

Income and Anxiousness of working people with hemophilia in Japan

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Introduction:

According to some physical disabilities, such as arthropathy, frequent bleeding, HIV infection and liver disease, many hemophiliacs might not work hard and get sufficient income. Some working hemophiliacs also might be full of fears and anxieties. Then, we investigated the hemophiliac's income to compare with general male population and their anxieties on the basis of questionnaire performed by The Research Committee on QOL regarding Coagulation Disorder in Japan.

Methods:

We distributed a questionnaire to 666 Japanese patients with bleeding disorder or their families in 2009. The number of the hemophiliacs A was 542 (81.7%), and that of the hemophiliacs B was 100 (15.1%). The data of income and employment status of hemophiliacs, who were the age of employment, were compared with general male population had been published by The Ministry of Health, Labor and Welfare as normal control. In addition, we analyzed who had a lot of anxiety in the workplace.

Results:

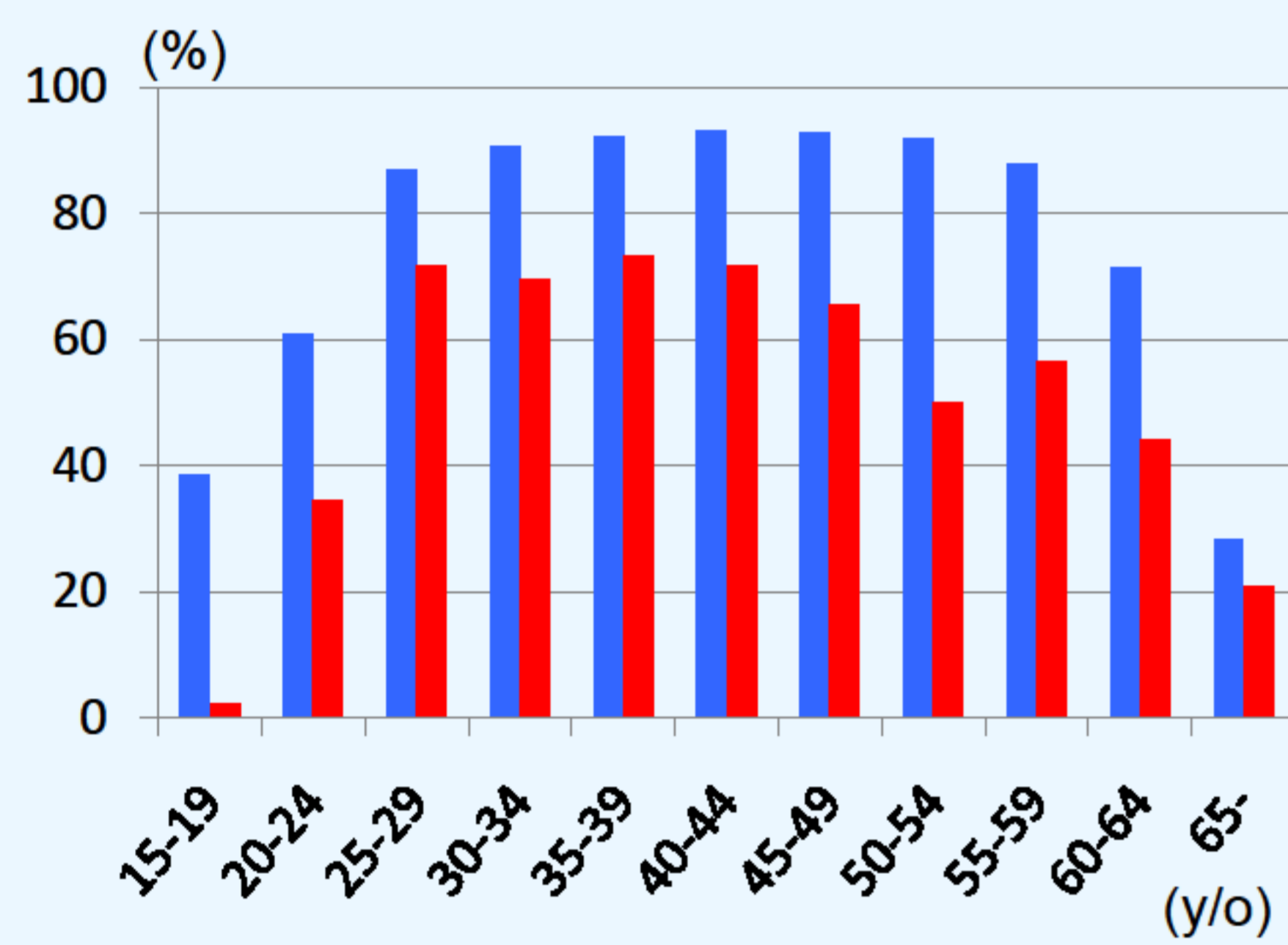


Fig 1. The working rate of general males and hemophiliacs
The working rate of hemophiliacs was low in comparison with general male population in all age rank groups.

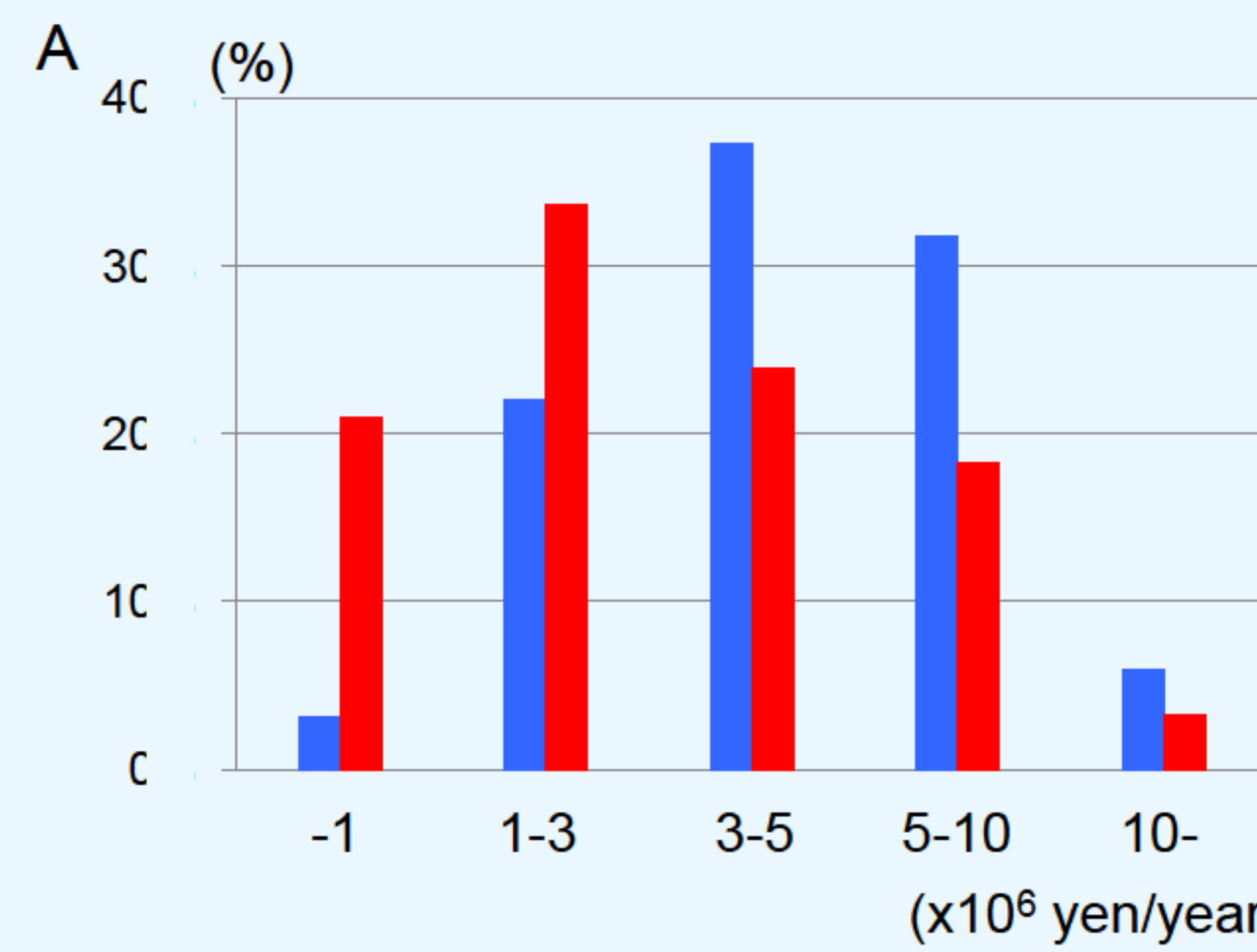


Fig 2. The income of general males and hemophiliacs

A; Hemophiliacs were distributed over the low income in comparison with the general male population. (P<0.001)
B; Income does not increase in hemophiliacs, especially since the 30s. (P< 0.01) (1 dollar = 80 yen)

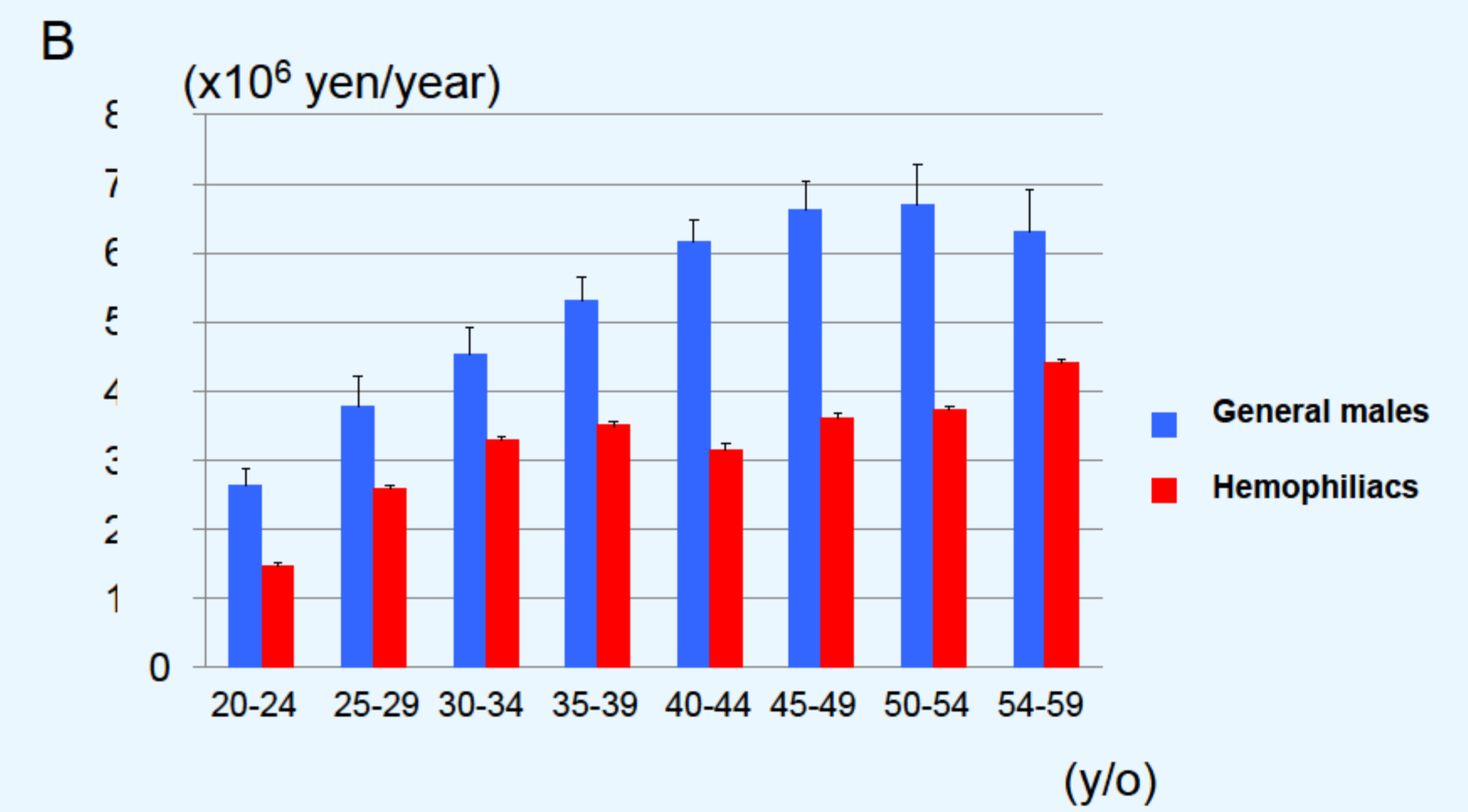


Table 1 The employee ratio of 25-64 y/o hemophiliacs with HIV infection was significantly lower than non-infected. (P<0.05)

	With HIV	Without HIV
Employed	82(59%)	149(71%)
Unemployed	57(41%)	60(29%)
total	139(100%)	209(100%)

Table 3 Hemophiliacs with HIV infection held more anxiety in workplace. (P<0.05)

	With HIV	Without HIV
With anxiety	16(25%)	14(12%)
Without anxiety	47(75%)	101(88%)
total	63(100%)	115(100%)

Table 2 The employee ratio of hemophiliacs with liver cirrhosis and/or hepatoma (LC/HCC) was low. (P=0.08)

	With LC/HCC	Without LC/HCC
Employed	16(50%)	230(66%)
Unemployed	16(50%)	116(34%)
total	32(100%)	346(100%)

Table 4 Hemophiliacs with liver cirrhosis and/or hepatoma (LC/HCC) held more anxiety in workplace. (P<0.05)

	With LC/HCC	Without LC/HCC
With anxiety	82(59%)	149(71%)
Without anxiety	57(41%)	60(29%)
total	139(100%)	209(100%)

Conclusions:

The ratio of non-regular employment in hemophiliacs was higher than general male population (Data not shown). Moreover, the employment rate in patients with hemophilia is low, and employed condition was bad. Hemophiliacs with HIV infection, liver cirrhosis and/or hepatoma were particularly low employment rates. In addition, hemophiliacs also hoped co-workers more receptive to their disease. Seventeen percent of regular employment hemophiliacs hoped co-workers receptive to their disease. Hemophiliacs with HIV infection, liver cirrhosis and/or hepatoma particularly need to improve the employment environment and economic support.

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