PMH22: PRODUCTIVITY LOSS AND RESOURCE UTILIZATION IN INDIVIDUALS WITH SCHIZOPHRENIA THE EU

BACKGROUND

A recent publication of research on schizophrenia underscores that, overall, this population experiences deteriorated health, with serious problems, anxiety and depression [1]. The level of dependency of a patient with schizophrenia is considered with the amount of time providing care and caregiver burden [2]. Literature that suggests that although the cost of caring for family members is considered to be significant, there are no published reliable estimates of the costs associated with such care [3].

OBJECTIVES

This study aimed to understand the impact of providing care for adults with schizophrenia on productivity, daily activities and resource utilization in the EU.

METHODS

Data Sources

Survey respondents reported on country, age, gender, marital status, education, household income, and employment status.

In the EU-27 (2010, 2011 and 2013 EU-SIII; Germany, France, Italy and Spain) National Health and Welfare Surveys (NHIS) were used in the analysis. The NHIS is a national, internet-based health survey of adults (≥18 years) conducted each year (NHIS was not conducted in EU in 2012). Respondents of a national Internet Panel were invited to participate in the survey. Participants were surveyed for demographic factors and their perceived burden of work productivity loss due to schizophrenia. To perform the decomposed economic burden calculation, the following steps were undertaken (see Table 1): (i) average number of days per week lost due to work productivity due to schizophrenia, (ii) average number of hours per day lost for work productivity, and (iii) average number of days lost due to work productivity.

Work Productivity Loss Measurement - Work productivity was measured using the Work Productivity and Activity Impairment (WPAI) questionnaire, a 4-item validated instrument which consists of 4 dimensions: (1) the percentage of work time lost because of health in the past week, (2) work productivity impairment while at work in the past week, (3) the percentage of work days that were negatively impacted by work productivity impairment, and (4) the percentage of days that were negatively impacted by work productivity impairment in the past week. Only respondents who report being full-time or part-time employed self-reported data for productivity, presence, and work hours unemployed.

Outcomes - Work productivity valuation was defined by the number of traditional healthcare providers (e.g., general practitioner, internist, cardiologist, neuropsychiatrist, etc.) the number of days lost due to work productivity impairment, and the number of days lost per month.

Definition - The number of days lost due to work productivity impairment was defined as the number of days lost during the past week as reported by the respondents during the survey. The number of days lost was then multiplied by the number of hours lost each day to define the number of hours lost.

RESULTS

Demographics and Health Characteristics

In the EU-27, 54.3% (SD=11.8) were female, and 45.2% were currently employed.

Before matching, 30% of adults with schizophrenia compared with non-caregivers were less likely to be married, less likely to have completed college or university degrees, less likely to be employed, more morbid conditions, more household income, more use of and overall care costs for caregivers and caregivers.

Differences between caregivers of adults with schizophrenia and caregivers of adults with other conditions (unmatched and matched) were analyzed on demographics, health, morbidity, and mortality. In table 2, number of days lost due to work productivity impairment in the past week, number of days lost due to work productivity impairment in the past month, number of days lost due to work productivity impairment in the past year, and number of days lost due to work productivity impairment in the past year were reported on the literature [4], [5], [6], [7].

Differences between caregivers of adults with schizophrenia and non-caregivers of adults with other conditions (matched and unmatched) were analyzed on demographics, health, morbidity, and mortality. In table 2, the average number of days lost due to work productivity impairment in the past week, the average number of days lost due to work productivity impairment in the past month, the average number of days lost due to work productivity impairment in the past year, and the average number of days lost due to work productivity impairment in the past year were reported on the literature [4], [5], [6], [7].

Table 2: Distributions of Direct and Indirect Costs, and Productivity Loss by Caregiver Status and Paid and Unpaid Caregivers

<table>
<thead>
<tr>
<th>Caregiver Status</th>
<th>Paid Caregivers (n=740)</th>
<th>Unpaid Caregivers (n=740)</th>
<th>Total Caregivers (n=1480)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Costs</td>
<td>€2,125.00 (±SD=1,800.00)</td>
<td>€2,000.00 (±SD=1,900.00)</td>
<td>€2,062.50 (±SD=1,900.00)</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>€2,000.00 (±SD=1,800.00)</td>
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CONCLUSIONS

Healthcare and work-related productivity losses and activity impairment were significant in caregivers of schizophrenia compared with non-caregivers. Work productivity loss and work-related productivity losses and activity impairment were also significant in caregivers of schizophrenia compared with non-caregivers (p < 0.001) [8].

Differences between caregivers of adults with schizophrenia and caregivers of adults with other conditions (unmatched and matched) were analyzed on demographics, health, morbidity, and mortality. In table 2, the average number of days lost due to work productivity impairment in the past week, the average number of days lost due to work productivity impairment in the past month, the average number of days lost due to work productivity impairment in the past year, and the average number of days lost due to work productivity impairment in the past year were reported on the literature [4], [5], [6], [7].

LIMITATIONS

Due to limited research on cost of caring for schizophrenia, costs and data are limited. Therefore, this study is limited to the literature on the cost of caring for schizophrenia.