The Lam Employment Absence and Productivity Scale (LEAPS)

The Lam Employment Absence and Productivity Scale, or LEAPS, provides important information into how patients are functioning at work. This tool can help physicians make management decisions such as whether or not a patient should stay at work, whether work functioning improves along with symptoms, and whether changes in treatment are needed to optimize work functioning.

The LEAPS was designed specifically for the clinical practice setting. It is a 10-item, self-rated scale that takes only 3 to 5 minutes for the patient to complete. It is simple and easy to use. Patients can complete the LEAPS in the waiting room or at home, and can score it themselves.

The items were chosen based on the symptoms that have the most impact on work productivity and the most common productivity problems experienced by patients with depression. The LEAPS was recently validated in a sample of 234 consecutive working patients meeting DSM-IV criteria for MDD attending a mood disorders outpatient clinic (Lam et al, 2009).

How can the LEAPS be used to guide clinical management of working patients with depression? Since the LEAPS is not a diagnostic tool, it should be used in conjunction with a symptom rating scale such as the PHQ-9 or the QIDS-SR. A key benefit of the LEAPS scale is that the total score can provide a quick measure of the degree of impairment in a patient's occupational functioning.

The individual productivity items can also help guide treatment decisions including whether it is appropriate and/or safe for the patient to remain at work; or whether the patient should take time off work. For example, a patient in a safety-sensitive job who endorses making more mistakes at work might benefit from workplace accommodation or a leave from work.

The LEAPS can also help monitor changes in occupational functioning over time. By using a validated tool such as the LEAPS, clinicians can be assured they are monitoring functional outcomes in a standardized way. Furthermore, the LEAPS can serve as a useful charting tool to assess patient progress. The LEAPS total score provides a quick gauge of how the patient is functioning at work, which can save physicians time by eliminating the need to write notes describing how the patient is doing.

Patients can fill in the LEAPS during follow-up visits (for example, at 4-week intervals or as clinically appropriate). Ideally, improvements in work functioning should parallel improvements in symptoms, however full functional recovery may take longer to achieve than symptomatic remission.

Reference

Lam RW, Michalak EE, Yatham LN. A new clinical rating scale for work absence and productivity: validation in patients with major depressive disorder. BMC Psychiatry 2009; 9:78. Link to article

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Name:	Date:
Although all forms of work including house work, chilquestions are about the employed or self-employed painclude house work, volunteer work, or school work.	<u>*</u>
1. What kind of paid work do you do?	
2. Over the past 2 weeks , how many hours were you scheduled or expected to work?	
3. Over the past 2 weeks , how many hours of work did you miss because of the way you were feeling?	

4. **Over the past 2 weeks,** how often at work were you bothered by any of the following problems? Please limit your answers to the time when you were at work. Please circle your ratings.

	None of the time (0%)	Some of the time (25%)	Half the time (50%)	Most of the time (75%)	All of the time (100%)
a) Low energy or motivation.	0	1	2	3	4
b) Poor concentration or memory.	0	1	2	3	4
c) Anxiety or irritability.	0	1	2	3	4
d) Getting less work done.	0	1	2	3	4
e) Doing poor quality work.	0	1	2	3	4
f) Making more mistakes.	0	1	2	3	4
g) Having trouble getting along with people, or avoiding them.	0	1	2	3	4
Add up score in each column:					

Total Score (0-28) = _____

Score	Work Impairment
0-5	None to minimal
6-10	Mild
11-16	Moderate
17-22	Severe
23-28	Very severe