Work Productivity in Systemic Lupus Erythematosus: Relationship with Clinical Features.

Micaela Ana Cosatti1, Sebastian Munóz2, Paula Alba3, Claudia Andrea Helling4, Susana Roverano5, Judith Sarano6, Samanta Malm-Green7, Anastasia Secco8, Maria Danielsen9, Danith Medina Bornachera10, Analia Alvarez11, Alicia Eimon1, Dora Pereira1 and Cecilia N. Pisoni1.

1CEMIC, CABA, Argentina, 2Hospital Fernandez, CABA, Argentina, 3Hospital Córdoba, Cordoba, Argentina, 4Omi, CABA, Argentina, 5Hospital J. M. Cullen, Santa Fe, Argentina, 6Instituto de Investigaciones Médicas Alfredo Lanari, CABA, Argentina, 7Hospital Bernardino Rivadavia, CABA, Argentina, 8Hospital Bernardino Rivadavia, Buenos Aires, Argentina, 9Hospital Regional, Santiago del Estero, Argentina, 10Hospital Penna, CABA, Argentina, 11Hospital Penna, CABA, Argentina, 12Hospital Ricardo Gutierrez, La Plata, La Plata, Argentina.

Background/Purpose: To measure work productivity and the related risk factors in patients with systemic lupus erythematosus (SLE) from Argentina.

Methods: Employment status of 171 consecutive SLE patients was assessed using a standardized data collection form. Patients fulfilled 1987 ACR criteria for SLE. Sociodemographic data, employment status, type of employment, work physical demand, disease characteristics (ACR criteria, SLE duration, SLEDAI, SLICC/ACR-DI, treatment, LupusQuol) and comorbidities were collected. Work productivity and activity impairment questionnaire (WPAI) was performed. The association between clinical characteristics with work productivity was examined by standard statistical tests.

Results: 171 patients were included, 91 % women, age was 40 (SD 12.13), 39% white, 51% mestizo and 10% afro Latin-American. Hundred and thirty six patients (80 %) had more than 12 years of education and 59 (35.5 %) had no health insurance. SLE disease duration was: 10.3 years (SD 9.2). SLEDAI score was 2 (SD 3.2), SLICC-SDI score was 0 (range 0–7), fatigue visual analogue scale (VAS) was 4 (SD 3), pain VAS was 3.5 (SD 4.8), patients global VAS was 1.7 (SD 2) and physician global VAS was 2.8 (SD 2.8). Charlson comorbidity index was 1 (1–2.5). LupusQuol in the different domains was: physical health 72.2 (SD 23.5), emotional health 64.6 (SD 23.4), burden to others 56.1 (SD 33.5), intimate relationships 67.0 (SD 32.6), body image 69.5 (SD 28.3). Eighty seven patients (51%) were working, 84 (49%) were not working (unemployed, retired, housewives and students). Seventy one patients (83 %) perform mild or sedentary jobs by Soler Pujol scale. Absenteeism and presenteeism were measured in employed SLE patients with WPAI questionnaire. Fifty four (62%) patients did not miss hours of work in the past week, 21 (24%) of patients miss _8 hours of work last week. Mean of missed hours of work last week due to SLE was 2.8 (SD 7.8), the average hours worked last week was 29 (SD 20.6). Presenteeism: 41 % of patients (n _36) presented some degree of work impairment. The degree of work impairment performance on 0–10 likert scale was 2.4 (SD 2.8). Employed patients with SLEDAI _6 did not experienced significantly reduced work productivity than employed patients with SLEDAI _ 6 (p_0.99), patients with SLICC-SDI _1 did not experienced significantly reduced work productivity than employed patients with SLICC-SDI _1 (p_0.96). Work productivity was reduced among employed SLE patients with more severe pain (p_0.001), fatigue (p_0.001) and worse scores in Lupus-Quol physical (p_0.001) and emotional domains (p_0.001). In the multiple regression analysis considering work impairment as dependent variable (adjusting by age, disease duration, VAS pain, VAS fatigue, LupusQuol physical and emotional domains), we found the physical domain of LupusQuol (OR 0.84 CI 0.71–0.98) as unique associated variable.

Conclusion: SLE patients with worse physical domain of LupusQuol showed higher work productivity compromise. Reduction of work productivity was not associated with more active SLE neither with more damage.