



Major downsizing and treatment with antidepressants in the Swedish population

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Background

Previous research has indicated that downsizing may be a risk factor for morbidity and mortality both among displaced and those remaining at the workplace. However, there are contradictory results and little evidence on clinically relevant mental health effects.

Our objective was to investigate change in antidepressant treatment across 4 years in relation to major downsizing.

Methods

The present analyses are based on all individuals in Sweden 23-54 years of age in 2007 registered as living in Sweden 2004 to 2010, gainfully employed and with a stable labor market position 2004-2007. Major downsizing between Nov 2007 and Nov 2008 was assessed from national statistics on establishments, and purchases of prescribed antidepressant medication from the Prescribed Drug Register. We applied repeated-measures logistic regression analyses by the generalised estimating equations (GEE) method, calculating prevalences in each 3-month period prior to and up to 1,5 years after the year of change.

Preliminary results

Among people who continued to work at the same establishment, prevalence of antidepressant treatment seem relatively stable except for a possibly increasing trend after downsizing followed by later decreasing prevalence (Fig 1). Among people who were unemployed at the end of the period, prevalence seem to generally decrease before and during downsizing, increase shortly after and then decrease again (Fig 2), when adjusting for the general trend over time.

Conclusion

Prevalence of antidepressant treatment seems to change somewhat around major downsizing. Next step is to test if there are differences in trends based on downsizing 2006-2009, and considering covariates and previous health in terms of sickness absence and hospital admissions.

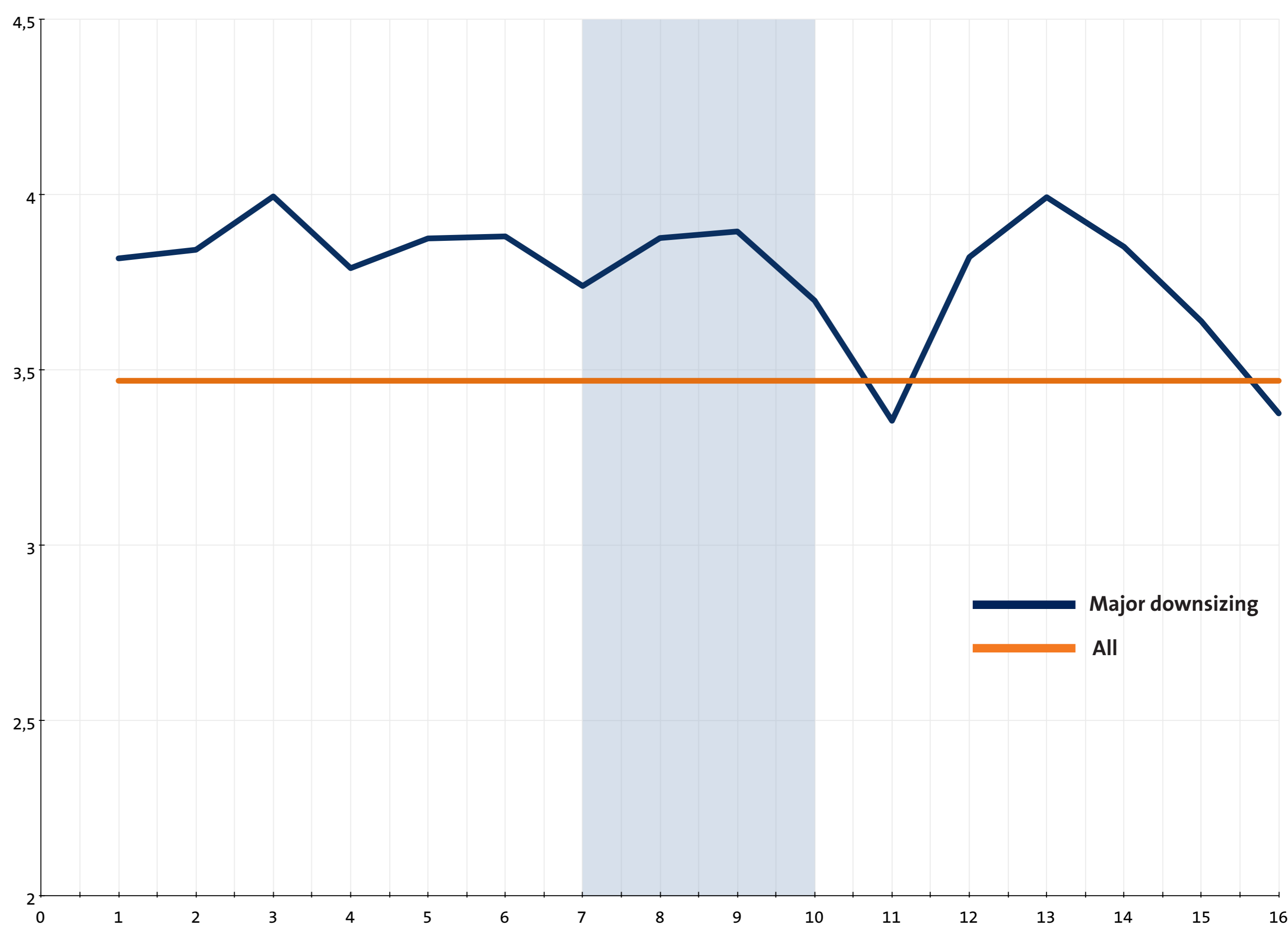


Fig 1. Prevalence of antidepressant treatment among people continuing to work at the same establishment at the end of 2008

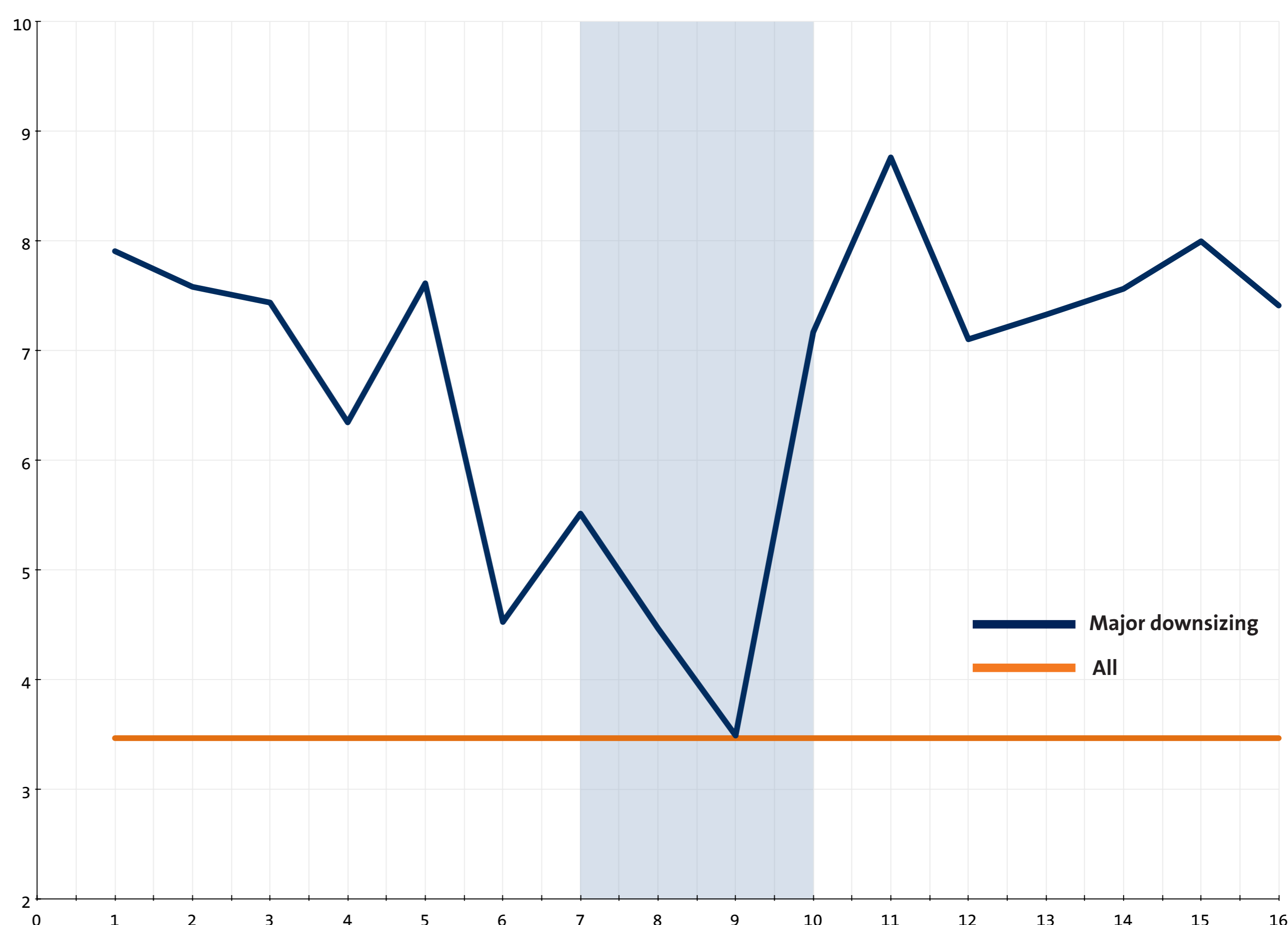


Fig 2. Prevalence of antidepressant treatment among people who were unemployed in the end of 2008