

Dizziness and vertigo sick leave before and after insurance restrictions – a Swedish nationwide register study

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Background: Dizziness/vertigo can be disabling symptoms, however little is known about absence from work due to dizziness/vertigo. We used a Swedish nationwide work-sickness register to describe the vertigo/dizziness sick leave prevalence and duration stratified by diagnoses.

Methods: From 2005-2018, through Swedish nationwide registers we identified individuals aged 16–64 years who were sickness absent >14 consecutive days – minimum register threshold – due to vertigo/dizziness ICD10 codes: vestibular codes, H81.x; ataxia G11.x; and unspecific codes R26 (abnormality of gait), R27 (abnormality of coordination), and R42 (Dizziness). We described the demographics, prevalence, Sickness Cash Benefit Rate and sick leave duration.

Results: We identified 52179 vertigo/dizziness sick-leave episodes >14 days in 45353 unique individuals. The most common ICD10 diagnoses were: unspecified diagnoses [72% (n=37741)], vestibular H-diagnoses [27% (n=14083)], and Ataxias [1% (n=355)]. The most common specific vestibular codes were Benign paroxysmal positional vertigo (BPPV) 9% (n=4929) and Vestibular neuritis 9% (n=4762). The median duration on top of the 14 qualifying days was 17 days (IQR 7–47). For unspecified dizziness but not vestibular nor ataxia diagnoses, Sickness Cash Benefit Rate increased between 2005 and 2007 and decreased between 2008 and 2010, following national trends in Sweden.

Conclusions: The majority of vertigo/dizziness sick leave episodes were caused by unspecified diagnoses. BPPV, a curable condition, was a commonly used diagnosis on sick leave certificates. The fluctuations in Sickness Cash Benefit Rate for unspecific dizziness diagnoses following national trends might be explained by changes in national regulations rather than changes in disease-specific incidences.