

Society for Endocrinology - Media Release



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Patients with long-term conditions need greater support to return to work

A new study has identified a significant shortfall in patients with life-long but treatable conditions re-entering employment. The research is being presented at the annual Society for Endocrinology BES meeting in Manchester. Led by Prof John Wass of the Churchill Hospital, Oxford, the group found that under half of patients with chronic endocrine conditions returned to work.

This study is the first to show the effect of long-term endocrine conditions on employment status, and highlights the need for increased medical and social support for patients to return to work.

Endocrine conditions result in life-long imbalances in the body's hormones, however, symptoms can be stabilised with medication and patients can enjoy a healthy, normal life. However, patients suffering from chronic conditions may be at increased risk of long term unemployment, a known contributor to poorer health and increased health inequality. Improving return to work among this group of patients may contribute to improvements in their health and quality of life.

Prof John Wass, Dr Barbara Alberts and Dr Emily Parker examined unemployment and return to work rates amongst people with a variety of long-term endocrine conditions; Addison's disease, Cushing's disease, craniopharyngioma and Klinefelter's syndrome. In a group of 130 patients, the study found a high rate of unemployment (40.8% vs 27.5% for the UK population¹). 60.8% reported a period of unemployment which was related to their disease, and only 40% of 130 patients had entered or re-entered work following a period of unemployment.

Researcher Prof John Wass, Consultant Endocrinologist, Oxford Radcliffe Hospitals NHS Trust said:

"Long term unemployment is a significant problem for people with chronic diseases. More people should consider returning to work following diagnosis and more doctors need to encourage and support their patients in this. Whilst a return to work may not be suitable for all patients, it can significantly improve their wellbeing and quality of life. As a country, we need to provide more support services to allow people with long-term conditions to re-enter the workplace, at a rate that is feasible for them."

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Notes for editors

¹Office for National Statistics, Statistical Bulletin, Labour Market Statistics 16 September 2009. <http://www.statistics.gov.uk/pdfdir/lmsuk0909.pdf>

The research will be presented as a poster (no. 116) at the Society for Endocrinology BES meeting. The poster will be attended from 12:00 to 13:30 on 16 March and 12:45 to 14:15 on 17 March. The abstract for this work is reproduced below: see <http://www.endocrine-abstracts.org/ea/0021/ea0021p116.htm>.

The Society for Endocrinology BES 2010 is Britain's biggest scientific meeting on hormones, and is taking place at the Manchester Central Convention Complex from 15-18 March 2010. For the full programme, please see <http://www.endocrinology.org/meetings/2010/sfebes2010/>.

Please mention the Society for Endocrinology BES meeting in any story

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The Society for Endocrinology is Britain's national organisation promoting endocrinology and hormone awareness. For general information, please visit our website: <http://www.endocrinology.org>

ABSTRACT

Unemployment and return to work after the diagnosis of a chronic endocrine condition

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Introduction and aim: Long-term unemployment leads to poorer health and increased inequalities. The Welfare Reform Bill, published on 14 January 2009¹, supports the progression back to work for incapacity benefit claimants.

Due to the chronic nature of endocrine conditions, affected patients may be at an increased risk of long-term unemployment. We do not currently hold data describing the unemployment or return to work rate for this group. Our aim is to describe this data.

Patient population, sampling and methods: Adult patients of working age (≤ 65 years), registered on the institution's patient database with the following conditions were included: Addison's disease, Cushing's syndrome/disease, Craniopharyngioma and Klinefelter's syndrome. Patients excluded: current inpatients, patients with terminal disease and patients for whom no contact details were available. Our final sample included 174 patients. All patients were contacted by telephone, after working hours and at least 3 attempts to contact patients were made. One hundred and thirty (74.7%) responded, 2 (1.2%) declined participation and 42 (24.1%) were not contactable.

Results: Seventy-seven patients (59.2%) were satisfied with their current working status and ability to work. Nine of the 53 (40.8%) unemployed patients said that they would like to work but felt unsupported. A graded return to work was experienced as being useful.

		Employed at time of diagnosis	Unemployment related to disease	Period of unemployment	Benefits claimed	Return to work or started working	Currently employed
Total	130	83	79	2 weeks–34 years	55	52	77
Male	49						
Female	81						
Age	21–65 years						
Mean age	46.8 years						
				Mean 61.5 months (5.1 years)			
%		63.8	60.8	–	42.3	40	59.2

Conclusion: Although our study is relatively small and does not include all endocrine conditions, it shows a high rate of unemployment: 40.8 vs 27.5% for the UK population (September 2009)². By supporting this group of patients, an improved return to work rate may be achieved.

References:

1 Department for Work and Pensions, Reforming Welfare – Transforming Lives, 14 January 2009. Available at: <http://www.dwp.gov.uk/newsroom/press-releases/2009/january-2009/drc124-140109.shtml>

2 Office for National Statistics, Statistical Bulletin, Labour Market Statistics, 16 September 2009. Available at: <http://www.statistics.gov.uk/pdfdir/lmsuk0909.pdf> . (Working age employment rate – 72.5%)