ABSENTEEISM AND PERMANENT DISABILITY DUE TO NECK AND UPPER LIMB SYMPTOMS: magnitude of the problem in the Netherlands

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Introduction and aim
The one year prevalence of self reported symptoms of (work related) neck and upper limb roughly varies between 20 and 40%. However, it is not known which part of these self reported symptoms evolves in permanent or temporary disability. Therefore, the Ministry of Social Affairs and Employment commissioned a study to estimate the magnitude of short and long-term absenteeism due to neck and upper limb symptoms with available data sources.

Methods
Secondary analyses were performed with data from 1) a survey in the general population (n=3665), 2) a survey of people who were absent from work during about 13 weeks (n=3289) and 3) the National Institute for Social Security (NISS) that registers information on all workers' disability benefits. In the surveys, absenteeism due to neck and upper limb symptoms was self reported. The database from the NISS, however, contains cases of neck and upper limb symptoms diagnosed by occupational health physicians and insurance practitioners. (In the Netherlands no proof of work relatedness is required for compensation). The prevalence and incidence rates were calculated for the total study population and stratified according to gender, age and occupation.

Results
The one year prevalence of absenteeism due to neck and upper limb symptoms was 8%. Most people were absent less than 5 weeks (5.5%). The prevalence was highest in transport occupations.
The incidence of 13-week absenteeism due to neck and upper limb symptoms was estimated to be 0.5%; the proportion in the total 13-week absenteeism was 8%. In women, the proportion was higher than in men; industrial and transport occupations had the highest proportions.
About 2700 people received a disability benefit due to neck and upper limb symptoms in 1998, which means that their absenteeism lasted at least one year. The corresponding incidence rate was 0.04% (compared to the working population), and the proportion was 2.8% (compared to the number of people receiving benefits). The incidence was relatively high in women and increased with age. High risk industries were the textile industry, ceramic industry and cleaning industry.

Conclusions
Permanent disability due to neck and upper limb symptoms is not substantial at this moment, but an increase is expected in the coming years. The volume of short-term absenteeism deserves attention. Furthermore, not only VDU workers but also industrial workers have an increased risk.