



Special Article

Evaluating Respiratory Patient Disability[☆]

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ABSTRACT

The evaluation of the disabilities of patients with respiratory disease is regulated by the Spanish Ministry of Labor and Social Security, as are disabilities of any other type. We believe, however that in respiratory pathologies this evaluation is especially complicated because, as they are chronic processes, they interrelate with other systems. Furthermore, they tend to have occasional exacerbations; therefore, normal periods may alternate with other periods of important functional limitations.

The present document arises from the desire of SEPAR to update this topic and to respond to the requests of respiratory disease patient associations who have asked us to do so. In this paper, we analyze the current situation of work disability legislation as well as the determination of degrees and percentages, including the current criteria for assigning disabilities due to respiratory tract deficiencies. Lastly, we propose work guidelines that would improve the existing scenario and outline this evaluation for specific pathologies.

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Valoración de la discapacidad en los enfermos respiratorios

RESUMEN

La valoración de la discapacidad en los pacientes con enfermedades respiratorias está regulada por el Ministerio de Trabajo y Asuntos Sociales, al igual que las discapacidades de cualquier otro sistema; sin embargo, creemos que su evaluación es especialmente complicada, ya que al tratarse de procesos crónicos, interrelacionan con otros sistemas y además en ocasiones cursan en brotes, por lo que pueden alternar períodos de normalidad con otros de limitación funcional importante.

El presente documento tiene su origen en la voluntad de la SEPAR de actualizar el tema y de dar respuesta a la solicitud de las asociaciones de pacientes con enfermedades respiratorias que así nos lo requirieron. En el mismo efectuamos un análisis de la situación actual, tanto de la legislación vigente en materia de incapacidad laboral, como de la determinación de los grados y porcentaje de discapacidad, así como de los criterios actualmente vigentes para la asignación de discapacidad atribuible a deficiencias del aparato respiratorio. Por último, se proponen unas líneas de trabajo que permitirían mejorar el escenario existente y delimitar esta valoración para patologías concretas.

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In Spain, the assessment of disability in patients with respiratory diseases is regulated by the Spanish Ministry of Labor and Social Affairs, just as disabilities of any other type. However, we believe that their evaluation is especially complicated as they are chronic

processes that are interrelated with other systems and occasionally run their course with exacerbations, meaning that periods of normality may alternate with other periods of important functional limitation. On the other hand, specialists themselves are searching for other methods of respiratory disease evaluation that would involve a more multidisciplinary approach and consider the patient as a whole.¹

The General Law for Social Security establishes the situations that are contemplated, disability allowances and requirements for claiming them, analyzing the situation of invalidity from two perspectives: one is related with the reduced capability to perform

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a specific job (work disability), and the other, with the permanent restrictions for performing activities of daily life (ADL). This is expressed with the term “disability”, which, depending on its intensity and social circumstances (family setting, occupational situation, level of education, etc.) leads to the attribution of a certain degree of disability, according to which allowances are granted regardless of previous work history. It may be said that the legal qualification of disability is the official document confirming that an individual requires more assistance than most other people. The rights that the individual is granted depend on the percentage assigned, and may include family allowances, pensions and fiscal benefits.

This present document stems from the desire of SEPAR to update the information on the topic of disability and respond to the requests of respiratory disease patient associations asking us to do so. We also analyze the present situation, both of the current legislation for matters of work disability, as well as the determination of the degrees and percentages of disability and the current criteria for assigning disability attributable to respiratory tract disorders. Last of all, we propose lines of work that would allow for improvement of the current scenario and outline this assessment for specific pathologies.

Analysis of the Situation: How Is Disability Currently Assessed in Respiratory Patients?

One of the most common applications for the evaluation of respiratory diseases consists of the assessment of work disability.² This process, which should be done by a pulmonologist, requires the previous diagnosis of a respiratory disease and the prescription and compliance with optimal treatment. Once these requirements are met, the assessment of work disability consists of successive processes³:

- *Evaluation of the degree of deterioration.* This is done by measuring how the respiratory disease affects the lung function while at rest. To do so, it is usually necessary to perform spirometry, carbon monoxide diffusion capacity and arterial blood gas tests.
- *Evaluation of the disability.* This step includes determining the degree of functional limitation (to exercise) that the disease produces. It is necessary to do a cardiorespiratory exercise test and determine peak oxygen consumption.
- *Definition of the handicap.* This last step, which is usually done by labor inspection services, establishes whether the functional limitation that the patient presents stops him/her from carrying out occupational activities. A patient with a certain degree of disability is not able to do any work requiring a high level of energy (unloading a truck, for instance) but is able to do less physically demanding jobs (office work, for example).

Labor Legislation Regarding Disability

The pertinent legislation in this area is included in the Royal Decree⁴ published in January 2000. It establishes the criteria for determining the degree of disability for each system of the organism. Within the occupational assessment, what pulmonologists are usually requested to do is to determine permanent disability.

What Is a Permanent Disability?

Permanent disability is a continuous health alteration that impedes or limits an individual to carry out a professional activity.

A worker is considered to be in a situation of permanent disability when, after having been administered a prescribed treatment and having been medically discharged, he/she presents severe

anatomical or functional affectation that is susceptible to objective determination and foreseeably definitive, which reduce or impede his/her ability to work.

Who Declares Permanent Disability?

The declaration of permanent disability is the responsibility of the Provincial Committee of the Spanish National Institute of Social Security through the so-called Disability Assessment Teams (*Equipos de Valoración de Incapacidades*).

Degrees of Permanent Disability

All the degrees of disability require a previous period of contribution, except if the disability is due to a work-related accident or to an occupational disease, in which case a period of contribution is not required.

Permanent disability is defined as being within one of the following degrees.

Partial Permanent Disability for the Usual Profession

Without reaching a total degree of disability, this causes a worker a reduction of no less than 33% in his/her usual profession, without impeding doing basic tasks of the occupation.

Total Permanent Disability for the Usual Profession

This impedes the worker to do either all the basic tasks of his/her usual profession, but he/she is able to carry out another occupation.

Complete Permanent Disability for Any Type of Work

This type completely impedes the worker from working in any profession or job.

Major Disability

This is defined as the situation of a worker affected by permanent disability and who, as a result of anatomical or functional losses, requires assistance from another person in order to perform the most basic tasks of everyday life (getting dressed, getting around, eating, etc.).

International Classification of Impairments, Disabilities, and Handicaps (ICIDH)^{5,6}

In 1976, the WHO published the first International Classification of Impairments, Disabilities, and Handicaps (ICIDH), which has later been revised. The last revision is from the year 2000, with a Spanish translation being published in 2001.⁷ The aim of the ICIDH was to complement the International Statistical Classification of Diseases and Related Health Problems (commonly known as the ICD) to be able to establish a catalog of the consequences of the disease beyond the mere recompilation of what their causes are.

The ICIDH considers the following terms:

- *Impairment* refers to abnormalities of the body structure and appearance, as well as that of the function of an organ or system, whatever the cause, although initially impairments represent disorders at the organ level. The ICIDH, in the context of health experience, has defined it as “any loss or abnormality of psychological, physiological or anatomical structure or function”.
- *Disability* reflects the consequence of the impairment from the standpoint of functional performance and activity of the individual; disability therefore represents disabilities at the level of the individual. The ICIDH, in the context of health experience, has defined disability as “any restriction or lack (resulting from an

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