



Musculoskeletal Disorders and the European Workforce: The Facts

- Over 100 million European citizens suffer from Chronic Musculoskeletal Pain (CMP) though it remains undiagnosed in up to 40 per cent of cases.
- Musculoskeletal Disorders (MSDs) account for a higher proportion of sickness absence from work than any other health condition – roughly half of all work-related disorders in EU member states. In economic terms, it is estimated that up to two percent of gross domestic product (GDP) is accounted for by the direct costs of MSDs each year.
- Over 40 million workers in the EU (almost one in seven) are affected by MSDs caused by work.
- Almost a quarter of European workers report that they have experienced muscular pain in their neck, shoulders and upper limbs (EWCS, 2007)
- About 85 per cent of people with back pain take less than seven days off, yet this accounts for only half of the number of working days lost by back pain. The rest is accounted for by the 15 per cent who are absent for over one month (Bekkering et al., 2003).
- Of workers with MSDs, 67 per cent reported that pain caused a significant reduction in their quality of life, 49 per cent were limited in the kind of work they were able to perform and 25 per cent have never seen a doctor about their pain.
- A study by Dagenais et al. (1998) estimated that the total annual cost of low back pain in Europe was £12.3 billion in 1998 and that 87 per cent of these costs were indirect.
- Work capacity is affected in most individuals with Rheumatoid Arthritis (RA) within five years (WHO, 2003).
- It is estimated that 40 per cent of those with RA withdraw from the workforce because of their condition.
- Most people who acquire RA do so when they are of working age – not when they are retired or elderly.
- Ankylosing Spondylitis (AS) is generally considered to be a disease in which those affected maintain relatively good functional capacity; yet reported unemployment rates are three times higher among people with AS than in the general population (Boonen et al., 2001).
- Some research suggests an average of seven years between disease onset and diagnosis of AS.
- MSDs have significant associated costs to the individual, their family, other carers, the employer and the wider economy.

- Not all MSDs are caused by work, and workers with inflammatory and other conditions who live with work disability remain almost invisible to national and EU policy-makers.
- For back pain, Nachemson et al. (2000) calculated that some 80 per cent of healthcare costs are generated by the ten per cent of those with chronic pain and disability.
- Once workers become detached from the labour market, their chances of finding meaningful work again are severely damaged. Job retention and return to work programmes are contingent on patients receiving appropriate medical care as quickly as possible.
- The risk of acquiring an MSD will increase as the age of the workforce goes up, and that the impact of MSDs on work disability will intensify rather than diminish.
- In the UK it was recently estimated that people with RA visit their doctor four times before adequate diagnosis (National Audit Office, 2009).
- It is of particular importance that healthcare professionals are aware of the positive effects of work on their patients
- MSD patients generally do not have to be 100 per cent fit for work to be able to return to their workplace.