LONGITUDINAL TRAJECTORIES OF WORK ABSENCE: BRIDGING THE GAP BETWEEN HEALTH AND WORK

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BACKGROUND

- Aches and pains, as well as mental health conditions, are one of the biggest causes of work absence.[1]

- Most people return-to-work reasonably quickly after a work absence, but around 10 in 100 go on to have longer-term absences of more than 12 months.[2]

- If a work absence lasts more than 7 days and sick pay is required, a General Practitioner (GP) can issue a fit note, that contains their recommendations about a potential return to work.

- Fit note information is recorded in primary care electronic health records.

Figure 1: Redacted example of a fit note issued in the UK

IMPORTANCE OF THIS RESEARCH

- Lengthy work absences can be harmful to individuals, their employers, and wider society.

- However, early, and targeted intervention from GPs can encourage a quicker and more sustained return-to-work.

- The issue is that it is difficult for GPs to tell who is at risk of longer-term absence at initial consultation.

- It is hypothesized that having access to data of the patterns of work absence over time (trajectories), can help GPs better identify who is at risk of longer-term absence.

AIMS

Using primary care record data from the CPRD Aurum database:

1) To derive, and compare using different statistical methods, common longitudinal trajectories of work absence as measured by receipt of fit notes, for an English population consulting their GP with aches and pains, and/or mental health conditions

2) To identify health and sociodemographic characteristics associated with these trajectories
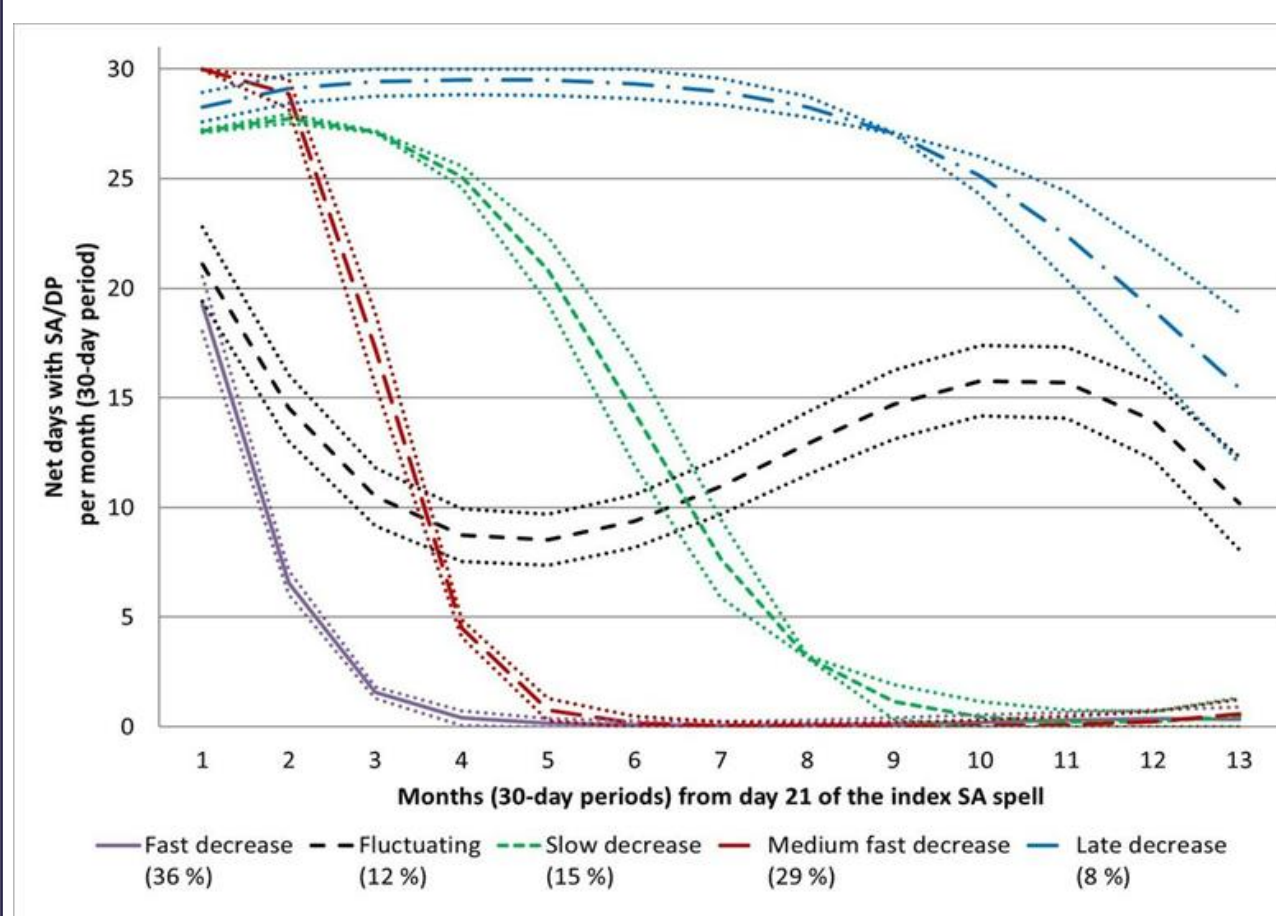
WHAT DOES A TRAJECTORY LOOK LIKE?

Figure 2: Example of five work absence trajectories identified by Farrants et al (2019),[3] where the outcome is work disability (defined as average number of days per month of sickness absence (SA) or disability pension (DP))

Note. Reprinted from "Trajectories of future sickness absence and disability pension days among individuals with a new sickness absence spell due to osteoarthritis diagnosis >=21 days: a prospective cohort study with 13-month follow-up," by K. Farrants, E. Friberg, S. Sjölund, and K. Alexanderson, 2019, BMJ Open, 9(8), p. 5. CC BY-NC, available from DOI: 10.1136/bmjopen-2019-030054.

SYSTEMATIC REVIEW FINDINGS

Table 1: Summary of the six included studies in the systematic review

First Author	Publication Year	Country	Sample Size at Baseline	Reason for Work Absence	Number of Trajectories Derived	Follow-Up Time
McLeod	2018	Canada	81,062	Musculoskeletal disorders (work related)	9	1 year
Spronken	2020	The Netherlands	9,517	Mental health problems	5	Capped at a maximum of 2 years, or first full RTW (whichever occurred first)
Farrants	2018	Sweden	10,327	Depression	6	13 months
Farrants	2019	Sweden	4,894	Osteoarthritis	5	13 months
Pederson	2016	Denmark	725	Mental health reason	8	51 weeks
Ayala-Garcia	2021	Spain	1,379	All mental and behavioural disorders	3 for women, 2 for men	2 years

- After searching the literature, only six relevant studies of trajectories of work absence were identified, and none in the UK
- There was large heterogeneity across these six studies

ORIGINAL RESEARCH PLANNED

Study 1: Derivation of incidence rates and duration of work absence (2010-2021)

Study 2: Derivation of trajectories of work absence (2016-2018); contrasted using simple methods of modelling trajectories, against more complex approaches (such as different types of latent class analysis)

Study 3: Analyses to test association of each derived trajectory with various health and sociodemographic characteristics

PATIENT POPULATION

- Aged >=16 years, but <= 66 years (current UK pension age)

- Recorded fit note between 2010 and 2021

- A musculoskeletal or mental health coded consultation within +/- 2 weeks of their first recorded fit note

- At least 2 years prior registration at their practice

- No previous recorded fit note (due to any reason)

- Registered with a practice in England

Index date will be the date of first recorded fit note

SUMMARY

- The ultimate goal of this project is to help GPs to give more specific support to their patients at first consultation for work absence, to aid the return-to-work process.

- This first requires derivation of trajectories of work absence. To see if, for example, there are common patterns of work absence such as having a long sustained absence or returning to work quickly.

- Then, it is of importance to determine which types of patient profiles are associated with these particular work absence patterns. For example, are people living in more disadvantaged neighbourhoods more likely to have a longer-term work absence?

REFERENCES

1. Health and Safety Executive. *Health and Safety at Work: Summary Statistics for Great Britain 2020.*; 2020.
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