

# Impaired lung function, a criteria for disability pension from The Swedish Social Insurance Agency (SSIA) regarding COPD?

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## Faculty Disclosure

	No, nothing to disclose
	Yes, please specify:

<i>Company Name</i>	<i>Honoraria/ Expenses</i>	<i>Consulting/ Advisory Board</i>	<i>Funded Research</i>	<i>Royalties/ Patent</i>	<i>Stock Options</i>	<i>Equity Position</i>	<i>Ownership/ Employee</i>	<i>Other (please specify)</i>
The Swedish Social Insurance Agency	x						x	

# Medical Criteria for disability pension in Sweden

- Disease confirmed
- Work Ability(WA) permanently reduced regarding the regular labour market
  - Definition of WA in the Act on Public Health Insurance is missing
  - Medical explanatory models are missing
  - WA is not quantifiable
  - WA is a political and a medical concept

# DFA analysis

- DFA analysis is an instrument for assessment of Activity limitations and a base for Job Capacity/Work Ability assessment
- D   Diagnos
- F   Functional impairments
- A   Activity limitations

# COPD should be "easy" to assess for disability pension

- Impaired lung function (irreversible obstructive impairment) is a criterium for COPD
- The impairment of lung function is easy to measure (dynamic spirometry)

# Impaired lungfunction related to Work Ability(WA)

- GOLD 3
  - WA reduced in most physically strenuous work but often not in physically light work for example "white collar" work
- GOLD 4
  - WA usually reduced in most work, even in physically light work, difficulties to move on a flat surface

# GOLD Classification

- GOLD 1 (mild)
  - $FEV_1/FVC < 0.70$  and  $+ FEV_1 \geq 80\%$  expected
- GOLD 2 (moderate)
  - $FEV_1/FVC < 0.70$  and  $80\% > FEV_1 \geq 50\%$  expected
- GOLD 3 (grave)
  - $FEV_1/FVC < 0.70$  and  $50\% > FEV_1 \geq 30\%$  expected
- GOLD 4 (very grave)
  - $FEV_1/FVC < 0.70$  and  $FEV_1 < 30\%$  expected or  $FEV_1 < 50\%$  expected plus chronic respiratory insufficiency

# The study - objectives

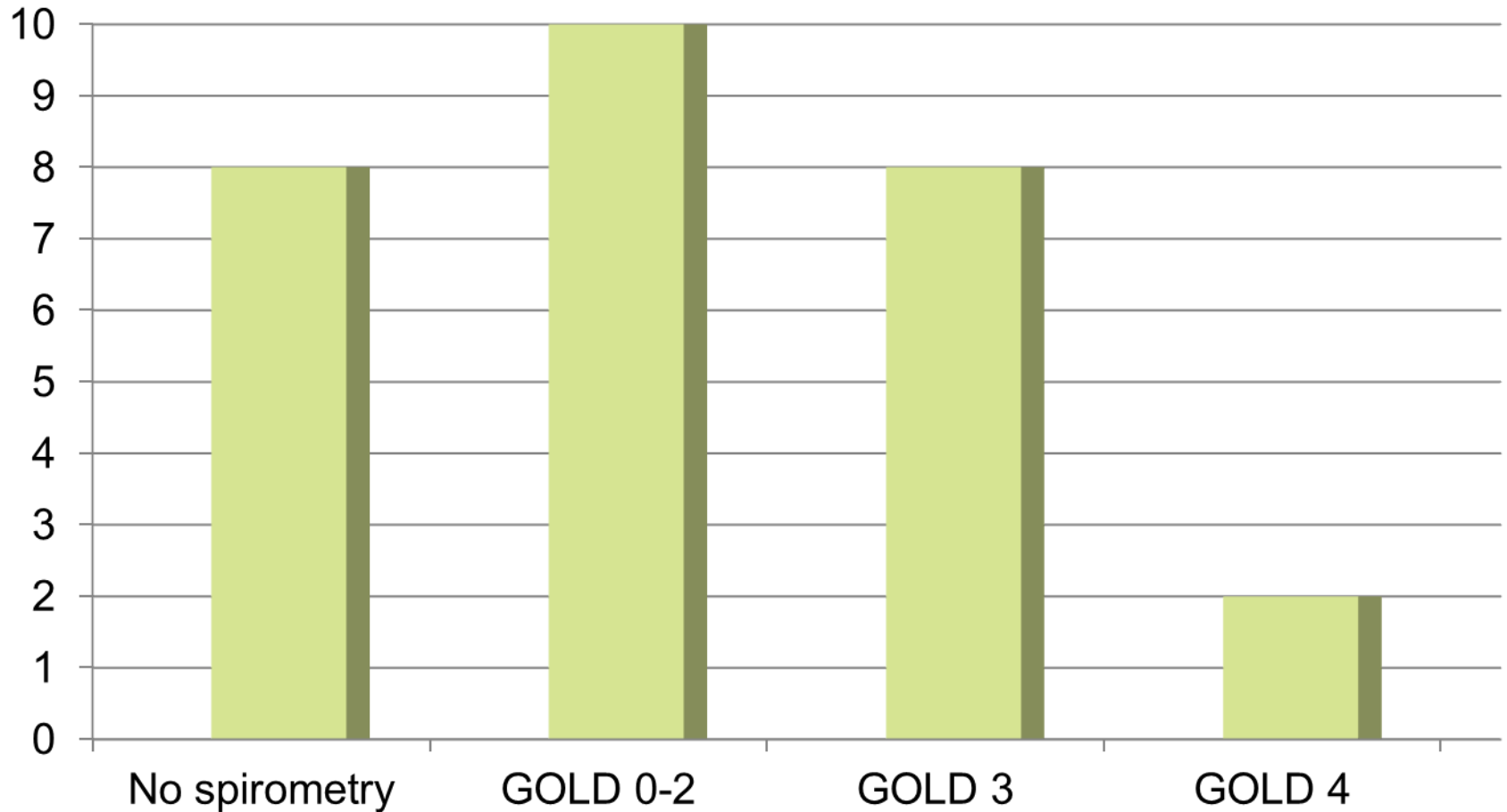
- Does the Swedish Social Insurance Agency ask for relevant medical information when considering disability pension for a person with COPD?



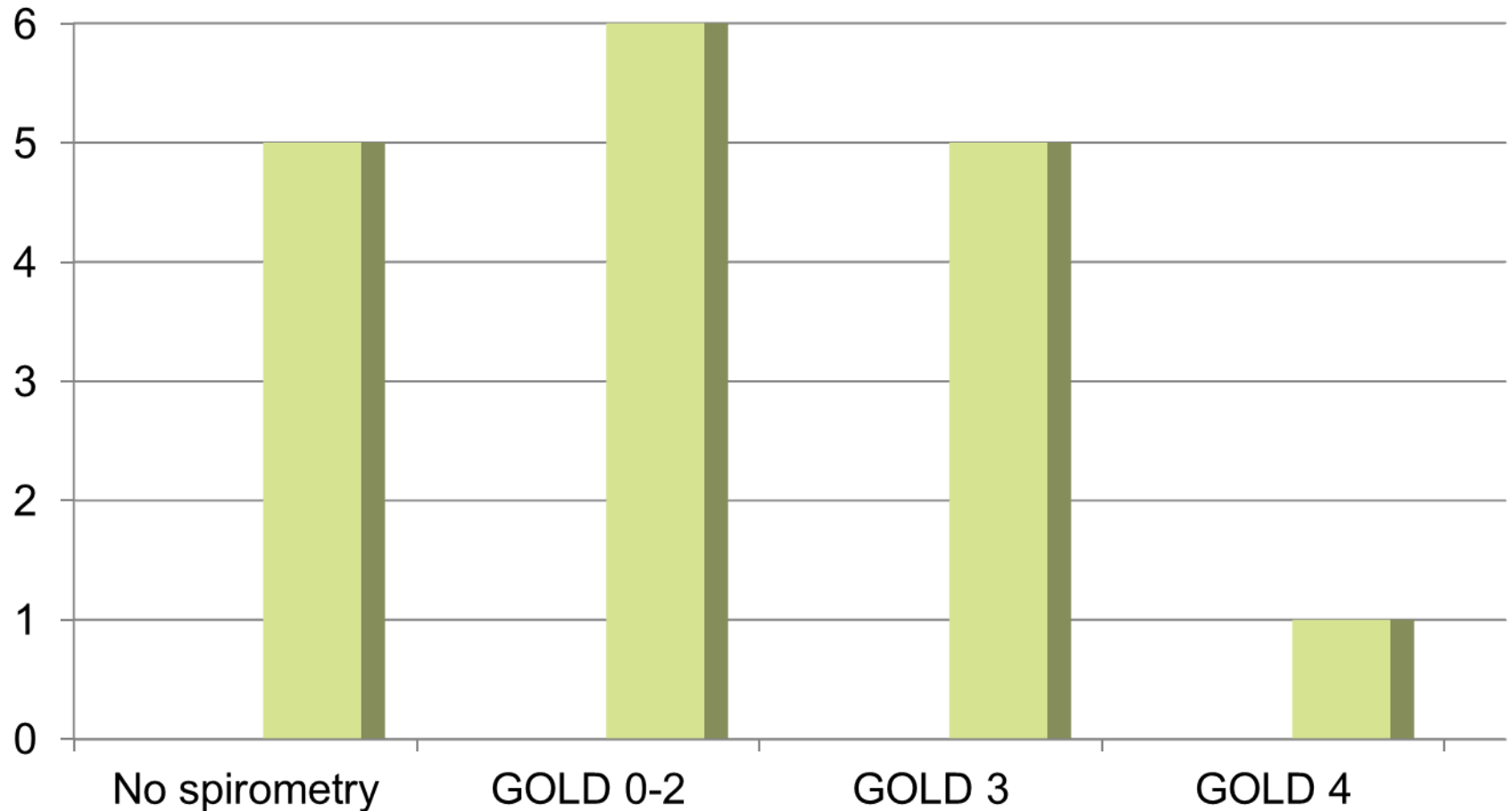
# The study - method

- All 28 individuals
  - received permanent disability pension 2003-01-01 – 2007-12-31
  - main diagnos: COPD(ICD10: J 44,)
  - lived in the county of Vasterbotten in Sweden
- From SSIA records:
  - Sex, age, occupation/unemployment,
  - other disease (e.g. cardiac and pulmonary disease), smoking habits, declared alcohol problems
  - lung function tests

# Results 28 cases

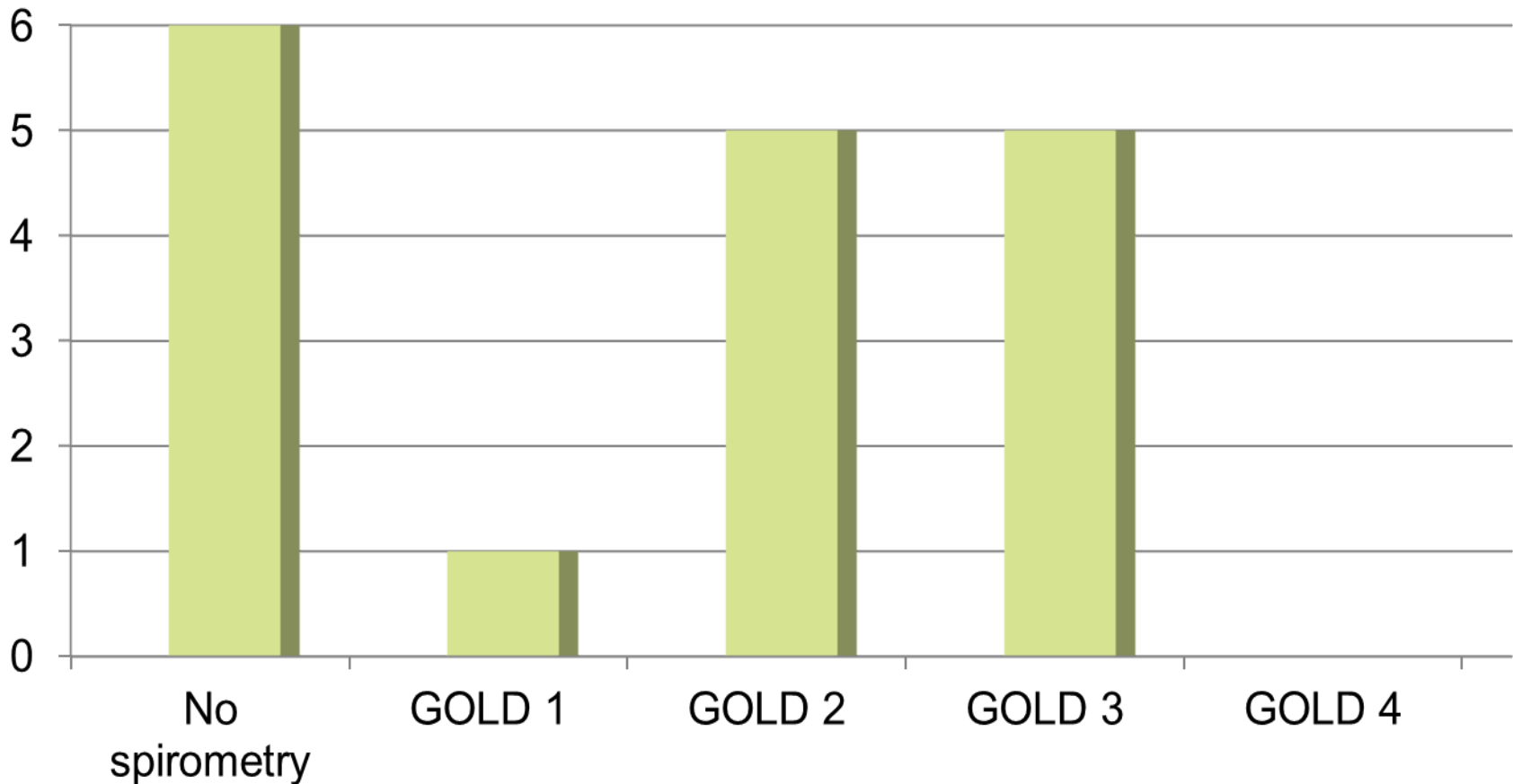


# Results 17 cases 60 years old or more

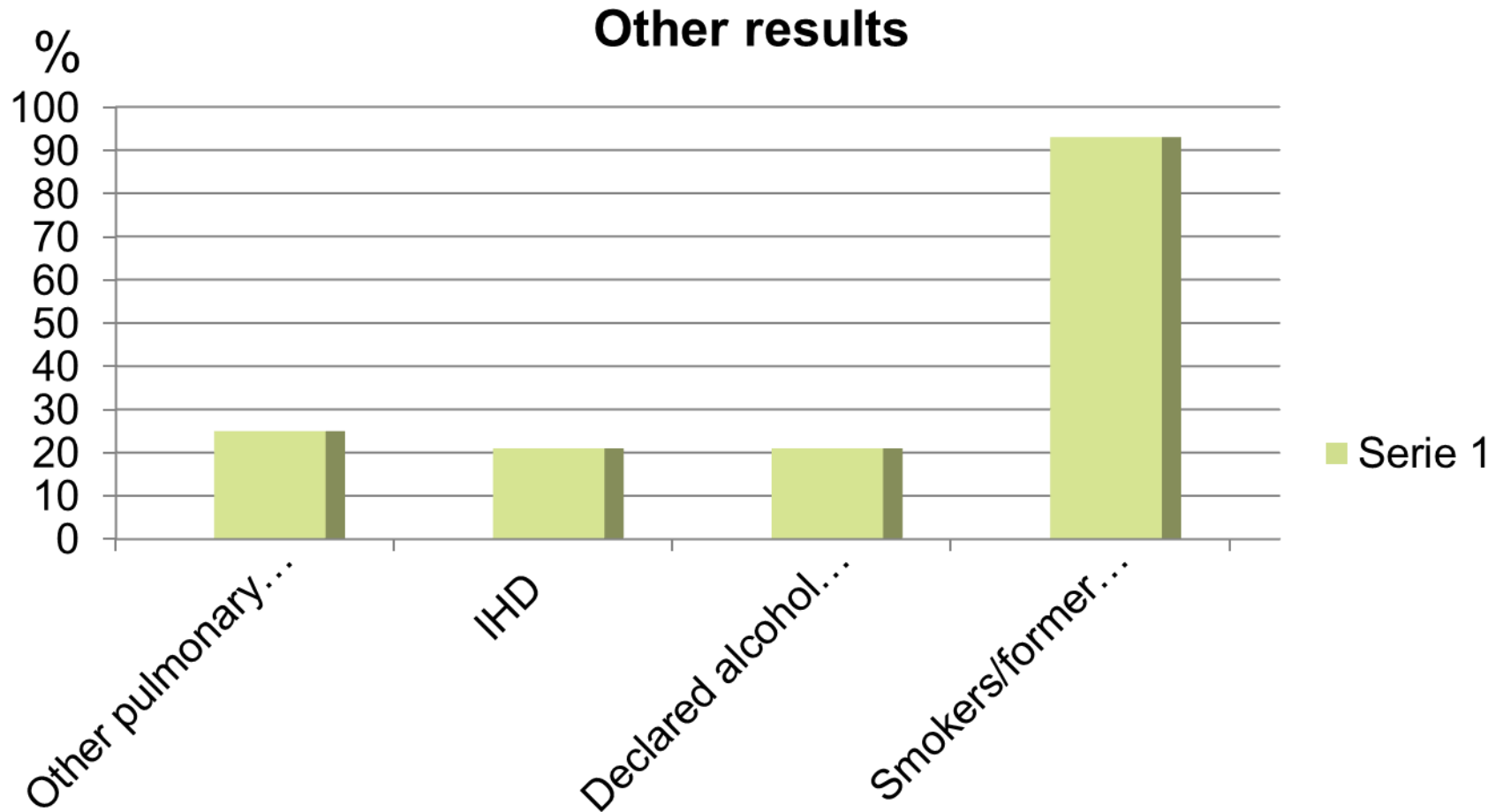


# Results 17 cases with 100% DP

17 cases 100% DP



# Results 28 cases



# Conclusions

- Other factors such as comorbidity and age seems to play a major role for the decision of DP in COPD.
- Smokers/former smokers are the recruitment base
- Spirometric values are not asked for/is not considered by the SSIA in the assessment of COPD

# Conclusions

- Strength of the study
  - The internal validity of the study is good, all subjects during the period are included
  - The study ask for **measurable** criteria for COPD
- Shortcomings
  - A small study from one region i Sweden.
  - The possibility to generalize the results is limited

# Conclusions

- More regions need to be studied
- The competence of the Swedish Social Insurancy Agency(SSIA) regarding Insurance Medicin should be quality assured.
- A classification of lung function impairment should be specified in "Guidelines for sickness certification"
- DFA-analysis should be a tool for assessment of DP in COPD and in other diseases