

Sickness Absence Recommendation Among Outpatients With ADHD and Comorbidity: A Latent Class Analysis

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**Aikatarini Trantou¹, Hanne K. Carlsen¹, Christina Anderson²,
and Steinn Steingrímsson^{1,3}** 

Psykiatri Affektiva, Sahlgrenska University Hospital,
Gothenburg,
Sweden

Background

- ADHD is relatively common among young people
- ADHD symptoms includes defects in working memory, planning, self-regulation, application of organizational strategies that can reduce work ability
- Psychiatric disorders are among the most common causes of sickness absence
- Sickness absence due to psychiatric disorders has increased in recent years
- Few studies focusing on ADHD and sickness absence among young people

Objectives

- Analyze the distribution of sickness absence and work ability among young psychiatric outpatients diagnosed with ADHD
- Identify clinically relevant categories of comorbidities affecting work ability

Method

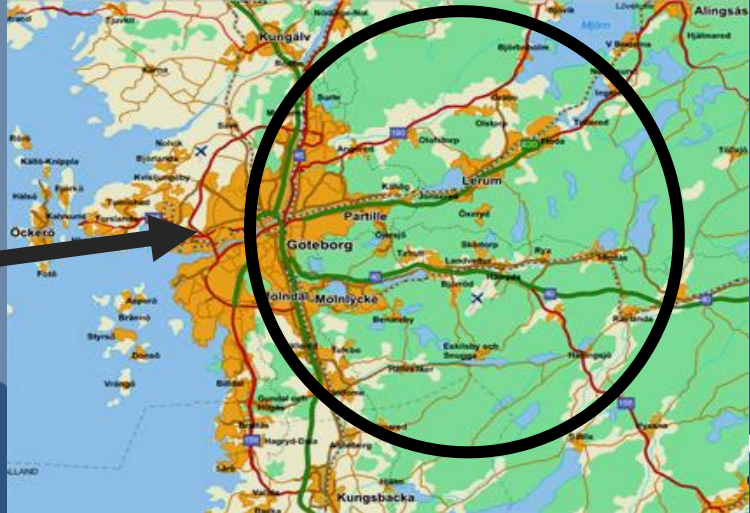
- Age between 19 and 29 years
- Gothenburg, Sweden
- Outpatient care at two outpatient departments
- ADHD either as primary or comorbid diagnosis
- Comorbid diagnosis: unipolar depression, anxiety-, personality-, and neurodevelopmental disorders
- March 1, 2014 to February 28, 2015

Exclusion criteria

schizophrenia, bipolar disorder type 1 and type 2, substance use disorder



large variation among inhabitants backgrounds



Method

- patient charts
- polytomous latent class analysis
- outcome variable: sickness absence recommendation (SAR)

Results

- Total of 1,031 patients
- 516 patients with ADHD diagnosis were included in the study
- Mean value regarding age; 23,9 years
- 15.9% only ADHD/ no diagnosed comorbidity, out of which 85.4% no sickness absence

Results

Variable	Total, <i>n</i> = 516
Age in years	23.9 ± 0.85
Male sex	262 (50.8)
Comorbid diagnoses	
Anxiety disorders	177 (34.3)
Personality disorder	30 (5.8)
Intellectual disability	39 (7.6)
Autism spectrum disorder	114 (22.1)
Mood disorders	212 (41.1)
No comorbidity	82 (15.9)
Sickness absence	197 (38.2)
Sickness benefit	23 (4.5)
Activity compensation	174 (33.7)

Results

Class	Total , n= 516	Main age in years	Male sex	Diagnosis	SAR
1	18 (3,4 %)	26	0 (0%)	personality syndrome 100%	18 (100%)
2	99 (19,2%)	23	71 (72%)	ASD 87% intellectual disability 23%	64 (65%)
3	176 (34%)	24	83 (47%)	anxiety 100%	81 (46%)
4	223 (43%)	24	110 (49%)	only ADHD 34% mood disorder 64%	34 (15%)

Results

- Almost a 20 time higher rate of SAR in general
- 5 times higher rate of SAR in class 4
- 300 times higher prevalence of SAR in class 1
- Comorbidity of ADHD and anxiety disorders presents a higher risk for impairment of work ability than comorbidity between ADHD and unipolar mood disorders
- High rates of personality- and neurodevelopmental comorbid disorders predict higher proportion SAR

Conclusions

- SAR was common for ADHD- patients treated at the outpatient psychiatric clinic
- Rates of SAR among patients with ADHD, either as primary or secondary diagnosis, were generally higher than in other studies
- Rates of SAR vary depending on comorbid diagnosis
- Rates of SAR were lower among ADHD- patients without comorbidity

Thank you!