily examined the occupational and socioeconomic distribution of the disease and productivity changes as a result of IBD. Little is known about the impact of interventions on labor force participation. However, increased knowledge about productivity losses could inform patients about prognosis and facilitate decisions about treatments. This is especially relevant as IBD is a chronic disorder and therefore social

support is of paramount importance for patients to continue active labor force participation.

Previous reviews have been limited in that they only included work-related outcomes as part of an overall summary of the disease burden, ^{1–8} provided information for specific countries and/or included IBD as part of a review on the burden of immune-mediated inflammatory diseases. ^{1,3,6,7} In the current review burden is defined as the cumulative consequence of IBD compared to the state in a healthy person. One review ⁹ focusing solely on the education and employment behavior in IBD was not systematic and did not include recently published reports. ^{10–29} Furthermore, studies investigating the effect of specific interventions on work outcomes have not yet been summarized. ^{30–46}

The aim of this study was to perform a systematic review of published studies on domains of work participation that are relevant for the quantification of productivity

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