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Original article

Health conditions and role limitation in three European Regions: a public-health perspective

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A R T I C L E I N F O

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A B S T R A C T

Objective: To describe the distribution of role limitation in the European population aged 18-64 years and to examine the contribution of health conditions to role limitation using a public-health approach.
Methods: Representative samples of the adult general population (n = 13,666) aged 18-64 years from 10 European countries of the World Mental Health (WMH) Surveys Initiative, grouped into three regions: Central-Western, Southern and Central-Eastern. The Composite International Diagnostic Interview (CIDI 3.0) was used to assess six mental disorders and standard checklists for seven physical conditions. Days with full and with partial role limitation in the month previous to the interview were reported (WMH-WHODAS). Population Attributable Fraction (PAFs) of full and partial role limitation were estimated.
Results: Health conditions explained a large proportion of full role limitation (PAF = 62.6%) and somewhat less of partial role limitation (46.6%). Chronic pain was the single condition that consistently contributed to explain both disability measures in all European Regions. Mental disorders were the most important contributors to full and partial role limitation in Central-Western and Southern Europe. In Central-Eastern Europe, where mental disorders were less prevalent, physical conditions, especially cardiovascular diseases, were the highest contributors to disability.
Conclusion: The contribution of health conditions to role limitation in the three European regions studied is high. Mental disorders are associated with the largest impact in most of the regions. There is a need for mainstreaming disability in the public health agenda to reduce the role limitation associated with health conditions. The cross-regional differences found require further investigation.

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Enfermedades comunes y discapacidad en tres regiones europeas: una perspectiva de salud pública

Palabras clave:
Trastornos físicos
Trastornos mentales
Discapacidad
Proporción atribuible de riesgo

R E S U M E N

Objetivo: Describir la distribución de la discapacidad en población europea de 18 a 64 años de edad y analizar la contribución de los trastornos físicos y mentales con una perspectiva de salud pública.
Métodos: Se analizaron muestras representativas de población general adulta (n = 13.666) de 10 países europeos participantes en la Iniciativa Mundial de Encuestas para la Salud Mental *(World Mental Health Surveys Initiative)*, agrupados en tres regiones: Centro-Oeste, Sur y Centro-Este. La

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Entrevista Diagnóstica Internacional Compuesta (CIDI 3.0) se utilizó para evaluar seis trastornos mentales, y siete trastornos físicos fueron autorreportados a partir de una lista estandarizada. Se contabilizaron los días con discapacidad parcial y total del mes previo a la entrevista utilizando una versión modificada de la escala WHO-DAS. Se calcularon las fracciones de riesgo atribuible (PAF).

Resultados: Los trastornos mentales y físicos fueron importantes contribuyentes a la discapacidad total (PAF = 62,6%) y en menor medida a la discapacidad parcial (46,6%). El dolor crónico fue el único trastorno que ha contribuido a explicar tanto la discapacidad total como la parcial en las tres regiones europeas. Los trastornos mentales son los que contribuyen más a la discapacidad total y parcial en los países del Centro-Oeste y del Sur. En los países del Centro-Este, donde los trastornos mentales fueron poco prevalentes, la enfermedad cardiovascular fue la principal contribuyente a la discapacidad.

Conclusión: La contribución de los trastornos físicos y mentales a la discapacidad en las tres regiones europeas estudiadas es importante. Los trastornos mentales están asociados con una gran discapacidad en la mayoría de las regiones. Es necesario incorporar el estudio del impacto de las enfermedades comunes en discapacidad a la agenda de salud pública. Se necesitan estudios adicionales que profundicen en las diferencias regionales encontradas.

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Introduction

Disability has become the most important component of the burden of disease.[1] In 2010, low back pain and major depressive disorders were ranked as the third and fourth leading causes of disability worldwide, after HIV/AIDS and road injuries, according to disability adjusted life years (DALYs).[1] Although DALYs help to compare the relative magnitude of the disease burden across diseases and countries, they might not adequately capture the welfare impact of some diseases, for instance mental disorders, as they have a large impact on functioning and quality of life.[2–4] According to the World Report on Disability,[5] infectious diseases (e.g., malaria, tuberculosis and sexually transmitted diseases); non-communicable diseases (e.g., arthritis, hearing disorders, asthma) and injuries (road traffic injuries, occupational injuries and violence) are important causes of health-related disability in developed countries.

The World Mental Health (WMH) Surveys Initiative was launched by the World Health Organization (WHO) to collect comparable data on the burden of mental disorders around the world.[6] Two WHO-WMH reports[3,4] have provided information on the individual and societal-level impact of the disability due to 19 physical and mental conditions in the general population. By means of the WHO-Disability Assessment Schedule 2.0,[7] the full and the partial inability to perform daily activities, as measures of functional impairment, were assessed. Both reports have emphasized, in agreement with the Global Burden of Disease (GBD) 2010 study[1] that back and neck pain, among physical conditions, and depression, among mental disorders, were the most burdensome non-communicable conditions worldwide.

In Europe, nearly 42 million persons of working-age from 15 European countries (16.4%) reported having a long-standing health problem or disability in 2002.[8] However, good sources of data on disability are not available in all European countries and cross-country comparisons are limited due to methodological differences.[9] While harmonization of data on disability among European countries are underway by the European Health Interview Survey, 2008 (EHIS), there is still limited comparable information about the disability burden of health conditions in the working-age population of Europe.

Here data from 10 European countries participating in the World Mental Health surveys initiative (EU-WMH)[10,11] were analysed with two general objectives: first, to describe the distribution of disability in the population aged 18 to 64 years; and second, to examine the contribution of health conditions to disability. We analysed the contribution of mental disorders and physical conditions on two self-reported measures of disability: complete inability (i.e., full role limitation) and partial ability (i.e., partial role limitation) to perform daily activities in three European regions.

Materials and methods

Survey method and samples

Ten European countries (Belgium, Bulgaria France, Germany, Italy, the Netherlands, Northern Ireland, Portugal, Romania and Spain) participated in the European World Mental Health Surveys Initiative (EU-WMH). Household interview surveys were conducted between 2001 and 2009 on probability samples of each country's population aged 18 years or older living in private households. Institutionalized individuals as well as those not able to understand the language of each country, were excluded from the study. Computer-assisted personal interviewing (CAPI) were used except for Bulgaria, were paper-and-pencil (PAPI) format was used. Respondents were selected using stratified multistage clustered-area probability sampling methods (Table 1). Response burden was reduced by splitting-up the single interview into a two-part process in all countries except for Romania (in which the interview was administered in one part). Part 1 was administered to all participants and included the core diagnostic assessment of mood and anxiety disorders. Part 2 was administered to all respondents with a certain number of mood and anxiety symptoms and to a random proportion of those who had none, and included questions about disability, additional mental disorders and information on physical conditions. Part 2 individuals were weighted by the inverse of their probability of selection to adjust for differential sampling, and therefore provide representative data on the target adult general population. Additional details about sampling methods are available elsewhere.[10] The EU-WMH total sample size was 37,289, ranging from 2,357 (Romania) to 5,473 (Spain). Response rates ranged from 45.9% (France) to 78.6% (Spain), with an overall weighted response rate of 63.4%. For this particular work, the 13,666 individuals aged 18 to 64 years, who completed Part 2 of the interview were analysed (Table 1).

Institutional Review Boards (IRB) of each country approved this study.

European regions

Countries were grouped into three regions according to the United Nations Statistic Division: (i) Central-Western Europe (Belgium, France, Germany, the Netherlands and Northern Ireland);

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