

Neck injuries linked to high costs for patients and spouses

March 11 2013

Patients with neck injuries incur increased health and social costs—which also affect their spouses and may begin years before the initial injury, reports a study in the March 1 issue of [Spine](#).

Some individuals and families seem more susceptible to experiencing socioeconomic consequences of neck injury, according to the new research by Dr Poul Jennum of University of Copenhagen and colleagues. Particularly for [patients](#) who develop chronic neck pain, the health and social costs may start to increase a decade or more before neck injury occurs

Higher Health and Social Costs for Patients with Neck Injuries

To analyze the "socioeconomic burdens" of neck injuries, the researchers used Danish national databases to identify approximately 94,000 patients who sustained neck injuries (other than fractures) from 1998 to 2009. The patients with neck injuries were matched to controls without neck injuries.

In addition to direct [health care costs](#) and [prescription drugs](#), the study addressed indirect costs such as [work disability](#) and social security payments. The researchers also assessed health and social costs for the spouses of patients with neck injury; as well as changes in costs over time, including the years before the injury.

Nearly all cost categories were increased for patients with neck injuries. "Neck injury patients had significantly higher rates of health-related contacts, medication use and higher socioeconomic costs than controls," Dr Jennum and coauthors write. The spouses of patients with neck injuries also had increased costs for [doctor visits](#), hospital services, and medications.

Social costs—including sick pay, [social welfare](#), and other "[transfer payments](#)"—were also significantly higher for patients with neck injuries and their spouses. Despite receiving more welfare payments, patients with neck injuries had only slightly lower [employment rates](#).

'Pre-existing Increased Vulnerability' to Higher Costs

Overall direct and indirect costs were about €2,500 higher for patients with neck injuries and €1,600 higher for spouses. "The consequences for the spouse were not negligible, accounting for approximately one-third of the total familial health-related costs," the researchers write.

The increases in both direct and indirect costs began to occur well before neck injury—up to eleven years earlier. Dr Jennum and colleagues write, "Particularly among those subjects whose injury had a long-term socioeconomic impact—ie, those who developed persistent symptoms after neck injuries—there was evidence of a negative social- and health-related status several years before the accident." This pattern suggests a "pre-existing increased vulnerability" to the economic and social costs of neck injury, for both patient and spouse.

How could costs increase even before the neck injury? It may reflect the well-recognized psychosocial factors affecting people's ability to cope with back and neck pain, Dr Jennum and coauthors suggest. The increased costs for spouses may reflect a trend for people with "low-threshold sickness behavior" to choose spouses with similar tendencies.

Neck injury is a common and costly problem, with approximately ten percent of injured patients developing chronic neck pain and other symptoms. Whiplash-associated disorders occurring after traffic accidents are an example of a potentially chronic neck injury leading to high medical and social costs.

"[Neck](#) injuries are associated with major socioeconomic consequences for patients, their spouses and society," Dr the researchers conclude. The new findings suggest that some individuals and families may be predisposed to [chronic neck pain](#) and its adverse health and social impact. Dr Jennum and coauthors call for further research to "identify high-risk groups for chronic disease development and disease management, so that the costs and consequences for patients and society can be reduced."

More information: journals.lww.com/spinejournal/...nces_of_Neck.14.aspx

Provided by Wolters Kluwer Health

Citation: Neck injuries linked to high costs for patients and spouses (2013, March 11) retrieved 18 April 2024 from <https://medicalxpress.com/news/2013-03-neck-injuries-linked-high-patients.html>

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