


The objective of this thesis is to augment current knowledge of predictors of the duration of sickness absence due to common mental disorders, and of the factors associated with recurrences of such absence.

Chapter 1 introduces the context and the importance of our topic. The number of employees reporting sick with common mental disorders, such as depression, anxiety and adjustment disorders, is increasing. Common mental disorders account for a substantial proportion of long-term sickness absence and are the main reason for disability claims among employees under 55 years of age. Prediction models for the duration and recurrence of sickness absence due to common mental disorders can help occupational physicians to identify employees at high risk of long-term and recurrent sickness absence and refer them for appropriate treatment or interventions aimed at reducing their risk. This thesis therefore discusses the validation of an existing prediction model and investigates factors affecting both the duration and recurrence of sickness absence.

Chapter 2 presents a register study using data retrieved from an occupational health service register. This study examines whether the current diagnoses of common mental disorders determine the duration of the sickness absence. In 94% of the mental sickness episodes, sickness absence was diagnosed as common mental disorders. The time between the onset of absence and return to work varied per diagnosis: 95% of employees with emotional disturbances resumed work within one year, and 98% within two years of reporting sick. The return to work rates amongst employees with neurotic disorders were 89% in the first and 96% in the second year. The return to work rates among employees with mood disorders were the lowest of all, namely 70% within one year and 86% within two years of reporting sick. For employees with emotional disturbances the likelihood of resuming work was shown to decrease strongly one month after reporting sick. For employees with neurotic disorders this likelihood decreased after two months, and for those with mood disorders after three months. Except for employees with mood disorders, age and socio-economic position were additional factors associated with the time to return to work.

Chapter 3 describes a prospective cohort study designed to validate an existing prediction rule for the duration of sickness absence due to common mental disorders in a heterogeneous working population. It was shown that the duration of sickness absence in these cases could not be predicted by the existing model. After recalibration, the prediction rule showed a moderate distinction between employees with and without sickness absence three months after reporting sick. Other work-related factors measured with the Questionnaire on the Experience and Evaluation of Work improved discrimination between employees with and without sickness absence three months after reporting sick. Other work-related factors measured with the Questionnaire on the Experience and Evaluation of Work: quantitative demands, emotional demands, autonomy in work, control over work, co-worker support, and supervisor support, measured at baseline (i.e., the moment of reporting sick with common mental disorders) did not improve the performance of the prediction model.

Based on the outcomes of Chapter 3, we examined further improvement of the prediction model in Chapter 4. Replacement of employee's expectation of the duration of sickness absence with employee's perceptions of 'illness identity and 'illness concern' measured with the brief illness perception questionnaire, in the existing prediction model, made it possible to improve to practically useful levels the discrimination between employees with and without sickness absence three months after reporting sick (AUC=0.78 (95% CI 0.67–0.89) and AUC=0.72 (95% CI 0.61–0.82), respectively. The other illness perceptions measured with the brief illness perception questionnaire (illness consequences, timeline beliefs, personal control, treatment control, comprehensibility, and illness emotions) did not improve discrimination between employees with and without sickness absence at three months.

Chapter 5 describes a 10-year observational study to examine whether the kind of common mental disorder diagnoses indicate the risk of recurrent sickness absence. Of 15,461 employees, 391 had recurrent sickness absences due to common mental disorders. The recurrence densities were 30.5, 34.3, 29.9 and 37.7 per 1000 person-years after a first episode due to emotional disturbance, mood disorders, neurotic disorders, and other psychiatric disorders, respectively. Recurrence densities did not differ across ICD-10 diagnostic categories. The median time to recurrence of sickness absence due to common mental disorders was 15.2 months [95% confidence interval (CI) 12.6–17.7] and was shortest for mood disorders (5.2, 95% CI 1.4–8.9 months) and other psychiatric disorders (5.3, 95% CI 1.0–13.1 months).

Chapter 6 presents the differences between office and production employees at risk of incident and recurrent sickness absence due to common mental disorders. It was shown that incidence was lower among office staff than among production staff. However, office employees took longer to resume work (median 90 days) than did production employees (median 74 days). In particular, sickness absence due to emotional disturbances and neurotic disorders was more prevalent among production employees, but lasted longer among office employees. Sickness absence recurred as often in office employees as in production employees; their median time to recurrence was 15 months and 17 months respectively. The time to recurrent sickness absence was shorter in employees aged ≥55 years than among younger employees.

Chapter 7 investigated incident and recurrent sickness absence due to common mental disorders in 4288 shift and 1538 day workers. A total of 351 shift workers and 126 day workers had an incident sickness absence due to common mental disorders during 10-year follow-up. The risk of sickness absence due to common mental disorders did not differ between shift and day workers. Shift workers had higher risks of mood disorders (HR=1.87; 95% CI 0.73–4.76), but the difference with day workers was not significant, possibly due to the relatively low number of sickness absence episodes diagnosed within the ICD-10 chapter of mood disorders. The risk of recurrent sickness due to common mental disorders did not differ between shift and day workers.