The impact of involuntary job loss in later life on the risk of major depression and being prescribed anti-depressant medication

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Objectives
To examine the relationship between involuntary job loss in later life and subsequent risk of reporting major depression or being prescribed anti-depressant medication.

Measures
Major depression was based on self-reported responses to a brief six-item version of the Symptoms Check List depression subscale (SCL-90). Prescription anti-depressant medication redeemed from a pharmacy was based on the National Prescribed Drug Register and matched to respondents via their personal identification number.

Results
After controlling for socio-demographic variables, health, health behaviours and baseline depression, involuntary job loss was associated with an increased risk of reporting major depression (OR 3.33; CI 1.39-7.99) and becoming newly prescribed anti-depressant medication (HR 2.13; CI 1.05-4.33) compared to voluntary job loss.

Conclusions
Involuntary job loss seems to represent a risk for subsequent depression in post-working life. Mental health and social services ought to consider identifying these individuals for possible intervention programs to reduce the burden of depression in later life.

Method
Data were drawn from 4 waves of the Swedish Longitudinal Occupational Survey of Health (SLOSH). SLOSH is a nationally representative longitudinal cohort survey of persons employed in 2003 and 2005. Survey respondents who had exited the labour market aged 50+ years between 2006-2012. A total of 1439 individuals were included in the present study of whom around 20% had left the labour force involuntarily.

Analyses
The risk of reporting major depression was analysed with logistic regression and the risk of becoming prescribed anti-depressant medication with Cox proportional hazards regression.

Odds Ratios and Hazard Ratios for reporting major depression or becoming prescribed ADM

Figure 1

Conclusions
Involuntary job loss seems to represent a risk for subsequent depression in post-working life. Mental health and social services ought to consider identifying these individuals for possible intervention programs to reduce the burden of depression in later life.