

Poor job performance may linger among people receiving pharmacotherapy for depression

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Video Abstract

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Abstract

Depression is a global public health issue—one battled not only at home and in the clinic, but also in the workplace. In the United States alone, major depressive disorder is associated with an annual loss of 225 million workdays and more than \$36 billion. While treatment should be designed to relieve depression symptoms, it should also help patients recover their social functioning, which includes their capacity to perform at work. Unfortunately, little information exists on how treatment duration or discontinuation affects impaired work functioning in people with depression. Now, a large-scale analysis of workers in Japan is helping researchers understand that relationship. The findings urge close collaboration between occupational health practitioners and psychiatrists in treating patients with impaired work functioning. Researchers surveyed more than 33,000 workers from 13 companies in Japan, all of them in manufacturing—an industry linked to a high overall occupational health risk. Participants completed the Work Functioning Impairment Questionnaire, called WFun, which, among other items, asked how often they felt unable to maintain work performance or that their work is not going well. A score of 21 points or higher suggests severely impaired work functioning. That information was combined with medical claims data detailing participants' history of pharmacotherapy treatment for depression. Results showed that continuous medical treatment was associated with severely impaired work functioning, regardless of how long patients had been treated. Regarding the effects of ****_discontinuing_**** therapy, the study showed that work dysfunction continued even after treatment was completed or discontinued. If treatment was discontinued or no longer needed, work impairment continued for about a year. After one year without the need for treatment, work dysfunction appeared to resolve. The findings have several implications for clinical treatment. Because continued treatment for about one year is required for work function impairment to improve, clinicians should work closely with patients to not only resolve symptoms of depression but also restore work and social functioning. That vigilance is especially important within 4 months of starting pharmacotherapy, when workers experience the highest risk of experiencing impaired work functioning. The study did not consider the effects of non-pharmaceutical treatments, such as psychotherapy, and surveyed workers of higher-than-average socioeconomic status. So the findings may not be generalized across populations. Still, the study results could be instructive for employers, employees, and occupational health practitioners. Close collaboration between members of employees' health support team could help adequately address impairments in work function.