

# **Reduction in sick leave and costs to society of patients with Meniere's disease after treatment of temporomandibular and cervical spine disorders: a controlled six-year cost-benefit study.**

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This study compares the frequency of sick leave between the three-year period after and the three-year period before coordinated treatment of temporomandibular and cervical spine disorders in 24 patients (ten males and 14 females) diagnosed with Meniere's disease. The frequency of sick leave for the patients was also compared with the frequency of sick leave in a control group from the population. A cost-benefit analysis was made regarding the costs to society of sick leave related to the treatment costs of the patients. In a previous study the same patients were treated for their severe signs and symptoms of temporomandibular and cervical spine disorders, and they reported a substantial reduction in their vertigo, non-whirling dizziness, tinnitus, feeling of fullness in the ear, pain in the face and jaws, pain in the neck and shoulders, and headache. The number of days of sick leave and the year the patient began to receive disability pension due to the symptoms of Meniere's disease were obtained from the National Health Insurance Service in Sweden. Two of the patients received disability pension benefits due to Meniere's disease 17 years prior to their normal retirement pension. A third patient received disability pension for another reason and two were receiving a retirement pension. Data on the remaining 19 patients showed a considerable reduction in number of days of sick leave during the three-year period after coordinated treatment (270 days) compared with the three-year period before the treatment (1,536 days). The control subjects used a total of 14 days sick leave for the same symptoms during the same six-year period. Vertigo (nine days) was the dominant cause followed by pain in the neck and shoulders, and headache. The reduction in sick leave for the 19 nonretired patients and the treatment costs for the 24 patients can be used for a simple cost-benefit calculation for the subgroup of nonretired patients. During the first three years after treatment the reduction in sick leave was on average 66.6 days for each of the 19 nonretired patients. Within the limits of this study, it can be concluded that the costs to society for sick leave and disability pension due to Meniere's disease are substantial. A coordinated treatment of temporomandibular and cervical spine disorders appears to substantially reduce these costs.

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