

Background

Sickness absence (SA) costs in Spain have been increasing, surpassing 8 billion € in 2009. In order to better manage SA, from both a clinical and administrative perspective, good information systems that allow monitoring of trends and determinants of SA duration are needed. Some countries have developed useful guidelines describing duration of SA by medical diagnoses; in Spain, research in this area has been limited.

Objective

We analysed the duration of SA episodes of nonoccupational origin in Catalonia over a three-year period (2006-2008), by medical diagnosis and its determinants.

Methods

Design

A cohort study of workers with one or more episodes of SA who fulfilled the case definition.

Study population

Workers with at least one SA episode, registered by the Catalan Institute of Medical Evaluations, in the period January 1, 2006 through December 31, 2008.

Case definition

A medically certified SA episode of at least three days' duration, followed to closure.

Variables

Outcome: duration of SA episode (days).

Independent: ICD-10 diagnostic groups (3-digit) and codes (4 digits), sex, age, health region, economic activity sector, and social security scheme (self-employed or salaried).

Statistical analysis

Frequency and percentile distributions of duration of SA episodes by each of the main independent variables.

Results

Table 1. Descriptive statistics (n= 2,646,426 episodes). 2006-2008.

Age (mean ± SD) (years)		37.2 ± 11.6
Sex [N(%)]		
Female	1,336,933	(50.5)
Male	1,309,493	(49.5)
Social security scheme [N(%)]		
Salaried	2,465,080	(93.2)
Self-employed	126,075	(4.8)
Unknown	55,271	(2.1)
Economic activity [N(%)]		
Primary/manufacturing	3,279	(0.1)
Energy production	413,068	(15.6)
Construction	166,407	(6.3)
Commercial/vehicle repair	343,727	(13.0)
Hotel/restaurant	73,887	(2.8)
Transportation	107,356	(4.1)
Real estate and services	295,165	(11.2)
Public, health, education	235,248	(8.9)
Other social services	229,157	(8.7)
Domestic	1,583	(0.1)
Extraterritorial	5,619	(0.2)
Unknown	771,930	(29.2)

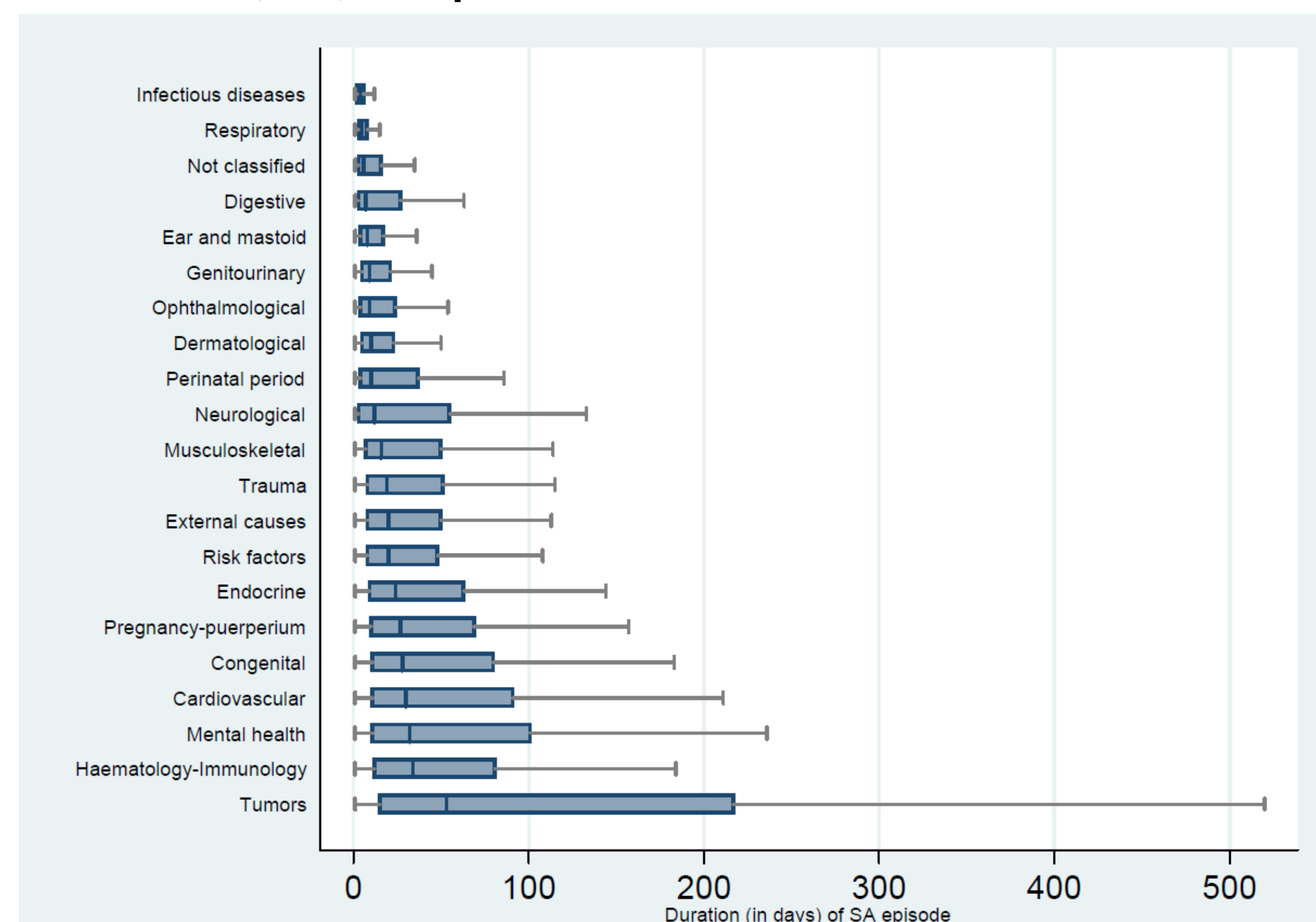
Overall median duration of SA was 9 days (25th percentile, 4; 75th percentile, 29); mean duration was much longer, at 36.7 days.

Variables that were related to longer SA duration were female sex, increasing age and being self-employed.

Table 2. Duration of SA (days) by sociodemographic characteristics. Values are expressed as median [p25, p75].

Overall	9 [4, 29]
Age group [years]	
1st quartile [mean, 24]	6 [3,15]
2nd quartile [mean, 32]	8 [4,23]
3rd quartile [mean, 41]	9 [4,29]
4th quartile [mean, 54]	17 [6,62]
Sex [N(%)]	
Female	10 [4,34]
Male	8 [4,25]
Social security scheme [N(%)]	
Salaried	8 [4,24]
Self-employed	34 [13,83]
Economic activity [N(%)]	
Primary/manufacturing	7 [3,18]
Energy production	7 [3,19]
Construction	8 [4,22]
Commercial/vehicle repair	8 [4,22]
Hotel/restaurant	11 [5,32]
Transportation	8 [4,23]
Real estate and services	8 [4,22]
Public, health, education	8 [4,25]
Other social services	8 [4,25]
Domestic	16 [6,44]
Extraterritorial	19 [7,66]

Fig. 1. Duration of SA by major diagnostic groups, ICD-10. N= 2,646,426 episodes.



Musculoskeletal disorders were the most frequent diagnostic group (22.5%), followed by respiratory (21%), and infectious diseases (12%). Neoplasms had the longest median duration (56 days), followed by hematological-immunological (34), mental health (32) and circulatory (31) disorders. The 4-digit codes with the highest frequencies were diarrhea-gastroenteritis (8.2%; median, 3 days) and acute rhinopharyngitis (5.2%; median, 4 days).

Conclusions

This first-pass analysis indicates that, in Catalonia, there are large differences in duration of SA by medical diagnosis, further modulated by demographic and administrative variables; the number of SA episodes is dominated by acute, short-term conditions.

These results represent an initial step in the development of draft disability guidelines that can help guide both the clinical and administrative management of SA in Spain. Moreover, they can serve as useful benchmarks for the development and evaluation of preventive interventions.