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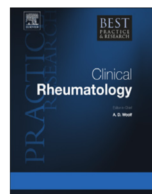

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Rheumatoid arthritis and work: The impact of rheumatoid arthritis on absenteeism and presenteeism

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A B S T R A C T

For patients with rheumatoid arthritis (RA), being in paid work is very important, and it increases self-esteem and financial independence. Although the management of RA has changed in the last 15 years to early aggressive treatment and the introduction of biologic treatments, many patients still have to take sick leave or even stop working because of their RA (i.e., absenteeism). For those remaining in paid work, patients may experience problems due to RA resulting in productivity loss while at work (i.e., presenteeism). The costs attributed to absenteeism and presenteeism (i.e., indirect costs) have been estimated to be very high, and they even exceed direct costs. However, there is no consensus on how to calculate these costs. This manuscript examines the relationship between the use of biologic therapy and absenteeism, with a focus on sick leave, and on presenteeism, and it provides an overview of indirect costs of absenteeism and presenteeism in those treated with biologic therapies.

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Background

In patients with rheumatoid arthritis (RA), problems at work and loss of work may cause socio-economic consequences not only for the patient and their family and the employer but also for the society. For many patients with RA, work is an important part of their life, and being employed increases self-esteem, sense of purpose and financial independence. For employers supporting employees with a chronic disease such as RA, retaining experienced personnel may be more cost-effective than replacing and training new personnel. There has recently been an increase in research of the problems patients with RA may experience with work, including reduced productivity (i.e., presenteeism), sickness absence (absenteeism) and job loss. A better understanding of these problems will enable both patients and employers to intervene early in the disease to reduce possible problems at work, and to prevent sick leave and possible work disability in the long term. Problems at work may be related to the disease itself or to the nature of the working conditions. A particular challenge with RA is that symptoms fluctuate and that it is difficult to be certain about long-term prognosis, which poses difficulties when planning work and commitment to future work tasks. Certain symptoms of RA, including joint damage, pain and fatigue, may not be visible to colleagues and employers, making it sometimes difficult to understand what problems the individual is experiencing and to sympathise with patients when they seek help. On the other hand, many patients will not reveal their disease to colleagues or employers because they are afraid of the consequences this may have on their future employment. This overview gives a brief description of (i) absenteeism and presenteeism in general; (ii) the relationship between the use of biologic therapy and absenteeism, with a focus on sick leave, and on presenteeism; and (iii) indirect costs of absenteeism and presenteeism in those treated with biologic therapies.

Absenteeism and presenteeism

Work productivity can be referred to as the economic productivity of a workplace. It is associated with input, costs, outputs and profits, but it is also dependent upon the quality/quantity and effectiveness of each individual employee (worker productivity) [1]. Workers who have not been lost to the workforce can be less productive as a result of absenteeism and presenteeism. Absenteeism, presenteeism and job loss are interrelated and codependent. For example, rates of presenteeism may be decreased by forcing people to drop completely out of the workforce, but this could not necessarily be described as a 'good' thing. Additionally, when workers are pressurised not to take sickness absence, the inevitable consequence is that presenteeism is increased. In studies of the impact of RA on work, different measures of job loss, presenteeism and absenteeism have been employed, making comparison difficult. For example, absenteeism (number of days of sickness absence) can be measured using questionnaires completed by the individual patient, which is subject to both respondent and recall bias. Furthermore, questionnaires sometimes ask people if their days of sick leave were 'because of their RA', but this attribution is down to the individual, and respondents may attribute differently. Rates of sickness absence can also be measured by company records or benefit databases, but it is clear that these data are not always collected reliably and coded accurately. Company records are subject to the 'healthy worker' bias and benefits databases are prone to misattribution.

To date, where work outcomes have been measured in RA, most of the work has focussed on absenteeism, but there is growing awareness of the socio-economic consequences of presenteeism. Patients with RA in employment may transition between presenteeism, short-term absenteeism and no productivity loss [2,3]. The pathway between these transitions varies in the same individual over time and between individuals, and it is determined by health status (e.g., flare and remission), personal factors (e.g., age and financial situation) and environmental factors (e.g., job type and company size) (Fig. 1). However, when these transitions have occurred through several cycles, they become less sustainable for the individual and their employer and colleagues. Eventually, this may lead to work disability or to early retirement due to RA.

Previous reviews on work disability in RA in Finland, the Netherlands, UK, Canada and USA have shown that 20–70% of patients become work-disabled within 5–10 years after symptom onset, with a 50% probability of becoming work-disabled within 4.5–22 years (median 13 years) after symptom

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