

# A shadow at work – asthma exposed

It's time to step out of the shadow of asthma... at work



## Impact of asthma in the workplace adds to economic burden

Despite current treatment options, almost

**1 in 2**

people with asthma **still have symptoms**<sup>1,2,3</sup>



In 2011, one study estimated that the total cost of asthma in that year alone to be

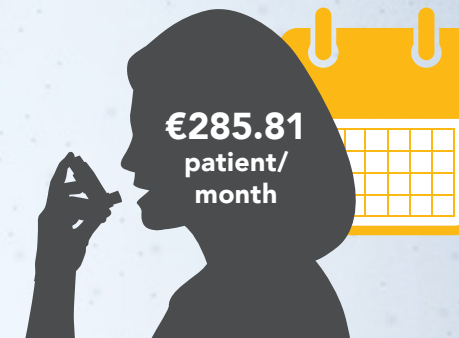
**€19.3 billion**

among Europeans aged from **15 to 64 years**<sup>4</sup> - a considerable **economic burden on society**

Lower work productivity and higher absenteeism\* and presenteeism\*\* adds to the high indirect costs associated with asthma, with a further study showed a mean cost due to workdays lost because of asthma was

**€285.81/patient/month**<sup>5</sup>

\* Presenteeism = attending work whilst unwell  
\*\* Absenteeism = missing work due to illness



**€285.81**  
patient/  
month

## How does asthma interfere with work performance?

**Experiencing asthma symptoms** impacts a person's ability to do their **regular daily activities**, and can get in the way of them doing their job.<sup>6</sup> Some people find themselves **accomplishing less** than they would like to as a **result of their symptoms**.

Individuals may be limited in the kind of work they could do, as there are some jobs where they might come across **triggers** which could cause **symptoms to flare up**.<sup>6</sup>

**This negative impact on work productivity may be assessed by the Work Productivity Loss and Activity Impairment (WPAI) questionnaire**<sup>\*7</sup>

“ Research has shown a clear link between severity of asthma symptoms and an individual's ability to function at work, during times when they may be caring for children, or at school. In the working environment for instance, people with asthma who remain symptomatic on treatment not only lose more time off from doing work, they are less productive when they are working. Unfortunately, many people with asthma still experience symptoms despite current treatment options, so optimizing treatment plans is key to reducing the burden of asthma. ”

**Dr Richard Russell,**  
Wexham Park Hospital,  
UK

\*The WPAI questionnaire yields four metrics of impairment due to health absenteeism or percentage of work time missed, presenteeism or percentage of impairment while working, percentage of overall work productivity impairment which considers both absenteeism and presenteeism and percentage of impairment in daily activities<sup>7</sup>

## Reducing the number of people experiencing asthma symptoms despite treatment may help relieve the preventable burden in the workplace

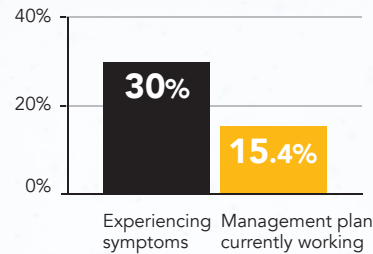
Researchers found that **90% of the value of productivity loss** that could be avoided by achieving clinical control of asthma during a week **would be due to presenteeism.**<sup>8</sup>

Asthma is **one of the top 10 health problems** most often associated with presenteeism.<sup>9</sup>

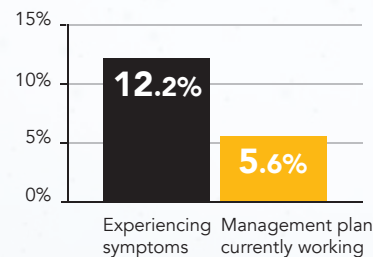
When compared to people with asthma whose management plan is working for them, those who still experience symptoms:<sup>10</sup>

- **experience twice as much impairment of their productivity** when they work with 'not well controlled' symptoms compared with 'at least well controlled' symptoms
- miss more than **double the work time**

Work activity impairment<sup>10</sup>



Work time missed<sup>10</sup>



## Experiencing asthma symptoms at work also has an emotional and psychological burden on patients

Psychological and health-related distress among employees reporting different chronic illnesses, including asthma, showed **low psychological well-being and high health-related distress** were associated with high presenteeism, as well as poorer management of symptoms at work and low workplace support<sup>11</sup>

To help individuals effectively manage a **chronic illness such as asthma** and their work, healthcare professionals and employers alike need to improve the well-being of workers at work by supporting and facilitating their efforts to **over-come health-related limitations**<sup>11</sup>



If you are experiencing asthma symptoms, speak to your doctor about changes you may need to make to your medicines.

“ My asthma becomes really frustrating when I'm at work – I can spend all day coughing and being out of breath, and that probably annoys my colleagues as much as it does me. It's really hard to concentrate at work when that's happening. I end up feeling scared, frustrated and embarrassed all at the same time ”  
**David, 26, London**

It's time to step out of the shadow of asthma... at work!  
See if more can be done for you by visiting [www.thinkactbreathe.com](http://www.thinkactbreathe.com)

### References

1. Bateman ED, Boushey HA, Bousquet J et al. GOAL Investigators Group. Can guideline-defined asthma control be achieved? The Gaining Optimal Asthma Control study. *Am J Respir Crit Care Med.* 2004;170:836-844
2. Partridge MR, Dal Negro RW, Olivieri D. Understanding patients with asthma and COPD: insights from a European study. *Prim Care Respir J.* 2011; 20 (3): 315-323
3. Demoly P, Paggiaro P, Plaza V et al. Prevalence of asthma control among adults in France, Germany, Italy, Spain and the UK. *Eur Respir Rev.* 2009; 18: 112, 105-112
4. Sadatsafavi M, Fitzgerald JM; The Global Asthma Report 2014. Global Asthma Network.
5. Ojeda P, Sanz de Burgoa V on behalf of the investigators of the Coste Asma Study. Costs Associated With Workdays Lost and Utilization of Health Care Resources Because of Asthma in Daily Clinical Practice in Spain. *J Investig Allergol Clin Immunol* 2013; 23(4): 234-241
6. Asthma UK. Having asthma at work. Accessed 19 March 2015. <http://www.asthma.org.uk/knowledge-bank-living-with-asthma-asthma-at-work-having-asthma-at-work>
7. Reilly MC, Zbrozek AS, Dukas EM. The validity and reproducibility of a work productivity and activity impairment instrument. *Pharmacoeconomics* 1993; 4: 353-365
8. Sadatsafavi M, Rousseau R, Chen W, Zhang W, Lynd L, FitzGerald JM; Economic Burden of Asthma Study Team. The preventable burden of productivity loss due to suboptimal asthma control: a population-based study. *Chest.* 2014; 145(4): 787-93
9. Goetzel RZ, Long SR, Ozminkowski RJ, et al. Health, absence, disability, and presenteeism: cost estimates of certain physical and mental health conditions affecting U.S. employers. *Journal of Environmental Medicine,* 2004; 46: 398-412
10. Demoly P, Gueron B, Annunziata K, et al. Update on asthma control in five European countries: results of a 2008 survey. *Eur Respir Rev* 2010; 19 (116): 150-157
11. Munir F, Yarker J, Haslam C, Long H, Leka S, Griffiths A, Cox S. Work factors related to psychological and health-related distress among employees with chronic illnesses. *J Occup Rehabil.* 2007; 17 (2): 259-77.