

Sick leave diagnoses and return to work: a Swedish register study

Ulrik Lidwall^{1,2}

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¹ Department for Analysis and Forecast, Statistical Analysis Unit,
Swedish Social Insurance Agency, Stockholm, Sweden

² Department of Clinical Neuroscience, Division of Insurance Medicine,
Karolinska Institutet, Stockholm, Sweden

DISCLOSURE:
I have no potential conflict of
interest to report



Introduction

- Shift in the return to work (RTW) literature from medically determined models to more focus on the workplace, economic, cultural and social factors
- Still, the medical reason for the sickness episode seems to be of great importance for the length of sick leave and a more diagnosis-based approach has been suggested for early screening of individuals at risk for long-term sick leave



Introduction

- To facilitate RTW for persons on medically certified sick leave it is important to recognise factors hindering successful rehabilitation such as detailed information about diagnosis
- Even though differences in recovery due to different diseases and disorders are common knowledge in clinical practice, a thorough description of RTW across different diagnoses is lacking



Introduction

- In Swedish sickness insurance a medical certificate issued by a physician is required from day 8 in the sick leave period
- Sick leave day 1-14 is compensated by the employer and from day 15 the compulsory sickness insurance steps in
- Extensive changes in compulsory sickness insurance during 2008
 - Sick listing guidelines, diagnosis specific
 - Stricter assessment of work ability over time and sickness cash benefit restricted in time



Purpose

To provide a *detailed description of RTW for different diagnoses* in sick leave exceeding 14 days, under the new stricter regime within Swedish sickness insurance



Methods

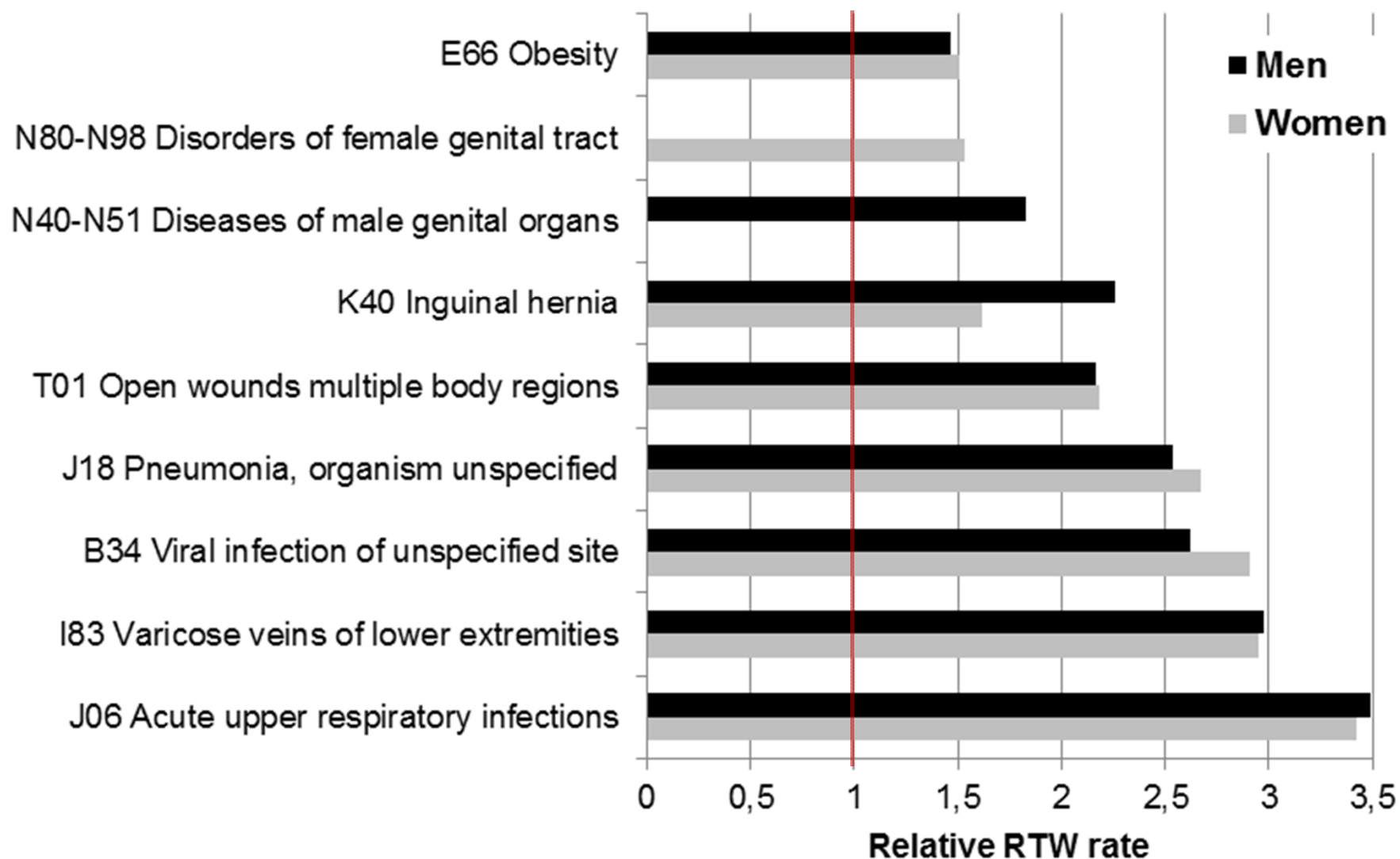
- 617 611 cases of sick leave exceeding two weeks started in 2009 and 2010 with a follow up of 450 days
- Data on sick leave episodes, diagnosis, and individual background factors adjusted for, were retrieved from Swedish national social insurance registers
- ICD-10 diseases on 3-digit level, where diseases or blocks of diseases > 0.1 % of the sick leave cases constitute a category

Methods

- RTW was analysed with Cox proportional hazard regression with separate analyses for women and men
- Dependent variable (RTW) was *duration of sick leave* until termination of benefits
- Several adjustment variables were used: age, civil status, children in the family and their age, county of residence, country of birth, type of cash benefit, partial benefit, sick leave history, month of onset, occupational status and occupation

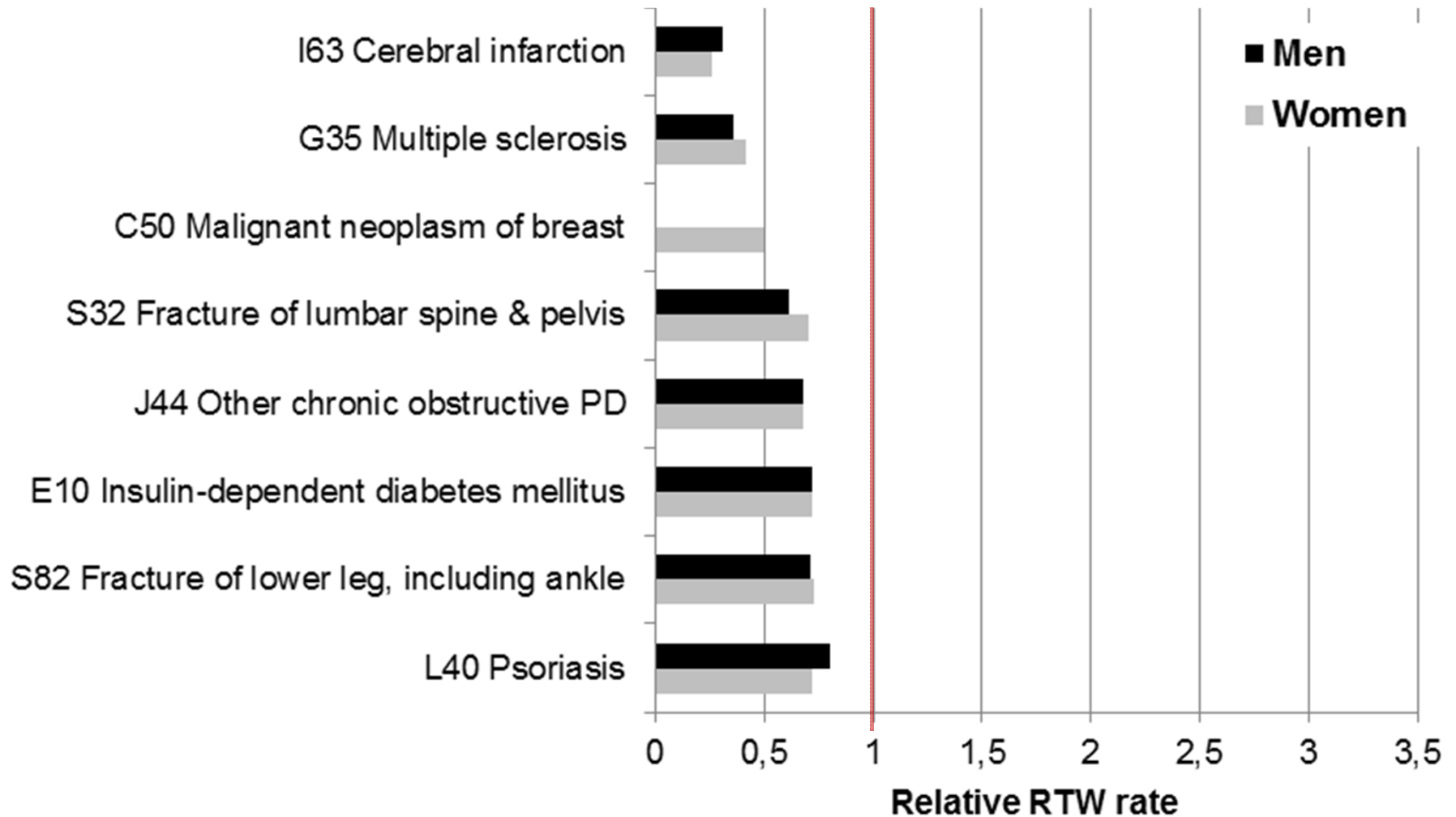
Results

Physical diseases with high RTW rates



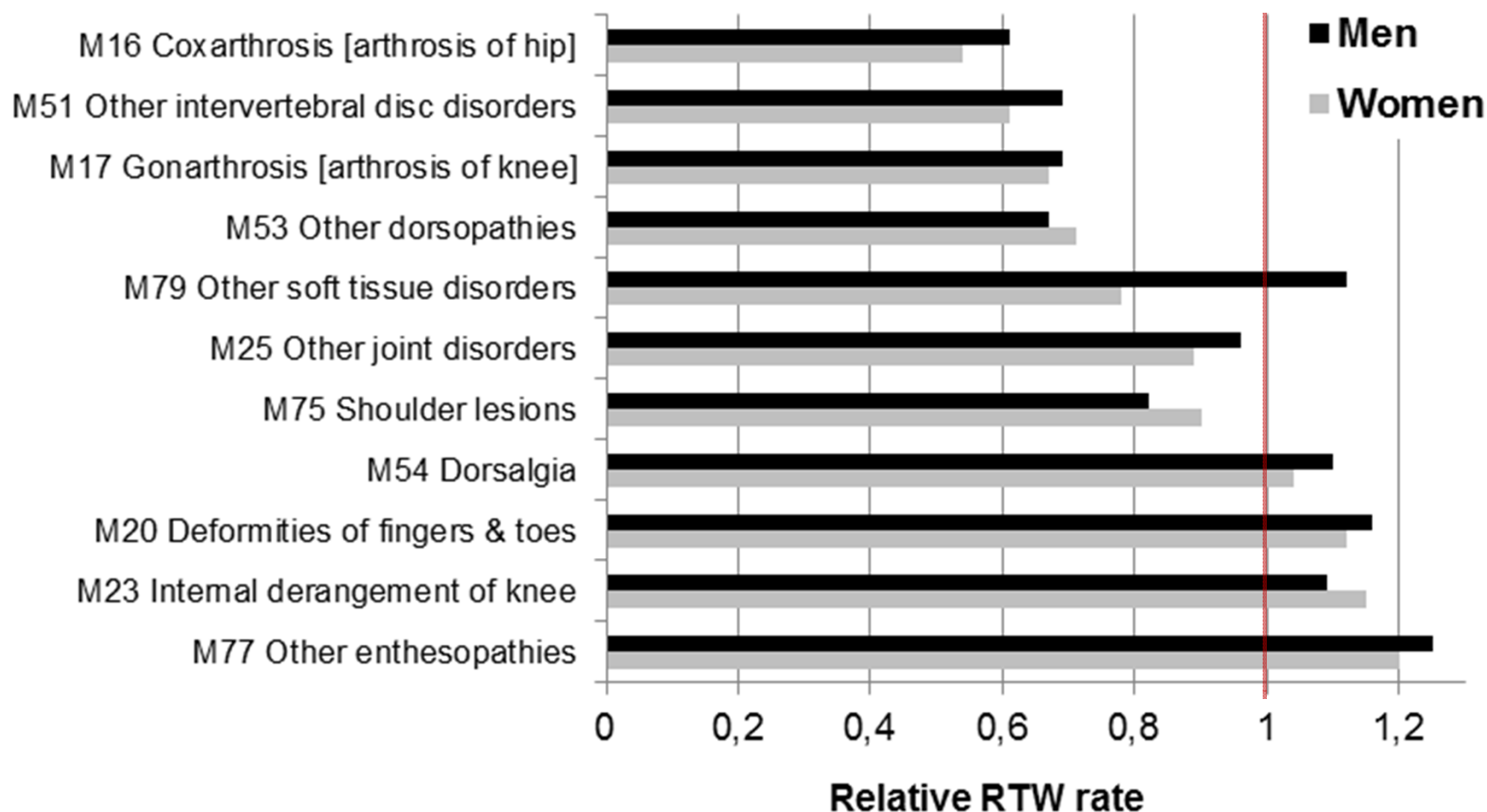
Results

Physical diseases with low RTW rates



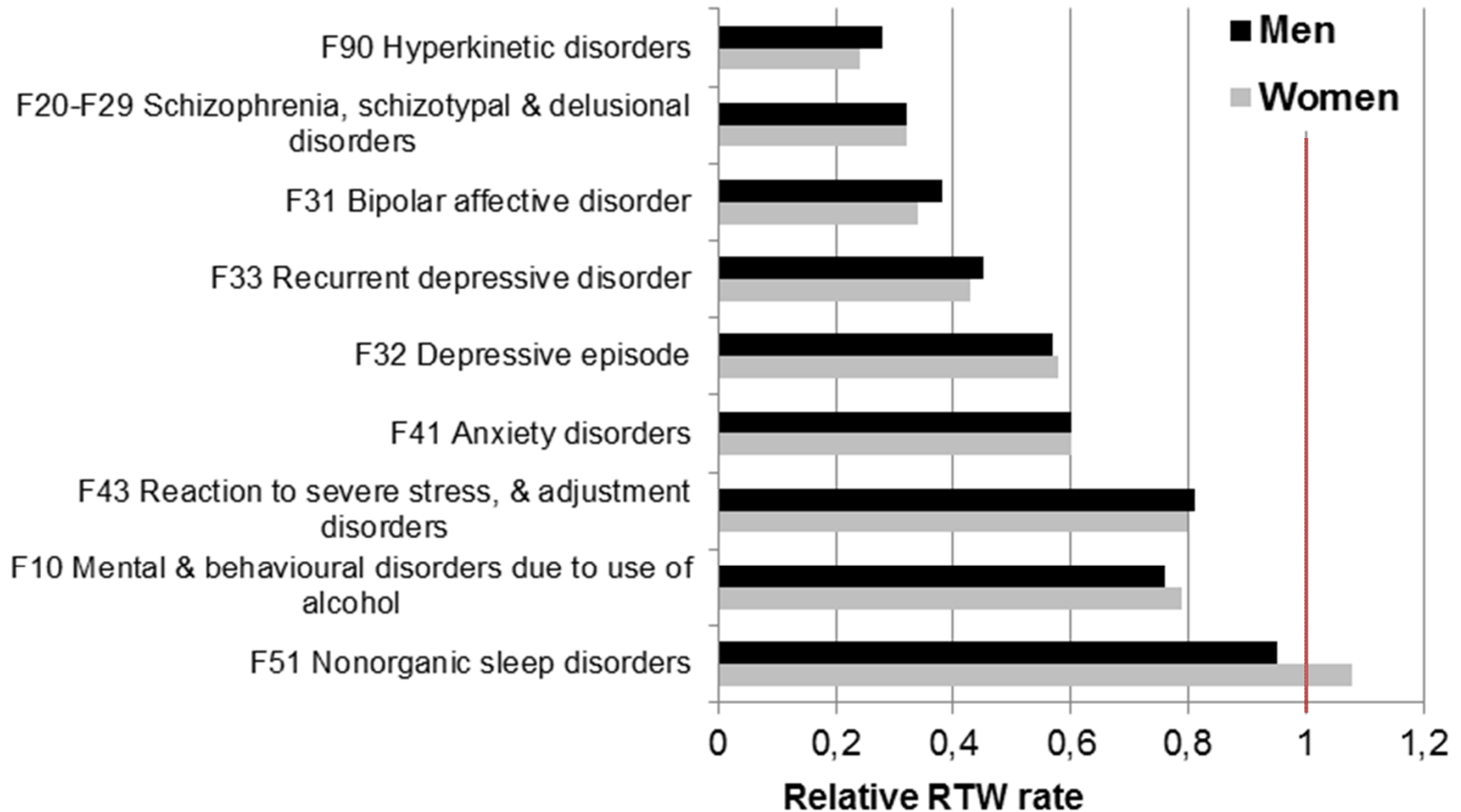
Results

Low or average RTW rates among diseases of the musculoskeletal system



Results

Low RTW rates among mental and behavioural disorders



Conclusions

- Systematic use of standard information within the sickness insurance administration, such as detailed sick listing diagnosis, can at low cost pinpoint cases at risk for prolonged sick leave
- There are distinct differences in RTW between diagnoses within the same diagnosis chapter. Hence, in sick leave research, the use of broad diagnosis categories such as ICD-10 chapters has to be thoroughly considered

