

YEARS OF WORKING LIFE LOST CAUSED BY RHEUMATIC DISEASES IN PORTUGAL

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INTRODUCTION

- Rheumatic diseases (RD) may cause early withdrawal from labor force and considerable losses of working life years.
- The aim of this study was to calculate the years of working life lost (YWLL) caused by rheumatic diseases (RD).

METHODS

- We used data from the cross-sectional, population-based EpiReumaPt study (Sep2011-Dec2013).
- 10,661 inhabitants were randomly surveyed to capture all cases of RD within a representative sample of the Portuguese population.
- We analyzed participants aged between 50 and 65 years old (yo), near the official retirement age.
- YWLL were determined for cases with premature retirement caused by RD (self-reported) estimated as the difference between each participant's age and the respective retirement age ("observed stock").
- The potential YWLL (PYWLL: YWLL+"expected stock" of YWLL still to occur if there is no return-to-work) was the difference between official and actual retirement ages.
- We also calculated the percentage of time in inactivity (inactivity ratio = YWLL/Active age-range [15-65yo]). All results were based on weighted data.

General description of the sample by employment status:
EpiReumaPt (n=2,792 / N=1,706,749) ages 50–64 years old

	NO EARLY RETIREMENT %/N	EARLY RETIREMENT %/N ^a	EARLY EXIT FROM PAID EMPLOYMENT %/N ^b
Employment status	70.1 / 1,195,906	29.9 / 510,843	52.0 / 887,612
Age (years)	55.5	60.0 (p<0.0001)	58.4 (p<0.0001)
Gender (female)	55.7 / 665,917	46.8 / 239,007 (p=0.02)	54.6 / 484,279 (p=0.32 NS)
Educational level			
Primary or less	50.9 / 606,686	61.6 / 314,659	63.6 / 564,617
Medium	22.9 / 273,167	19.7 / 100,451	19.8 / 175,339
High	26.3 / 313,334	18.7 / 95,445 (p=0.01)	16.6 / 147,248 (p<0.0001)
HAQ (0-3)	0.29	0.44 (p=0.0001)	0.44 (p<0.0001)
EQ5D (0-1)	0.80	0.75 (p=0.004)	0.75 (p<0.0001)
Chronic Diseases			
Rheumatic	31.7 / 378,843	40.2 / 205,529 (p=0.03)	38.2 / 338,658
Cardiovascular	58.2 / 696,295	67.8 / 346,443 (p=0.007)	65.9 / 584,451 (p=0.001)
Diabetes	9.8 / 117,521	17.6 / 90,111 (p=0.0001)	16.1 / 142,628 (p<0.0001)
Pulmonary	4.9 / 59,084	8.4 / 43,018 (p=0.04)	7.5 / 66,677 (p=0.01)
Allergy	20.9 / 250,378	21.9 / 111,755 (p=0.75 NS)	21.5 / 191,217 (p=0.77 NS)
Gastrointestinal	18.8 / 225,011	28.5 / 145,607 (p=0.003)	25.7 / 228,355 (p=0.004)
Neoplastic	3.8 / 45,281	5.4 / 27,644 (p=0.15 NS)	5.0 / 44,394 (p=0.12 NS)
Mental	17.3 / 207,091	24.9 / 127,395 (p=0.02)	23.4 / 207,674 (p=0.0009)
Neurologic	2.3 / 27,945	6.2 / 31,562 (p<0.0001)	5.0 / 44,376 (p=0.0001)
Comorbidity Score	1.68	2.21 (p<0.0001)	2.08 (p<0.0001)

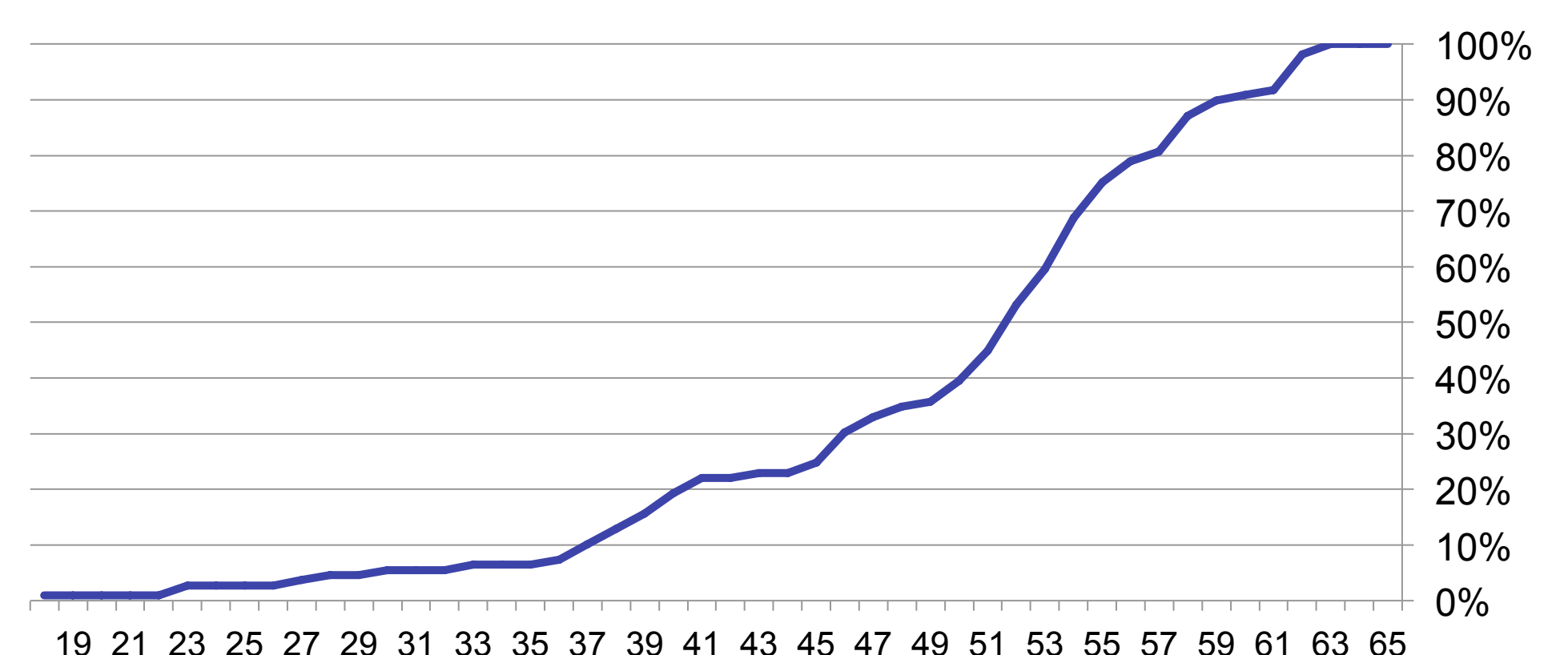
HAQ: Health Assessment Questionnaire; ^ap-values versus no early retirement; ^bp-values versus employed.

All estimates were computed as weighted proportions, in order to keep into account the sampling design of the I EpiReumaPt study (N = 1,706,749)

RESULTS

- 3.9% (n=66,953/N=1,706,750) of the Portuguese population (50-64 yo) had premature retirement caused by RD.
- The majority of the early retirement caused by RD was observed in females (81.6% vs. 41.5% of females in the early retirement group not caused by RD).
- As expected the cumulative probability of this sort of early exit from work increases substantially with age, in particular above the age of 50.
- The mean age of early retirement caused by RD was 54.8 yo, which led to a total stock of 389,939 YWLL (228 per 1000 inhabitants).
- Women account for 85% of these YWLL.
- If all forms of exit from work are included this figure rises to 617,764 YWLL (disability: 121,323; unemployment: 106,502).
- A total number of 684,960 PYWLL were estimated (401/1000) if early retirement is considered and 1,186,679 PYWLL (695/1000) for all forms of exit from work.
- The mean YWLL and PYWLL inactivity ratios were 13% and 25%, respectively.

Probability of Early Retirement due to RD, by age



Years of Working Life Lost caused by RD



CONCLUSIONS

- We observed a high stock of accumulated YWLL caused by RD in Portugal.
- Moreover, if nothing is done otherwise the amount of working life still to be lost from the current early retirees due to RD will almost equal those already gone, meaning that health policies should target not only job retention measures but also return-to-work ones.