OCCUPATIONAL CAPACITY IN SCHIZOPHRENIC PSYCHOSES – FOLLOW-UP WITHIN THE NORTHERN FINLAND 1966 BIRTH COHORT

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BACKGROUND AND AIMS OF THE STUDY

Schizophrenia is a severe, often life-long disease, which causes severe functional decline in the patients. Maintaining and recurring working ability is an important goal during the course of schizophrenia. We studied occupational capacity of persons with schizophrenic psychoses by age 34 in a longitudinal population-based cohort and tried to predict which demographic and illness-related factors could support the patients to maintain this capacity.

SAMPLE AND METHODS

Subjects of the Northern Finland 1966 Birth Cohort with DSM-III-R schizophrenia (N=85) and other schizophrenia spectrum diagnoses (N=28) by the year 1997 in the Finnish Hospital Discharge Register were followed for an average of 10.6 years. We aimed to predict positive occupational capacity, measured with not being on pension at the end of the follow-up and being able to work (contributing to pension) at the end of the follow-up. Illness and socio-demographic predictors at the time of onset of illness were used as predictors.
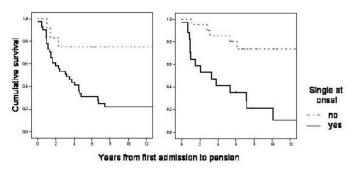
RESULTS

At the end of the follow-up time
• 50 (44%) of patients were not pensioned
• 22 (20%) were also working at least 50% during year 2000

Table shows crude associations between predictors and outcome variables by gender. After adjusting for gender, being unemployed at onset, educational level and proportion of time spent in psychiatric hospitals
• those who **were married or cohabiting** at the time of onset of illness were more commonly not in pension than those who were single (OR 6.51; 95% CI 1.83-23.12)
• those who had their **onset of illness after age of 20** were more commonly not in pension (OR=3.74; 95% CI 1.19-11.77)
• **Males** were more commonly at work at the end of follow-up (OR 3.87; 95% CI 1.04-14.44)

Figures show that single subjects were pensioned sooner than other subjects.

Figures. Survival curves for time to pension by marital status subjects with schizophrenia psychoses by gender.

Log Rank test statistics for equality of survival distributions: Males 4.53, p=0.03, Females 12.40, p=0.0004.

Table. Socio-demographic and symptom variables of living subjects with schizophrenia psychoses by different occupational variables.

Predictor variables (n=males/females)	Male (n=67) Not on any pension at the end of year 2000 n	%	At work and not on any pension year 2000 n	%	Female (n=46) Not on any pension at the end of year 2000 n	%	At work and not on any pension year 2000 n	%
Pre-morbid factors								
Unemployed at onset (n=63/40)								
- no	**19/37**	**51.4**	**13/37**	**35.1**	12/28	42.9	2/28	7.1
- yes	**6/26**	**23.1**	**2/26**	**7.7**	8/12	66.7	2/12	16.7
Poor work adjustment (n=57/41)								
- no	**20/38**	**52.6**	**13/38**	**34.2**	13/30	43.3	**1/30**	**3.3**
- yes	**4/19**	**21.1**	**1/19**	**5.3**	7/11	63.6	**3/11**	**27.3**
Mode of onset (n=58/42)								
- Acute	8/13	61.5	5/13	38.5	5/7	71.4	1/7	14.3
- Gradual	9/20	45.0	5/20	25.0	7/13	53.8	3/13	23.1
- Insidious	7/25	28.0	4/25	16.0	8/22	36.4	0/22	0.0
Marital status (n=53/38)								
- married or cohabiting	**8/12**	**66.7**	**4/12**	**33.3**	**16/21**	**76.2**	4/21	19.0
- single	**9/41**	**22.0**	**4/41**	**9.8**	**3/17**	**17.6**	1/17	5.9
Poor pre-morbid social adjustment (n=37/30)								
- no	**9/14**	**64.3**	4/14	28.6	11/20	55.0	2/20	10.0
- yes	**5/23**	**21.7**	3/23	13.0	6/10	60.0	2/10	20.0
Familial risk for psychosis [1] (n=67/46)								
- no	22/54	40.7	14/54	25.9	15/34	44.1	4/34	11.8
- yes	6/13	46.2	3/13	23.1	7/12	58.3	1/12	8.3
Onset age before 21 years (n=67/46)								
- no	**24/44**	**54.5**	14/44	31.8	16/27	59.3	3/27	11.1
- yes	**4/23**	**17.4**	3/23	13.0	6/19	31.6	2/19	10.5
Educational level at year 1997 (n=67/46)								
- basic	3/14	21.4	2/14	14.3	1/7	14.3	**0/7**	**0.0**
- secondary	23/49	46.9	15/49	30.6	17/34	50.0	**4/34**	**11.8**
- tertiary	2/4	50.0	0/4	0.0	4/5	80.0	**1/5**	**20.0**

Statistically significant (P<0.05; chi-square test or trend test if more than two categories) differences are **in bold**.

CONCLUSIONS

- Married and cohabiting subjects with schizophrenic psychoses maintained more commonly their working ability.
- Those who are single at time of their onset of illness need support to retain their contacts to work life.

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