

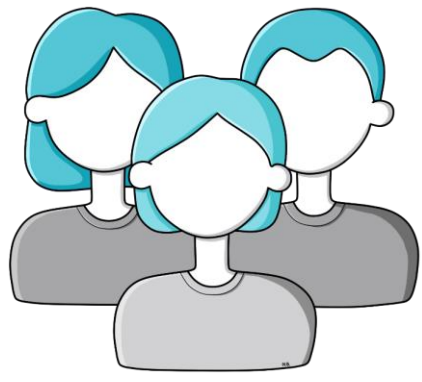
INTRODUCTION

iRMD substantially impact work participation. Earlier studies present heterogeneous results on both level and rates of change in work participation, while few studies account for changes in employment in the general population.

AIM

Analyze trends in work participation among patients with: Rheumatoid Arthritis (RA), Psoriasis Arthritis (PsA), axial Spondyloarthritis (axSpA), Systemic Lupus erythematosus (SLE), Systemic Sclerosis (SSc) and ANCA-associated Vasculitis (AAV).

METHOD

 17,237 patient questionnaires across 13 years
➤ Obtained crude employment rates, median absenteeism

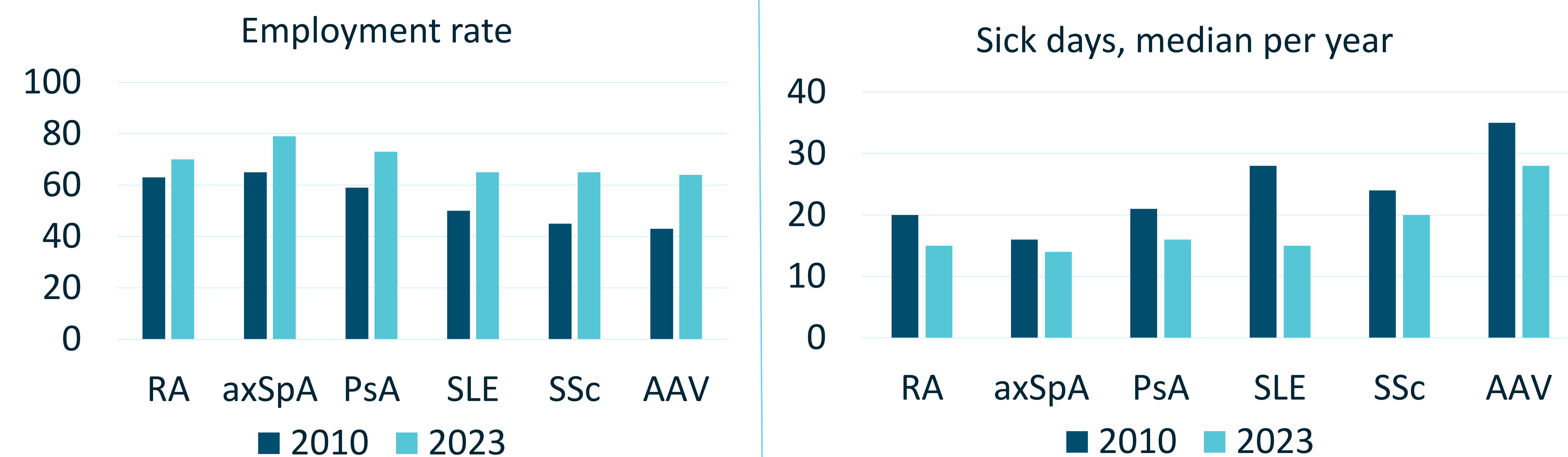
Population data by bureau of statistics to adjust for...

  
Federal state Age, Sex Education

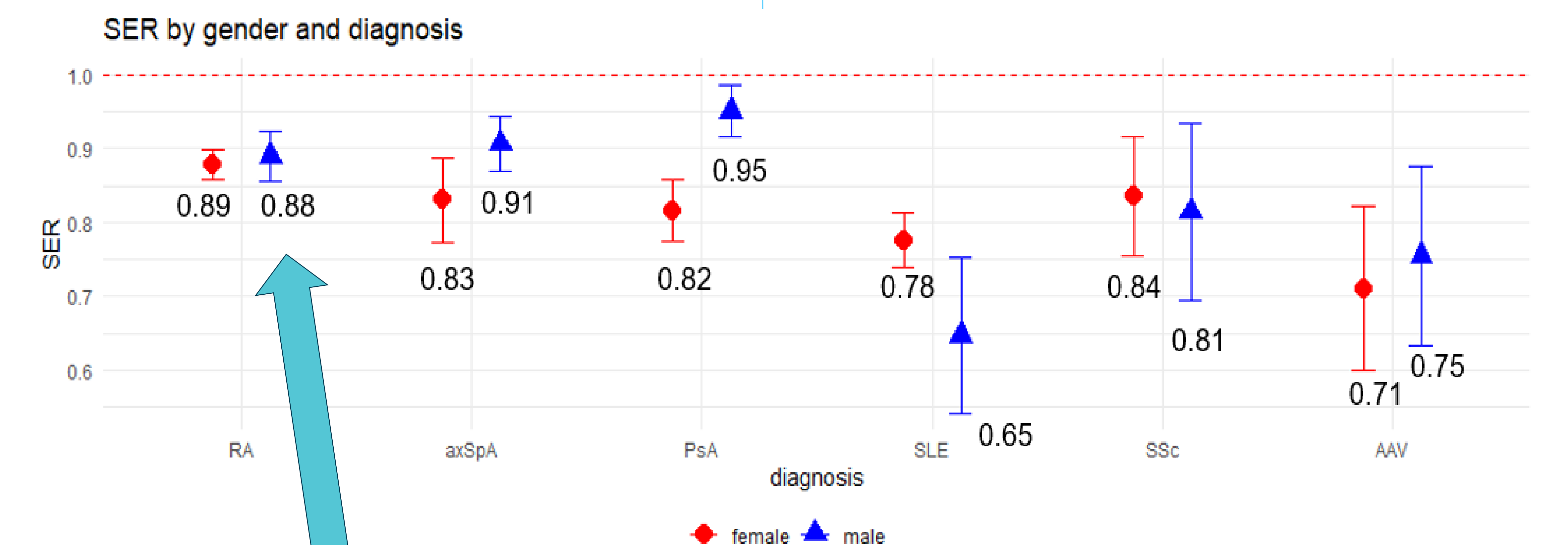
...results in adjusted / standardized employment ratios (SER)

RESULTS

Across all diagnoses: employment increased, median yearly sick days decreased in 2023 compared to 2010



Standardized employment rates (SER) still show significantly lower employment compared to population (red dashed line)



Reading example: on average, men with RA are 88% as often employed (12% less often employed than) men with the same age, education, and federal state

CONCLUSIONS

While employment improved across several diseases, some changes are only attributable to increased work force participation in the population. Increases after adjustment in RA might be due to better therapy options.

FUNDING

We thank all participating patients and rheumatologists. The NDB is funded by the German Society for Rheumatology (DGRh) and Working Group of Corporate Members of the DGRh: AbbVie, AstraZeneca, GALAPAGOS, GSK, Medac, Pfizer, UCB, by a joint grant to the Rheumatology Training Academy.

STUDY

