

Socio-demographic and clinical predictors of occupational status in schizophrenic psychoses—follow-up within the Northern Finland 1966 Birth Cohort

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Abstract

We studied occupational status of persons with schizophrenic psychoses by age 34 in a longitudinal population-based cohort and predicted which demographic and illness-related factors could support the patients to maintain their occupational capacity. Subjects of the Northern Finland 1966 Birth Cohort with the diagnosis of DSM-III-R schizophrenic psychoses ($n=113$) by the year 1997 were followed until the end of year 2000. Various illness and socio-demographic factors at the time of onset of illness were used as predictors. At the end of the follow-up time 50 (44%) of patients were not pensioned and 22 (20%) were also working at least half of the time during year 2000. After adjusting for gender, being unemployed at onset, educational level and proportion of time spent in psychiatric hospitals, those who were married or cohabiting at the time of onset of illness were less often on pension than those who were single (OR 6.51; 95% CI 1.83–23.12). Thus, nearly half of the patients with schizophrenic psychoses were not pensioned after an average 10 years follow-up. Based on our findings, those who were single at time of their onset of illness probably need most support to retain their contacts to work life.

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1. Introduction

Schizophrenia is a severe, often life-long disease, which may cause severe functional decline and unemployment in the patients. Maintaining working ability is

an important goal during the course of schizophrenia (Bell and Lysaker, 1997; Priebe et al., 1998).

Many studies have reported low rates of employment in schizophrenia patient. A recent study by Marwaha and Johnson (2004) reviewed 22 studies with patients having schizophrenia. They reported wide variation in employment rates (between 4% and 90%). Most of the high rates were from the International Pilot Study of Schizophrenia (IPSS), where study samples excluded

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people with chronic schizophrenia with poorer outcome. In the same review, the employment rates were between 13% and 65% in first-episode psychosis studies.

There have been some studies which have found predictors for occupational outcome (employment or disability pension) in schizophrenia subjects. Chronicity of illness (Tsang et al., 2000; Mueser et al., 2001) and male gender (Harrison et al., 1996; Agerbo et al., 2004) has been associated with poor occupational functioning in several studies. Also prior work experience, patient's and mother's higher educational level, and good social functioning have predicted work ability in people with schizophrenia (Mueser et al., 2001).

In this article, we explore occupational status in schizophrenic psychoses within an early middle-aged, general population-based sample of the Northern Finland 1966 Birth Cohort. By using various demographic and illness-related variables, we also predict which of them could support the patients in maintaining their employment. We use register and hospital notes-based data, which minimizes the typical problem of drop-outs seen in most of the previous studies. Our special focus is on the variables concerning the time of the early phase of psychosis and first psychiatric hospitalization.

2. Methods

2.1. Data collection

The Northern Finland 1966 Birth Cohort is an unselected, general population birth cohort ascertained during mid-pregnancy. It is based upon 12,058 live-born children in the provinces of Lapland and Oulu (Rantakallio, 1969). Permission to gather data was obtained from the Ministry of Social and Health Affairs and the study design is under review by the Ethical Committee of the Northern Ostrobothnia Hospital District. Altogether, 83 subjects have forbidden the use of their data and have been excluded. The current data include all subjects living in Finland at the age 16 years and still alive at the end of the year 2000 ($n=10,748$).

2.2. Subjects of the study

The nationwide Finnish Hospital Discharge Register (FHDR) covers all mental and general hospitals as well as beds in local health centers and private hospitals nationwide. All cohort members over 16 years appearing on the FHDR until the end of 1997 for any mental disorder were identified and their diagnoses were re-checked twice by professionals using DSM-III-R criteria (APA, 1987). The reliability for schizophrenia diagnoses

of this procedure was good ($\kappa=0.85$). A more detailed description of the validation process is presented elsewhere (Isohanni et al., 1997; Moilanen et al., 2003).

By the end of 1997, there were 153 subjects (90 men, 59%) in the FHDR with a known psychotic episode in their life. Of these cases, 128 (76 men, 59%) were given the diagnosis of schizophrenia spectrum in the validation process. Eleven (9 men, 82%) of these were deceased by the end of the year 2000 and four subjects were pensioned before the onset of psychosis: one female due to unspecified delay in development (ICD-9 diagnosis: 31599); one female due to mild mental retardation (ICD-9: 317); and one male and one female due to epilepsy (ICD-9: 345). These subjects were excluded from this study. The final sample included all living subjects with schizophrenic psychoses who have not been pensioned due to developmental or neurological disorder ($n=113$ cases; 67 men, 59%). The sample included 85 schizophrenia cases and 28 other schizophrenia spectrum cases.

2.3. Assessment of occupational status

We collected information on all disability pensions from the Social Insurance Institution of Finland. In Finland, disability pension is granted if the disorder is persisting and incapacitating for an indefinite or time-limited period, usually for 1–2 years. Subjects on disability pension are allowed to have small earnings. We also collected information concerning all work periods contributing to pension from the Central Pension Security Institute. All these data sets were available until the end of year 2000. We summarized positive occupational status to two dichotomized variables representing positive occupational outcome: Not on vs. on pension at the end of year 2000; and not on pension at the end of 2000 and working 50% of all days during the year 2000 vs. on pension or working less than 50% during the year 2000.

2.4. Predictors of occupational status

We collected information on predictors from registers and hospital notes. Various socio-demographic factors as well as illness-related variables were analyzed:

2.4.1. Gender

Male vs. female. Gender was also used as a covariate.

2.4.2. Pre-morbid factors

Information on pre-morbid factors was collected with a retrospective review of hospital notes using the

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