

research snapshot

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The association between gambling disorder and work disability

What this research is about

People with gambling disorder (GD) are at increased risk for health and psychosocial harms. GD is also linked to harms in work-related areas. This includes loss of productivity, fraud, and risk of unemployment. Yet, there are few studies on the association between work disability and GD. The ability to work is an important indicator of well-being and functioning. A potential association between GD and work disability is thus concerning. This study addresses this research gap by comparing the risk of work disability among people with and without GD. This study also examines differences in work disability three years before and three years after people are diagnosed with GD.

What the researchers did

The researchers used data from various health, demographic, and social insurance registers, including the National Patient Register. They included people from 19 to 62 years who received a GD diagnosis in specialized care between 2005 and 2018. For each person with GD, the researchers selected 10 people without GD between 2001 and 2020. People with and without GD were matched in terms of age, sex, highest education, country of birth, and living area.

The researchers defined work disability as the net days of sickness absence and disability pension that were more than 14 days. The researchers retrieved this information from the Micro-data for Analysis of Social Insurance (MiDAS) register. Long-term disability was defined as 90 days or more on sickness absence or disability pension in one year.

What the researchers found

What you need to know

This study examined the link between gambling disorder (GD) and work disability. It also mapped the trajectories of work disability three years before and three years after GD diagnosis. People with GD showed an increased risk for long-term work disability than people without GD. Four different trajectories of work disability were identified among people with GD. Females, older people, people with a previous psychiatric diagnosis, and those who received psychotropic medication were less likely to be in the group with low constant levels of work disability.

This study included 2,830 people with GD and 28,300 people in the matched cohort who were unaffected by GD. People with GD were more likely to be from single households and less likely to be employed than their matched cohort. Depressive episodes were the most common diagnosis leading to sick leave among people with GD. People with GD had a higher prevalence for all psychiatric disorders. About 72.5% were diagnosed with a psychiatric disorder during the three years leading up to GD diagnosis. This was compared to 9.7% among the matched cohort.

The researchers found an increased risk for work disability across all time points in the cohort with GD. Among people with GD, the proportion with long-term work disability increased in the three years prior to GD diagnosis (from 20.9% three years prior; 22.0% two years prior; and 33.6% in the year before the diagnosis). In the three years after GD diagnosis, long-term work disability stayed high. Long-term work disability stayed stable at 8% for the matched cohort.

Female sex, being born outside of Sweden, lower education, and living outside of a city increased the risk of long-term work disability. Having a psychiatric disorder and being on psychotropic medication also increased the risk of long-term work disability. In contrast, being married/cohabiting and having children decreased the risk.

The researchers identified four trajectory groups among people with GD. About 60.3% of people with GD were in the constant low group. This group had low numbers of days on work disability before and after their GD diagnosis. The constant low group included a large proportion of males (84.2%), younger people, and people with high education, compared to the other three groups.

The low and increasing group (11.4%) started with low numbers of work disability days. Work disability days increased after the GD diagnosis. This group included slightly more females, older people, and people with lower education. This group had the highest proportion of people receiving medication for addictive disorders before their GD diagnosis.

The medium high and decreasing group (11.1%) started at medium-high levels of work disability days. Work disability days slightly increased at the time of GD diagnosis and showed a decrease afterwards. This group included 33.2% more females with other diagnoses and medications before GD diagnosis than the constant low group.

The constant high group (17.1%) had higher levels of work disability three years before their GD diagnosis. Work disability days stayed high throughout the study period. This group had higher levels of all health-related problems, including mental and physical health diagnoses and psychotropic medication.

How you can use this research

This study can inform intervention efforts to prevent and reduce harms associated with GD.

About the researchers

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Citation

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