



Duration of sick leave in patients with depression treated by general practitioners and psychiatrists



Dear Editor,

To date, sick leave due to depression has rarely been examined at the level of individual medical practices. Therefore, the aim of our study was to determine the duration of periods of sick leave due to depression and the influence of demographic factors and depression severity on sick leave duration.

Using data from the Disease Analyzer database (IQVIA) (Rathmann et al., 2018), we selected patients between the ages of 20 and 60 years who were insured through a statutory health insurance fund and had a diagnosis of unipolar and recurring depression of known severity (ICD 10: F32.0-F32.3, F33.0-F33.3) and had been issued a sick note by a general practitioner (GP) or psychiatrist (PS) in 2017.

The median total duration of sick leave was calculated and evaluated based on sex and age group. The influence of the demographic variables on the risk of a long period of sick leave (>42 days) was determined using multivariate logistic regression, which was adjusted for age, sex, depression severity, and specialist group. The duration of sick leave was limited to a maximum of 42 days because the statutory provision on sick pay in Germany stipulates that after 42 days, sickness benefits shall no longer be paid by the employer but shall be the responsibility of the health insurance fund.

Study results are shown in the Table 1. This study included a total of 5319 patients treated in psychiatric practices and 19,475 patients treated in general practices who had at least one documented period of sick leave in 2017. The average age was 42.7 years and 58.9% of the subjects were female. Of these patients, 16.9% suffered from mild depression, 60.3% from moderate depression, and 22.8% from severe

depression. Workplace-related problems had been documented in 5.3% of the patients included in the study.

The median duration of sick leave was 19 days for GP patients and 32 days for PS patients. In total, 28.6% of depression patients treated in GP practices and 44.5% of patients treated in PS practices were on sick leave for more than 42 days (OR: 1.75, $p < 0.001$). The duration of sick leave issued by PS was thus considerably longer than that prescribed by GP. In Germany, depression of any degree of severity is treated more frequently by general practitioners than by specialists due to structural circumstances. However, it can be assumed that specialists treat patients with a greater severity of depression. In turn, a more severe diagnosis treated by a specialist may result in a longer estimated convalescence period and thus a longer period of sick leave.

Depression severity was also associated with increased duration of sick leave, with increasing medians and percentages observed for more severe cases of depression. Patients with more severe depression are known to experience more restrictions in terms of their ability to work and their quality of life (Schneider et al., 2017).

The risk of being on sick leave for more than 42 days increases with the age of the patient observed and was highest in the age group of 51- to 60-year-olds (37.5%; OR: 1.71, $p < 0.001$). The increase in sick days is thus associated with the increasing age of the patients. This finding was most pronounced in the 51- to 60-year-old age group. The longer average case duration in older insured persons may be due to the fact that instances of long-term sick leave increase with age and account for a considerably greater incidence share.

Patients with documented workplace-related problems represent the greatest share of patients with periods of sick leave exceeding 42

Table 1

Association between defined variables and the risk of taking more than 42 days of sick leave (multivariate logistic regression model).

Variable	Patients, N (%)	Median duration of sick leave in days	Percentage of patients with a period of sick leave longer than 42 days (%)	Odds ratio (95% CI)	P-value
Age 20–30	18.9	18	24.7	Reference	
Age 31–40	21.7	20	28.3	1.17 (1.07–1.28)	<0.001
Age 41–50	27.4	23	33.4	1.45 (1.33–1.57)	<0.001
Age 51–60	32.0	27	37.5	1.71 (1.57–1.85)	<0.001
Women	58.9	22	31.8	0.97 (0.92–1.02)	0.248
Men	41.1	22	32.3	Reference	
Mild depression	16.9	15	19.8	Reference	
Moderate depression	60.3	23	32.7	1.75 (1.61–1.91)	<0.001
Severe depression	22.8	29	39.0	2.13 (1.93–2.34)	<0.001
Psychiatrists	21.5	32	44.5	1.75 (1.64–1.87)	<0.001
General practitioners	78.5	19	28.6	Reference	
Workplace-related problems	5.3	28	39.6	1.55 (1.38–1.75)	<0.001
No workplace-related problems	94.7	22	31.6	Reference	

*Reference refers to the group with which other groups are compared (for example, women are compared with men, patients with workplace-related problems with patients without workplace-related problems).

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days (39.6%; OR: 1.55, $p < 0.001$). This result is in line with previous findings. As data from the DAK health report show, a poor work environment results in workplace problems and considerable workload, which in turn significantly influence the rate of sick leave [9] and may explain our finding. Rau and Henkel showed that the higher the work intensity, the greater the risk of developing depression. Furthermore, it was shown that the more limited the scope for action and the social support in the workplace and the greater the imbalance between the appreciation needed and that shown, the greater the risk of suffering from depression (Rau and Henkel, 2013).

The present retrospective study is subject to several limitations.

Only patients who had received at least one sick note were analyzed. Many people with depression, especially those with mild depression, do not take sick leave. We did not investigate the influence of other comorbidities on the duration of sick leave. Furthermore, no information was available concerning the patients' professions or their professional situations. Nevertheless, this study included a large number of patients from a representative national database and various demographic and clinical variables were analyzed simultaneously, which can be seen as its strengths.

Declarations of interest

None.

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