Correlates of Absenteeism and Productivity at Work Among Adults in the UK Who Are Overweight/Obese

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INTRODUCTION
The growing epidemic of obesity is a major public health challenge, particularly as it affects nearly every level of health care systems, economic, behavioral, and social determinants of obesity. In addition to direct health consequences, obese weight has been shown to cause productivity loss and reduced quality of life for both personal and public sectors. The economic burden of being overweight or obese1

OBJECTIVE
To evaluate the association between body weight, cardiovascular health-related quality of life (HRQoL), quality of life, and degree of health-related work productivity in the UK.

METHODS
Study Design
Data were obtained from the 2016 National Health and Sleep survey (NHWS), a nationally representative, self-administered, online survey of adults aged ≥18 years from four areas in Germany, the UK, Italy, and Spain. The study period was from March 1 to 8, 2015.

Endpoints and Assessments
The body Productivity and Activity measure (BPAQ) questionnaire, which is a validated measure of body productivity and impairment in work, was used to evaluate overall health-related work productivity score.

RESULTS
A total of 808 respondents were overweight or obese (BMI ≥25 kg/m²), and 652 of them were employed. The mean age was 46.5 years (SD: 12.9), and 51.2% were women. Respondents with more work impairment had significantly higher mean number of visits to any HCP in the 6 months prior to the survey compared to those with less work impairment (1.6 vs 1.3; p < 0.05). The absolute differences in physical and mental component scores indicating better health8; the minimum clinically important difference (SD) is considered to be clinically meaningful9-12.

CONCLUSIONS
Future research exploring the relationship between changes in cardiovascular health and work productivity over time is warranted to understand how these changes influence outcomes associated with both weight-related productivity loss and health care resource utilisation.

REFERENCES

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SUMMARY
Overweight and obesity are associated with detrimental effects on health-related quality of life and work productivity in employed adults in the UK. In this analysis, those with greater work impairment reported significantly higher mean number of visits to any HCP in the 6 months prior to the survey compared to those with less work impairment (1.6 vs 1.3; p < 0.05). The absolute differences in physical and mental component scores indicating better health are the minimum clinically important difference (SD) is considered to be clinically meaningful. Due to the correlation between work impairment and cardiovascular health, improving cardiovascular health status will be important to minimise the burden associated with both weight-related productivity loss and health care resource utilisation among overweight or obese adults in the UK.

Future research exploring the relationship between changes in cardiovascular health and work productivity over time is warranted to understand how these changes influence outcomes associated with both weight-related productivity loss and health care resource utilisation among overweight or obese adults in the UK.