

## Study on Prevalence Rate of Physiologically Long-Term Sick Leave for Working Employees by Age, Gender, and Diagnosis

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### Abstract

The wide range of definitions of sick leave incidence makes it difficult to compare studies. Hensing proposed a comparable data source: an index of sick leave incidence. Paid sick leave programs vary from company to company in Japan, where it is not mandated by law. Employees at the companies that were a part of the J-ECOH Study had access to paid sick leave that was more than two-thirds of their salary for at least 18 months, and they were also guaranteed job security for at least 30 months. The J-ECOH Study's sick-leave data included the subject's diagnosis, birth date, sex, and sick-leave start and end dates. The medical certificate submitted by the attending physician—a general practitioner or specialist, but not an occupational physician. when the employee applied for paid sick leave was the basis for all decisions regarding sick leave. We looked at cases of medically approved sick leave that started between April 1, 2012, and March 31, 2014 and lasted at least 30 days in this study. Subjects who applied for sick leave in March 2014 were followed up on until April 30, 2014, to see if their absence was longer than 30 days. Long-term sick leave was defined in this study as sick leave lasting at least 30 days.

**Keywords:** Gender; Mental disorders; Occupational health

### Introduction

Coding according to the International Classification of Diseases, 10th Revised (ICD-10) We used the Japanese standard disease-code master to classify diagnoses. Of the 1711 certificates, 1273 completely matched an ICD-10 classification were mechanically encoded by text matching using Microsoft Excel (Microsoft Corporation, Redmond, WA, USA) [1]. Two occupational physicians from the J-ECOH Study group, CN and CK, manually and independently encoded the remaining 438 unmatched certificates with reference to the master; The coding for 370 certificates was agreed upon by both physicians. The majority of the disagreements between the two doctors regarding the remaining 68 certificates involved multiple diagnoses. Another occupational physician in the J-ECOH Study Group (AH) independently coded and ultimately selected their ICD-10 code because we were unable to obtain the original clinical record to determine the primary diagnosis [2].

Definition of incidence rate the various definitions of sick-leave incidence make it difficult to compare studies. In this study, we calculated sick-leave incidence using this method as follows: Hensing proposed an index that would provide comparable data. For the same person, each sick leave period was counted separately. A rate per 1000 person-years was presented [3]. We characterized an individual who was in danger of debilitated leave as present representatives. During the observation period, the time at risk was subtracted from the absence duration, which included both previous and current sick leave periods.

### Result

There were 30,645 person-years of observation for women and 162,989 for men. Stata14 (Stata Corporation, College Station, TX, USA) was used for data management and aggregation, and Excel 2010 was used to calculate incidence rates [4]. All-cause sick leave had an overall incidence rate of 8.7 men and 9.4 women (new spells/1000 person-years). In men, the incidence rate of all-cause sick leave was lowest in their 30s (6.6 spells/1000 person-years) and highest in their 50s (10.7 spells/1000 person-years). In women, the incidence rate of all-cause sick leave was highest in their 20s (11.3 spells/1000 person-years) and tended to decrease with age (6.5 spells/1000 person-years in their 60s) [5]. Men in their 20s to 40s had a relatively high rate of sick

leave due to mental disorders, but men 50 and older had a lower rate; This rate typically decreased with age in women [6]. Neoplasm-related sick leave began to rise among men at the age of 50 and among women at the age of 40. The rate of sick leave for pregnancy-related diseases in women peaked in their 30s at 3.6 spells per 1000 person-years, which is comparable to the rate for mental disorders in the same age group (3.8 spells per 1000 person-years).

### Discussion

Men's and women's incidence rates of sick leave for mental disorders and cancers are shown in Tables 3 and 4. Mood disorders accounted for the majority of mental disorders' diagnoses (as a percentage of all mental disorders-related spells) F30-F39; men 69%; women (53%), and somatoform, neurotic, and stress-related disorders (ICD-10: F40-F48; men 25%; women 39%). Men in their 20s to 40s had a relatively high incidence of sick leave for mood disorders, but men in their 50s and older had a lower rate; Women's incidence, on the other hand, decreased steadily with age. Men's and women's sick leave rates for neurotic, stress-related, and somatoform disorders decreased with age.

### Conclusion

Concerning neoplasms, the incidence rate of sick leave among men began to rise after the age of 50, primarily due to digestive organ malignancies (ICD-10: C15-C26; including the colon, stomach, and organs of the respiratory and extrathoracic systems.

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