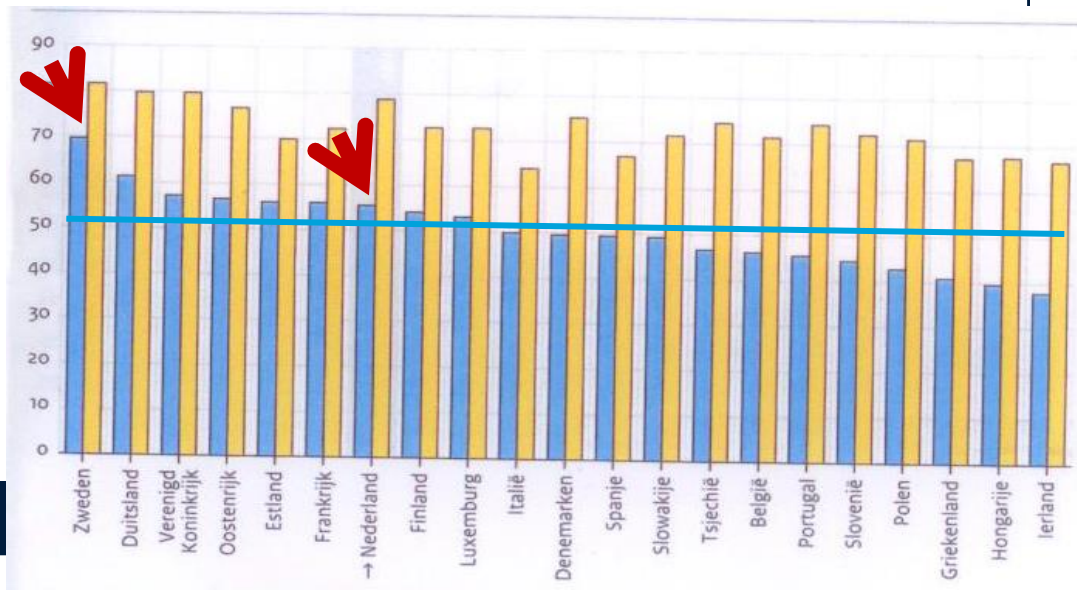


Labour participation across six chronic conditions: The importance of subjective health

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Background (1)

- 2030: around 50% of the working population of EU Member States will have ≥ 1 work-limiting chronic health condition
- Leaving work > 45yrs: 50% because of chronic physical and mental ill-health
- Labour participation working age in Europe:
 - Non-chronically ill $\pm 70\%$
 - Chronically ill $\pm 50\%$



Background (2)

- Determinants studied: medical, social demographic and psychosocial factors
 - Some results:
 - Lower age, higher education (Baanders et al. (2002) (cross-sectional))
 - Fewer problems with motor control, cognitive functioning, fatigue, pain (Baanders et al. (2002) (cross-sectional))
 - Lower age, illness duration (Rijken et al. (2013) cross-sectional))
 - Less physical workload (Boot et al. (2014) (prospective))
 - More psychosocial resources at work (Boot et al. (2014) (prospective))
 - Assessment for disability pension: medical factors
 - Re-integration: de-medicalize
- Self-rated health

Background (3)

- Major groups studied:
 - Diabetes, CVD, Cancer, COPD, Depression, Neurogenerative diseases
- Research needed in other groups!
 - Patient organisations want information on ‘their’ illnesses
 - Insurance physicians need info on more rare diseases
- Sarcoidosis, Renal disease, Neurofibromatosis, Hiv, Autism, Chronic headache

Research question

What is the relative contribution of **self-rated health** to employment status of people with six more rarely studied chronic conditions in addition to social demographic, medical and psychosocial factors?

Methods (1)

- Internet survey on site patient organisations
- Spring 2013
- Sample: persons with diagnosed disease and 18-65
- Response: 216-755
- Logistic regression analysis on work status

Methods (2)

- Independent variables:

Gender, age, education

1. Self-rated health; SF-36; comorbidity; pain
 2. Self-esteem, self-efficacy
 3. Social support family, friends, important other
 4. Number of life events
 5. Health care consumption
 6. Smoking, physical activity, BMI
- Regression per chronic disease for each group of variables; if $p < .20 \rightarrow$ include in final model

How do rate your health? (1) very bad, (2) bad, (3) not bad/good, (4) good, (5) very good

Results (1)

Chronic condition	Labour participation	OR (95%CI) Self-rated health
Sarcoidosis	68.7	6.08 (2.64-14.02)
Renal disease	62,6	n.s.
Neurofibromatosis	76,3	n.s.
Hiv	85.7	3.25 (1.11-9.51)
Autism	56.6	4.70 (2.80-7.90)
Chr. headache	70.5	2.31 (1.48-3.59)

Pain

Better physical functioning

Results (2)

- Not significant in any group:
 - Mental functioning
 - Social support family
 - Health care consumption general practitioner / medical specialist
 - Smoking
 - Physical activity
- Neurofibromatosis: male, lower age, less NF complications, less health consumption, more social support friends, less social support IO
- Renal disease: lower age, higher education, less comorbidity

Key messages

- High labour participation
- 4 of 6 groups: subjective health was predictor
- Odds ratio for labour participation 2.31-6.08 times higher if subjective health was rated as (very) good
- Not due to individual differences (age, gender, education, social support, self-esteem, self-efficacy, life style indicators, comorbidity) but independent factor
- Longitudinal research needed
- *Sarcoidosis, hiv, autism, chronic headache: Take the subjective health experience seriously!*