

Chronic back problems among persons 30-64 years old in France

Annette Leclerc, PhD (1), Jean-François Chastang, PhD (1), Anna Ozguler, MD, PhD (1), Jean-François Ravaud MD, PhD (2).

(1) INSERM, U88-IFR69, Saint Maurice, France.

(2)INSERM, U502-IFR69, IFR25, Villejuif, France.

Correspondence : A.Leclerc, U88 INSERM-IFR69, HNSM, 14 rue du val d'Osne, 94415 Saint Maurice Cedex, France.

annette.leclerc@st-maurice.inserm.fr

Tel 33 1 45 18 38 61

Fax 33 1 45 18 38 89

Acknowledgements: The HID survey was conducted with financial support from the Ministry of Employment and Social Welfare, National Health Insurance Fund, mutual insurance organisations, insurance companies and disability associations. The study design was developed in a close collaboration between INSEE and leading research institutes in this field, including INSERM and especially the Federative Research Institute on Disability.

The authors wish to thank the INSEE department "surveys and demographic studies" and Pierre Mormiche who was responsible for the task force of the HID project. This research project was initiated within a collaborative research project at IFR 69. It was conducted in the framework of a set of projects for the analysis of the HID survey, with financial support from MIRE-DREES and INSERM.

Structured abstract

Study design : a national population-based survey focussing on disability.

Objective : Describe the frequency of chronic back conditions among those aged 30-64 years, the consequences on their daily lives, their employment status and source of income.

Summary of background data : Descriptive data from community-based surveys are sparse.

Methods: In the French HID (Handicap, Disability and Dependence) survey, 1289 subjects with chronic back problems were compared to the general population.

Results: The estimates for prevalence of chronic back problems were 7.9% for men [95% CI 7.2 to 8.5] and 7.5% for women [95%CI 7.0 to 8.1]. Despite functional limitations, most people in France who had back problems were employed in an ordinary work: 71.5% among men (77.7% in the general population), 53.5% among women (60.2% in the general population). Among them blue-collar workers were over-represented. Of the subjects with back conditions, a very small proportion had a source of permanent income related to their health problems.

Conclusions: The results from this national population-based survey emphasize the weight of chronic back problems in the community, in a country where the legislation offers few alternatives to ordinary work for those who suffer from chronic limitations due to low back pain.

Keywords : chronic low back pain, disability, employment.

Key points :

- The prevalence of chronic back problems in the community is high, around 8% in France in the age group 30-64 years.
- In a country where the legislation offers few alternatives to ordinary work for those who suffer from chronic low back pain, most of them are employed despite their functional limitations.

Mini Abstract : The prevalence of chronic back problems in France was 7.9% for men and 7.5% for women in a national population-based survey focussing on disability. Among those with chronic back problems the employment rate was close to that of the general population.

Introduction

Chronic back problems contribute heavily to disability in many industrialized countries¹⁻⁵. Descriptive data from community-based surveys about this burden are sparse, however.

The objective of this study was to describe the frequency of disabling back conditions among those aged 30-64 years, the consequences on their daily lives, and their employment status. The definition of “disability” was the presence of one or several limitations in daily life, irrespective of the cause⁶⁻⁷. The results describe the situation here, where the social insurance covering back injuries and chronic health problems in general is thought to have a limited effect on employment, since some categories, such as permanent disability retirement, do not exist, and work-related diseases or injuries are compensated at very low rates.

Population and methods

The HID survey

The data come from the Handicap, Disability, & Dependence (HID, Handicap, Incapacité, Dépendance) survey conducted by the French National Institute of Statistics and Economic Studies (INSEE), the agency that conducts censuses and other nationwide studies⁸⁻¹⁰. The target population consisted of all residents of households in France in 1999. Initially, a sample of 400,000 respondents to the 1999 French population census was selected to complete a screening questionnaire. Subjects were classified into six groups according to level of disability (including none). Stratified randomization, with the sampling rate highest for those expected to be most severely disabled, yielded the final sample for the HID survey. The sample design allowed national rates to be estimated from the weights of the HID subjects.

Each subject (or a relative for those who were not able to answer themselves) was interviewed at home by a trained interviewer. The study presented here is limited to the sub-sample of 6929 subjects in the age group of 30-64 years.

Subjects were asked: “In your daily life do you have any physical, sensorial, intellectual, or mental difficulties that result from the sequela of an accident, a chronic disease, a problem at birth, an impairment, or aging?” and “Has this difficulty been

present for more than six months, or is it expected to continue for six months or longer?" Subjects who answered both questions "yes" were then asked to describe the problem and its cause: "What kind of difficulties, impairment or other health problem do you have?" and "Can you indicate the origin of the problem?" The answers to these open questions were recorded verbatim. Subjects could mention one or more problems.

Other items asked about difficulties in performing tasks in various areas. A few questions dealt with sources of income and benefits associated with disability.

Subjects were defined as disabled if they reported a difficulty in any of the tasks, receipt of any disability benefit, need for assistance, or a prosthesis. There was no emphasis on work disability.

Chronic back problems

Those with "chronic back problems" among those classified as disabled were identified from the answers to the two questions requesting a description of the problem and its origin. First, we identified the cases that met the inclusion criterion, that is, the subject's answer included any one of the following terms: back, lumbar, disc, sciatica, and a few other terms commonly used to describe back pain in French. In a second step, subjects were excluded from the group of back cases if they also had a severe illness or impairment. The exclusion criterion was the presence of one of the following terms in the subject's answer: rheumatoid arthritis, rheumatoid spondylitis, cancer, stroke, spina bifida, multiple sclerosis, encephalitis, Pott's disease, poliomyelitis, Alzheimer, hemiplegia, tetraplegia, myopathy, Parkinson's disease, infarction, and terms commonly used in French to describe these health problems.

Finally, the results were compared with an independent classification of all the study subjects' health problems by a team of medical experts who coded them according to the International Classification of Diseases¹¹. We concluded that relying on lists of terms in the answers to open questions was valid and simpler than a definition based on the coding given by the experts.

Difficulties in activities of daily living (ADL)

The questions about difficulties in daily living were derived from questionnaires dealing with such problems in general populations¹²⁻¹⁴. We chose to consider nine

activities often investigated in subjects with back pain ¹⁵⁻¹⁹: getting in and out of bed, sitting and getting out of a chair, climbing up or down one floor, carrying 5 kg for 10 meters, washing oneself, dressing, cutting one's toenails, bending forward from standing position to pick something up from the ground, walking.

Our analysis grouped the answer categories into two: possible without difficulty, versus other answers. Two categories were also used for walking: can walk one kilometre or more without resting, versus less than one kilometre.

The average total number of difficulties was also calculated, as a global measure of functional limitation ¹³.

Employment status, sources of income

All subjects were classified according to the standard French categories: employed; unemployed, looking for work; retired; housewife; "other unemployed". "Employed" means working in an ordinary work, but also includes those employed in accordance with statutes requiring large companies to employ a small proportion of disabled people (supported employment) and those employed in institutions specific for disabled people (e.g., sheltered workshops).

The category of "other unemployed" includes persons whose income comes from one of four principal sources:

Permanent handicap benefits.

Disability pension, for those who do not return to work at the end of a long sick leave.

Permanent benefits for occupational injury, which includes "back injury".

Minimum social income, paid for social (not health) reasons.

At the age of 60, someone who does not work usually becomes an ordinary retirement pensioner, since the normal age for retirement is approximately 60 years and lower in some jobs or activity sectors. Permanent disability retirement (retirement for health reasons) does not exist in France as an administrative category, whereas it exists in several other countries ¹⁸.

We did not consider here either low-level permanent benefits that can be combined with income from a normal work, or temporary benefits such as sick leave benefits.

For sick leave, there is nothing (such as duration or special benefit) specific for low-back pain in France.

Statistical methods

Most of the figures derive from weighted percentages and are estimates of frequencies or number of persons in the general French population. Software designed by INSEE was used to calculate confidence intervals that took the complex study design into account ¹⁹.

Results

Frequency of chronic back problems

According to the criteria described above, 1289 subjects had chronic back problems, which corresponds to an estimate of more than two million (2 007 675) French residents. The estimated prevalence rate was 7.9% for men and 7.5% for women. Prevalence increased with age, as indicated in Table 1.

ADL

Tables 2 and 3 report the frequency of difficulties in ADL for three age groups. The most common problems were picking something up from the ground and carrying 5 kg for 10 meters. Men aged 55-64 years also had problems cutting their toenails, while women, especially those younger than 55, frequently had trouble getting in and out of bed. Among men, the average number of difficulties increased with age. Among women with back conditions, however, those aged 55-64 years had fewer average difficulties than those aged 45-54.

Employment status

Most subjects with chronic back conditions were employed: 71.5% of the men (compared to 77.7% in the general population) and 53.5% of the women (60.2% in the general population). In this employed group, less than 2% of the men and less

than 1% of the women had jobs specific for disabled workers (supported employment; sheltered workshops or similar institutions).

Blue-collar workers were over-represented among subjects with back problems: 47.8% of workers among men vs. 34% in the general population, 26.3% vs 15.1% among women.

Table 4 reports the distribution of other categories. Men and women with chronic back condition were over-represented among retired workers and "other unemployed". A chronic back condition increased the probability of "job-seeking" among women, but decreased it among men. Fewer of the women with chronic back conditions than expected (relative to the French population) were housewives.

Sources of permanent income for those not working

Of the subjects with back conditions, a relatively small proportion was classified as "other unemployed" (neither job-hunting, nor retired, nor housewives). The estimated numbers in the general population were less than 100 000 for men, close to 80 000 for women. Table 5 summarises the sources of their income. Since most of these sources are available only for those younger than 60, the description is limited to the group aged 30-59 years.

The most frequent source of income for these "other unemployed" men was a disability pension. About 60 000 men in France receive a disability pension for a chronic back condition, that is, 6.8% of those with such a condition. Other sources of permanent income are less common: minimum social income, handicap benefit, permanent benefit from occupational injury. For the women in this group the main source of income was also disability pension, and permanent benefits from occupational injury was infrequent.

In the general population in France, 6.9 per 1000 among men in this age group have a chronic back condition and a disability pension or another source of income related to their health problems; the corresponding figure for women is 5.8 per 1000. If those with a back condition employed as disabled workers are also included the estimates are 8.2 per 1000 men and 6.2 for women.

Average number of ADL difficulties according to employment status

People with back conditions, even if they were working, had a higher average number of ADL difficulties than the general population. Men in the general population

aged 30-64 had an average 0.41 difficulties; the figure for employed men with back problems was 1.07. The average number of difficulties for employed women with back problems was 1.48 (0.49 in the general population). Women who were unemployed, job-hunting, supported by the minimum social income, and housewives had more ADL difficulties (average number above 4) than those who worked. For men, the number of difficulties was highest for those with disability pensions: they averaged more than seven from the list of nine.

Discussion

The methodology of this project was similar to that of other studies focusing on disabilities in the community, with a phase I questionnaire used to screen eligibility for the disability survey^{1 14 20}. Because the HID survey also included subjects with no functional limitations, it was possible to obtain prevalence estimates for the general population.

National population-based surveys offer several advantages. First response rates are high, since they are organised by national bodies in charge of censuses and other mandatory national studies. Second, they provide fairly accurate estimates for the entire population. A complex sample design with over-sampling of some categories also makes it possible to obtain precise estimates for severely disabled subjects.

Cases in this study were defined from the subjects' own description of their problems, rather than on diagnosis. The back conditions in this survey correspond to permanent or chronic impairments. Most subjects reported an impairment both in the screening questionnaire and in the actual HID survey six months later. A few, however, mentioned back or spine impairments in the HID survey that had not been mentioned previously. The reason for the discrepancy was most often the presence of a long-term impairment that the subject did not describe as a "disability". One example is limitations in mobility due only to pain.

We verified that our definition of back cases was consistent with the ICD coding of the subjects' health problem by external evaluators. In many cases, we concluded, the ICD code could be too much precise (for example, "osteoarthritis" rather than "back pain"), since the causes of back pain are most often unknown²¹. However, the comparison with the code given by an external evaluator was valuable for checking that the person was correctly classified as a "back case". In a few situations,

uncertainty remained. Some subjects stated that the origin of the back condition was an “accident”, a term that in French as in English can mean injury or trauma and is therefore difficult to interpret. The problems with the use of the term “back injury” are not specific to this study, however²². In the US National Health Interview Survey ²³, the most frequent codes for back-related conditions reported by adult subjects were “impairment involving back, traumatic”, and “impairment involving back, non-traumatic”.

The definition of chronic back problem here was similar to definitions in other studies that found similar prevalence levels: Canada²⁴, the US ³ and the Netherlands ²⁵. For example, the DMC₃-study ²⁵ reports a 21.2% prevalence of chronic low back pain in Dutch inhabitants aged 25 years or older. In this group, 30% reported limitations in their daily lives. About 6% of the general population may thus be estimated to have limitations due to low back pain.

The most common difficulties were similar to those reported in other surveys ²⁶ : bending down (“picking something up from the ground” in our study), walking, climbing stairs, carrying goods, getting in and out of bed, cutting toenails.

We expected prevalence to increase with age, but among men it was lowest in the second age group. Prevalence of “musculoskeletal activity restrictions” decreased from 30-44 years to 45-54 for men, but not for women, in the Canadian National Health Survey ¹. The meaning of “activity restriction” may differ according to whether the subject considers the activity necessary or normal, a determination that may change from 30 to 50 years. This may explain the slightly decreased prevalence in our study for men older 44 years.

In our study, the number of difficulties in ADL increased with age among men with back conditions but not women, for whom the average number of difficulties was almost 3 at 45-54 years, but closer to 2 at 55-64. There is no obvious explanation for this. It may be due to chance or may reflect genuine differences due to changes in their housekeeping burden , which may decrease with age, as the number of persons in the household drops.

The description of employment status indicates that most people in France who have back problems are working, despite their functional limitations; the percentage of those who work is almost the same as that of the general population. We also found that those with chronic back conditions are more often blue-collar workers. Very few of them are employed as self-employed workers. On the whole, a minuscule portion of the population receives income related to a back condition.

The average number of difficulties in ADL among people with back problems differs according to employment status and also according to sex. The average number among men with disability pensions was quite high. Those able to work or old enough for normal retirement might not apply for a disability pension, which entails a much lower income. The situation is probably more complex among women.

Comparisons with other countries are difficult. We would need to be able to distinguish between job-seekers and the other "unemployed" and to find employment rates according to age. These rates, moreover, are specific to periods and countries. The unemployment rate in France is high, and early retirement is common, irrespective of health status. The percentage of housewives also differs between countries.

In some countries a large percentage of the population receives permanent disability pensions for back pain. The HUNT II study in Norway reported that the age-adjusted prevalence of disability pensions, irrespective of the medical determinant, was approximately 10% in the group aged 25-66 years, and musculoskeletal diseases were among the most frequent causes ²⁷. A Finnish health survey estimated the prevalence of permanent work disability due to sciatica or other low back syndrome in men and women aged 30 to 64 years at about 1.5% ²⁸. According to the results of the MORGEN study ²⁹, roughly 3% of the population aged 20-59 years in the Netherlands did not work because of disability due to low back problems. The estimated prevalence in France was less than 1% for both sexes. The low income provided by disability benefits and pensions in France may explain the relatively high frequency of employment among persons with back problems.

In France "normal retirement" is one possible answer to permanent work disability due to low back pain. Age at retirement is expected to rise in France in the next decade; this increase may present questions about employment among the oldest workers suffering from disabling low back pain. A dual approach is needed: to

prevent back pain from becoming chronic and to adapt working conditions to those who are disabled.

References

1 Cole DC, Ibrahim SA, Shannon HS, Scott F, Eyles J. Work correlates of back problems and activity restriction due to musculoskeletal disorders in the Canadian national population health survey (NPHS) 1994-5 data. *Occup Environ Med* 2001;58:728-734.

2 Badley EM, Rasooly I, Webster GK. Relative importance of musculoskeletal disorders as a cause of chronic health problems, disability, and health care utilization: findings from the 1990 Ontario Health Survey. *J Rheumatol* 1994;21:505-514.

3 Andersson GBJ. Epidemiological features of chronic low-back pain. *Lancet* 1999; 354:581-585

4 Makela M, Heliovaara M, Sievers K, Knekt P, Maatela J, Aromaa A. Musculoskeletal disorders as determinants of disability in Finns aged 30 years or more. *J Clin Epidemiol* 1993;46(6):549-559.

5 Van Tulder MW, Koes BW, Bouter LM. A cost-of-illness study of back pain in the Netherlands. *Pain* 1995;62:233-240.

6 WHO International classification of impairment, disabilities and handicaps. 1980, Geneva.

7 WHO International classification of functioning, disability and health. 2001, Geneva.

8 Mormiche P. L'enquête HID de l'INSEE. Objectifs et schéma organisationnel. *Courrier des statistiques*, 1998, 87/88:7-18.

9 Ravaud J-F, Letourmy A, Ville I; Identifying the population with disability: the approach of an INSEE survey on daily life and Health. *Population –E* 2002, 57(3):529-552.

10 Boutron I, Poiraud S, Ravaud J-F, Baron G, Revel M, Nizard R, Dougados M, Ravaud Ph. Disability in adults with hip and knee arthroplasty: a French national community based survey. *Ann Rheum Dis* 2003;62:748-754.

11 WHO International classification of diseases, Xth revision. 1996, Geneva.

12 Katz S, Ford AB, Moskowitz RW, Jackson BA, Jaffe MW. The index of ALD: a standardized measure of biological and psychological function. *J Am Med Assoc*. 1963;148:914-921.

13 Long JS, Pavalko E. Comparing alternative measures of functional limitation. *Med Care* 2004;42(1):19-27.

14 Zwerling C, Whitten PS, Sprince NL, Davis CS, Wallace RB, Blanck PD, Heeringa SG. Workforce participation by persons with disabilities: the National Health Interview Survey Disability supplement, 1994 to 1995. *JOEM* 2002; 44(4):358-364.

15 Kopec JA, Esdaile JM, Abrahamowicz M, Abenaim L, Wood-Dauphinee S, Lampin DL, Williams JI. The Quebec back pain disability scale. *Spine* 1995;20:341-352.

16 Roland M, Morris R. A study of the natural history of back pain. Part I: development of a reliable and sensitive measure of disability in low back pain. *Spine* 1983;8:141-144.

17 Bombardier C. Outcome assessment in the evaluation of treatment of spinal disorders. *Spine* 2000;25(24):3100-3103.

18 Hagen KB, Holte HH, Tambs K, Bjerkedal T. Socioeconomic factors and disability retirement from back pain. *Spine* 2000;25(19):2480-2487.

19 Ardilly P, Joinville O, Mormiche P. Calcul de précision au moyen du logiciel Poulpe dans l'enquête HID. Journées de méthodologie statistique de l'INSEE, Paris, 2002 (23p).

20 Yelin E, Sonneborn D, Trupin L. The prevalence and impact of accommodations on the employment of persons 51-61 years of age with musculoskeletal conditions. *Arthritis care and research* 2000;13(2):168-176.

21 Deyo RA. Diagnostic evaluation of LBP. Reaching a specific diagnosis is often impossible. *Arch Intern Med* 2002;162:1444-1447.

22 Frank JW, Pulcins IR, Kerr MS, Shannon HS, Stansfeld SA. Occupational back pain – an unhelpful polemic. *Scand J Work Environ Health* 1995;21:3-14.

23 Hurwitz EL, Morgenstern H. Correlates of back problems and back-related disability in the United States. *J Clin Epidemiol* 1997;50(6):669-681.

24 Liira JP, Shannon HS, Chambers LW, Haines TA. Long-term back problems and physical work exposures in the 1990 Ontario Health Survey. *Am J Public Health* 1996;86(3):382-387.

25 Picavet HSJ, Schouten JSAG. Musculoskeletal pain in the Netherlands, prevalences, consequences and risk groups, the DMC₃-study. *Pain* 2003;102:167-178.

26 Reynolds DL, Chambers LW, Badley EM, et al. Physical disability among Canadians reporting musculoskeletal diseases. *J Rheumatol* 1992;19:1020-1030.

27 Krokstad S, Westin S. Disability in society – medical and non-medical determinants for disability pension in a Norwegian total county population study. *Social Science and Medicine* 2004;58:1837-1848.

28 Heliovaara M, Sievers K, Impivaara o, et al. Descriptive epidemiology and public health aspects of low back pain. *Ann Med* 1989;21:327-333.

29 Picavet HSJ, Schouten JSAG, Smit HA. Prevalence and consequences of low back problems in the Netherlands, working vs non-working population, the MORGEN-study. *Public Health* 1999;113:73-77.

Table 1 Prevalence of chronic back problems

Age	Men			Women		
	Prevalence (%)	95% CI	Estimated number of persons	Prevalence (%)	95% CI	Estimated number of persons
30-44	7.67	7.26; 8.08	480982	6.18	5.53; 6.82	395554
45-54	5.33	4.69; 5.98	212564	7.29	6.72; 7.86	294008
55-64	12.27	9.11; 15.44	321633	11.11	9.19;13.03	302935
30-64	7.88	7.25; 8.51	1015178	7.54	7.01; 8.07	992497

Table 2 Difficulties in activities of daily living, comparison with the general population (men)

	30-44		45-54		55-64	
	Back condition	General population	Back condition	General population	Back condition	General population
Difficulties in getting in and out of bed (%)	6.9	2.2	24.8	2.6	32.7	7.9
Difficulties in sitting and getting out of a chair (%)	4.9	1.9	19.3	2.0	32.8	5.7
Difficulties in climbing up or down one floor (%)	5.6	3.2	25.8	6.8	37.3	16.7
Difficulties in carrying 5 kg for 10 meters (%)	16.3	2.7	32.5	6.8	42.1	13.2
Difficulties in washing (%)	1.9	1.5	13.1	3.8	29.1	6.1
Difficulties in dressing (%)	2.3	0.9	18.2	4.3	31.6	6.9
Difficulties in cutting one's toenails (%)	6.0	2.7	27.9	4.5	43.9	11.8
Difficulties in picking something up from the ground (%)	42.9	5.2	43.1	5.6	59.1	17.9
Cannot walk one kilometre (%)	10.3	3.2	8.6	4.5	17.9	8.2
Average number of difficulties	0.95	0.22	2.12	0.39	3.31	0.88

Table 3 Difficulties in activities of daily living, comparison with the general population (women)

	30-44		45-54		55-64	
	Back condition	General population	Back condition	General population	Back condition	General population
Difficulties in getting in and out of bed (%)	26.6	2.6	39.7	4.8	20.5	9.4
Difficulties in sitting and getting out of a chair (%)	10.1	1.5	25.0	3.3	16.8	6.7
Difficulties in climbing up or down one floor (%)	12.3	4.2	43.9	12.8	24.2	16.9
Difficulties in carrying 5 kg for 10 meters (%)	23.6	4.9	57.7	14.4	50.9	20.7
Difficulties in washing (%)	3.9	0.8	9.6	2.4	15.2	5.0
Difficulties in dressing (%)	4.0	0.9	23.3	3.7	16.9	7.0
Difficulties in cutting one's toenails (%)	9.1	1.8	37.8	6.4	30.9	15.3
Difficulties in picking something up from the ground (%)	33.4	4.7	44.0	9.4	36.0	6.6
Cannot walk one kilometre (%)	3.3	0.9	11.0	6.3	9.4	6.6
Average number of difficulties	1.25	0.21	2.89	0.60	2.18	0.98

Table 4 - Employment status, comparison with the general population (30-64 years)

	Men		Women	
	Back condition	General population	Back condition	General population
Employed (%)	71.5	77.7	53.5	60.2
Unemployed, looking for a job (%)	4.7	6.1	10.8	7.6
Retired (%)	14.1	11.9	14.7	9.3
Housewife (%)			12.5	19.6
“other unemployed” (%)	9.7	4.0	8.5	3.2

Table5 - Back condition cases classified as “other unemployed” (30-59 years) according to source(s) of permanent income estimated numbers in the French population, frequency among back condition cases and in the population

		Income related to health			Income unrelated to health Minimum social income	Total (1) “other unemployed”
		Not specific for work-related injury or disease		Work-related: permanent benefit from occupational injury		
		Handicap benefit	disability pension			
Men back cases “other unemployed”	Estimated number of persons	13177	59937	12983	14534	98098
	Frequency (%) among back condition cases, 30-59 years	1.5%	6.8%	1.5%	1.6%	11.1%
	95% CI	[0.86; 2.11]	[4.5; 9.2]	[0.09; 2.1]	[0.92; 2.4]	[8.7; 13.5]
	Percentage of the population, 30-59 years	6.9 per 1000			1.3 per 1000	8.5 per 1000
Women back cases “other unemployed”	Estimated number of persons	16351	53852	671	9037	80796
	Frequency (%) among back condition cases, 30-59 years	2.0%	6.5%	0.07%	1.1%	9.8%
	95% CI	[1.1; 2.8]	[5.0; 7.9]	[0.02; 0.14%]	[0.55; 1.61]	[7.9; 11.7]
	Percentage of the population, 30-59 years	5.8 per 1000			0.8 per 1000	6.9 per 1000

(1) Total slightly different from the sum of the four first columns : the sources of income are not mutually exclusive; “total” comprises also less frequent sources of income, for example insurance income.