

Introduction

The research group Work Organisation and Health at Stress Research Institute has two major databases for epidemiological research; the RALF database, consisting of all Swedish Work Environment Surveys 1989-2005 plus register data (120,000 individuals), and the Swedish Longitudinal Occupational Survey of Health (SLOSH, 18,700 individuals). In order to explore our research questions in the best available datasets, we also collaborate with other research groups, for instance the WOLF (WORK Lipids and Fibrinogen) and the Sickness Absence and Disability Pension (Östergöland) study in Sweden, the GAZEL cohort in France, the Whitehall II study in the UK, and the Public Sector/Ten Town study in Finland.

Hard endpoint ischemic heart disease

In the WOLF cohort, we found a significant prospective association between high ratings of managerial leadership and decreased risk of incident ischemic heart disease (IHD), especially for subjects who had been working 4 years or more at the same workplace (1). Covert coping with unfair treatment – walking away or saying nothing instead of protesting – is also a significant predictor of incident hard endpoint IHD in the same cohort, cf. Fig. 1 (2).

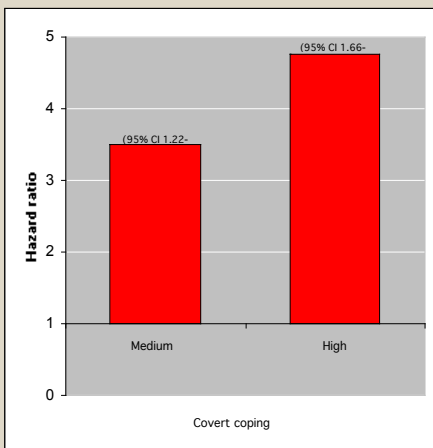


Fig 1. Risk of ischemic heart disease in relation to level of covert coping with unfair treatment at work.

In yet another study based on WOLF, we found a significant association between job strain and hard endpoint ischemic disease among subjects below the age of 55, but not when older workers were included, indicating that retirement (i.e. removal from exposure) may explain the mixed findings in the literature regarding the association between job strain and IHD in older cohorts (3).

Sickness absence as predictor of future ill-health

Based on Swedish data, we have shown that sickness absence, especially for mental disorders, predicts future disability pension (4), and in British data we found that sickness absence, particularly with psychiatric and circulatory diagnoses, predicts mortality (5). In French data, we found that common causes of sickness absence, mental disorders in both sexes and gastro-intestinal disorders and circulatory diseases in men, were associated with a greater mortality hazard (6). Additionally, we found that sickness absence can be used as a prognostic factor among workers with common chronic conditions (7). When tracing trajectories of self-rated health, we found sickness absence to be a strongly significant predictor of suboptimal health over the entire 14 year follow-up period (8).

Sleep disturbances and sickness absence

Using the Swedish Work Environment Surveys 1993-1999 we found that self-reported sleep disturbances attributed to work-related causes are on the rise in Sweden, especially among women (cf. Fig. 2), and were associated with medically-certified sickness absence. For women, there was also a significant strengthening of the association over time (9).

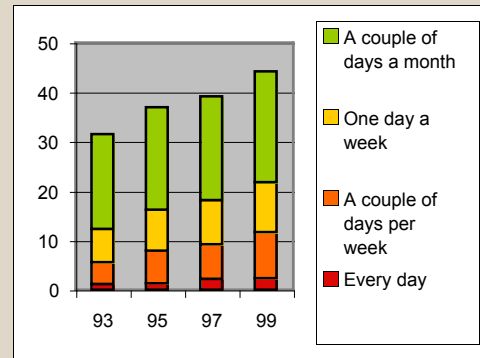


Figure 2. Age-adjusted prevalence of work-related sleep disturbances among the women in stratified, random samples of the Swedish working population 1993-1999.

Retirement and self-rated health

Using the French GAZEL cohort data, we have been able to track changes in self-rated health in relation to retirement. There is a very clear decrease in prevalence of suboptimal self-rated health when people retire, yielding approximately a ten-year gain in health, cf. Fig. 3. This holds for all socioeconomic groups within the cohort (10).

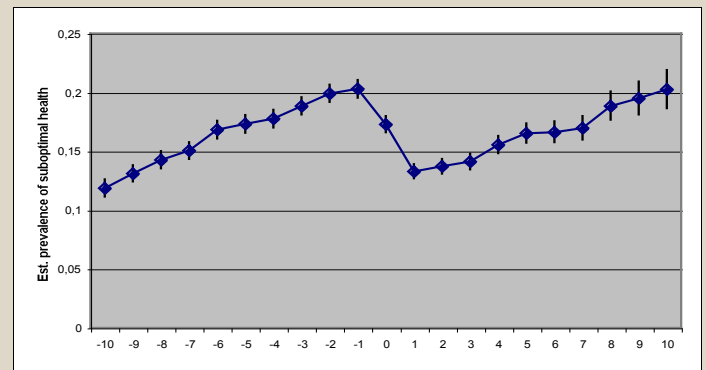


Figure 3. Estimated prevalens of poor self-rated health in relation to year of retirement. Adjustment: Sex, SES, age of retirement, baseline illness, and millenium.

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