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Work participation and health-related characteristics of sickness absence beneficiaries with multiple somatic symptoms

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ABSTRACT

Objectives: The primary aim was to study whether high levels of multiple symptoms influenced sick-listed individuals' employment status or desire to return to work (RTW) and whether this was associated with social relations at work.
Study design: A cross-sectional study nested in a clinical trial.
Methods: In 2011–2012, 736 (34%) of 2172 sick-listed individuals completed a posted questionnaire and were included. Main outcome was self-reported employment status. The Symptom Check List (SCL-SOM)'s sum score (0–48) was categorized in high (>18) and low (≤18) levels. Previous employment, sick-listing, and use of health care were register-data. Multivariate logistic regression analyses with adjustments were performed.
Results: Beneficiaries with high SCL-SOM score (n = 218, 33%) reported poorer health, job satisfaction, a lower desire to RTW and more problems with supervisors. The risk of being unemployed was higher for this group than for those with a low score. Adjusting for general health reduced the association between symptoms and unemployment, whereas problems with social relations only affected it marginally.
Conclusions: Sick-listed individuals reporting high levels of symptoms were more often unemployed and less frequently desired to RTW than those with few symptoms. The association could not be explained by problems with social relations at work.
Trial registrations: ISRCTN43004323, and ISRCTN51445682.

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Introduction

Medically unexplained symptoms (MUS) are related to lowered health-related quality of life, increased unemployment,[1,2] and sick-listing are more frequent and long-lasting among employees with MUS.[3] Furthermore the definition of MUS and MUS-related syndromes lack consensus and are named differently by medical specialities (e.g. chronic fatigue, fibromyalgia, irritable bowel syndrome), but have in common to be based on complaints located in several organ systems and not sufficiently explained by a conventionally defined disease.[4–7] Patients often complain of fatigue, abdominal symptoms and musculoskeletal pain; and physiological and psychosocial factors are often associated with their complaints.[6]

MUS's prevalence vary from 4% to 24% depending on the definition.[1,8,9] Clinically relevant MUS ascertained by diagnostic interviews was 6.5% in a representative Danish sample.[10] However, MUS are often insufficiently recognized in primary care and in sick leave certificates.[11–13]

In this study the term multiple somatic symptoms (MSS) is used, as MUS cannot be ruled out in a questionnaire-based study. Different instruments have been used to assess MSS such as the Patient Health Questionnaire[14] and the Subjective Health Complaints instrument.[15] We used the Symptom Check List (SCL-SOM) from the Common Mental Disorders Questionnaire, which has been suggested as a screening tool in primary care.[16]

In Denmark, there is no register information on diagnoses associated with sickness absence. However, musculoskeletal disorders (MSD) are reportedly most frequent (30%) followed by 25% common mental disorders (CMD),[17,18] and MUS as reason for sick-listing was reportedly 14% in a study of 2076 long-term sick-listed.[19]

Few studies have investigated the characteristics of sick-listed with MSS,[8,9,13] and whether they have an increased risk of losing their job or a lower desire to return to work (RTW) than sick-listed with few symptoms. A Dutch study reported that beneficiaries with high MSS levels more often were laid off and attributed this to a problem with the employer.[8] Furthermore, psychosocial work factors and in particular quality of management may influence RTW rates.[20] Level of MSS may also influence the beneficiaries' use of health care, and more knowledge of such associations may lead to prevention in clinical practice.

The primary aim was to study whether beneficiaries sick-listed for 8 weeks with high levels of MSS have an increased risk of being unemployed than beneficiaries with low level of MSS, and to study whether this was associated with work-related factors.

Secondary aims were to compare characteristics of beneficiaries with high and low level of MSS with respect to self-reported reasons for sick leave, common mental symptoms, physical activity, work ability as well as previous sickness absence and use of health care services.

Methods

Settings and participants

The municipal social security system (job centres in the case of sickness absence compensation) is responsible for benefits and initiating activities to help sick-listed RTW. All employed, self-employed, and unemployed persons fulfilling the criteria of previous employment (120 h within a period of 13 weeks) are eligible for tax-paid sickness benefits in Denmark after three weeks of sick-listing at the time of the study. Medical certificates are not required, but may be requested by the job centres.

By law, social security officers are obliged to conduct an interview with all sick-listed after the 8th week and to categorize the sick-listed individuals. Category 1 includes beneficiaries who are likely to RTW within three months, typically with a conventional diagnosis. In Category 2 beneficiaries are unlikely to RTW within three months, but able to participate in activities to facilitate RTW. In Category 3 beneficiaries are characterised by severe diseases, long-term treatment, and unable to RTW within three months.

Eligible participants were all adults (18–65 years) in Category 2 with a minimum of three weeks of sick leave. Participants were included by social security officers between 1st January 2011 and 1st May 2012 in two job centres. The study was nested in a nation-wide study with 20 job centres described elsewhere.[21] This was considered an optimal target group, as the prevalence of MUS-related disorders and prolonged sick-listing was expected to be high. A total of 2172 sick-listed individuals fulfilled the criteria.

Questionnaire data

Participants completed a posted questionnaire on socio-demographic variables, work-related factors, and aspects of self-perceived health derived from validated instruments and used in national surveys.[16,22–24] Completion of the questionnaire was voluntary, the job centres were not aware of responses. The questionnaire was administered by The National Research Centre for the Working Environment (NRCWE). If no response was received, one phone call reminder was provided by NRCWE.

The main outcomes were self-reported 'employment status' and 'desire to return to work'. Employment status was assessed as 'How is your actual situation in relation to your work place?' 'Employed' or 'Left voluntarily' or 'Got noticed' scored 'yes or no'. Desire to RTW was assessed as 'If you could choose, to what extent would you like to return to the work place, you are sick-listed from?' scored from 1 to 5 ('very much'-'not at all'). The items were generated for the RTW program[21].

To assess MSS, health anxiety and mental health we used the Common Mental Disorders Questionnaire (CMDQ) focussing on the subscales on somatic distress, health anxiety and common mental symptoms, which have been validated in comparison with a semi-structured psychiatric interview and