



Editorial

Work-related Accidents, Absenteeism and Productivity in Patients With Sleep Apnea. A Future Consideration in Occupational Health Assessments? ☆



Accidentes laborales, absentismo y productividad en pacientes con apneas del sueño. ¿Futuro condicionante del puesto de trabajo?

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Current scientific evidence shows that obstructive sleep apnea–hypopnea syndrome (OSAHS) impacts negatively on most aspects of sufferers' daily lives, in both the short and long term. Its association with cardiovascular and metabolic diseases, relationship with impaired cognitive function and its impact on accident rates, particularly traffic accidents, have been widely described in the literature.

The effects of OSAHS may lead to poorer quality of life, decreased motivation to maintain a healthy lifestyle, and possible lower compliance with treatment for comorbid conditions.¹ Despite the economic repercussions, however, the effects of OSAHS in the workplace have not been studied in depth.^{2–4}

The consequences of OSAHS on widely varying aspects of working life have been reported: temporary sick leave, disability assessments, diminished productivity, stress, dissatisfaction in the workplace, burn-out, and the risk of workplace accidents.^{2,5} Although not all studies are consistent in their conclusions, OSAHS patients have been found to be less efficient in their work and are more likely to suffer a work-related accident.

The magnitude of the problem is underlined in a prospective Finnish study, which estimated that OSAHS could double the risk of absenteeism in both women and men.⁶ Jurado-Gamez et al.⁷ recently found that patients with OSAHS took more sick leave periods of longer than 30 days and had a higher level of psychological distress, although there was no evidence of more workplace accidents.

Assessment of the work-related implications of OSAHS is challenging, given the variety and complexity of the issues. Firstly, intrinsic problems derived from the negative connotations of absenteeism need to be addressed. These issues may originate from a wide range of interrelated factors, such as social problems, job dissatisfaction or the presence of comorbidities. Absenteeism is also so closely linked with macroeconomic indicators, that a fall in the indicators themselves has resulted in a notable drop in absenteeism in recent years.

Secondly, these types of studies often encounter the problem of how to evaluate absenteeism objectively. Indeed, long-term sick leave is not clearly defined in non-work-related accident or illness insurance plans in Spain. In Spanish legislation, long-term leave is defined as twice the standard leave time, although this differs for each disease. Moreover, official data on diagnoses, the duration of leave and the type of event that necessitated the sick leave are very hard to obtain. Consequently, the evaluation of these aspects is often subjective, with an obvious loss of consistency. The duration of sick leave has also been related with multiple factors: professional status vs lower educational level, stress and lack of motivation, type of contract (temporary or permanent), and if the subject has dependent children.

A further difficulty is the methodologies used in the studies themselves, since many fail to describe the techniques used for diagnosis, and do not consider confounding factors. Very few studies report the situation that required the sick leave, and differences between sexes have barely been addressed.

Another largely ignored area is the impact of OSAHS absenteeism on health economics, and the indirect costs generated by the use of CPAP in OSAHS patients of working age are rarely calculated. Yet if these patients were to receive appropriate treatment, specifically with CPAP, productivity would improve and work-related accidents would be reduced.⁸

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One of the OSAHS symptoms that has been most extensively studied in the workplace is excessive daytime sleepiness and its effects on both occupational limitations and the increased risk of accidents, either work-related or while driving. Although daytime sleepiness is a key element in the assessment of disability for work, and can be a reason for granting temporary or permanent incapacity, its effect on suitability for work is determined by only 3, often poorly evaluated factors, namely severity of somnolence, response to treatment and the characteristics of the job.⁹

In conclusion, convincing scientific evidence and guidelines on OSAHS are sparse, but screening for this disorder could become part of initial and periodical occupational health assessments in the near future.¹⁰

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