Goldberg and Zins’ comments (1) on our study (2) compare our results with those from their previous study (3). Although Goldberg and Zins emphasize that both articles “provide more specific insights into the potential biases... in epidemiologic surveys” (1, p. 1345), they disagree with
our claim that ours was the first study “to obtain information about nonparticipation bias using a longitudinal design” (2, p. 1310).

We agree that our statement requires qualification. Goldberg and Zins’ article on the Electricité de France–Gaz de France (GAZEL) cohort did indeed use longitudinal designs to explore patterns of nonparticipation within a cohort study. We believe that what makes our study unique is the linkage made between our sampling frame and an administrative database, which allowed complete ascertainment of a health-related outcome (ill-health retirement) in nonparticipants. In that sense, our article was truly population-based because the sampling frame was population-based rather than derived from an occupational cohort. Thus, the main strength of our study (2) was the completeness of information about nonparticipants with reference to the general population.

The GAZEL Study cohort comprises employees of the French national electricity and gas company. The cardinal strength of this impressive study is the detailed information to which the researchers had access through company records, including information on socioeconomic position, occupational characteristics, medical information, illness absence, and mortality of both participants and nonparticipants. However, this does not give the whole picture. Across the Western world, around one-third of the working-age population is occupationally inactive (4), and a substantial proportion is economically inactive because of ill health (5). All inhabitants in Norway, including individuals without any prior workforce participation, are entitled to a disability pension if they have a permanent work incapacity related to any certified medical condition. The population-based approach we used therefore allowed us to identify nonparticipation in individuals with the medical conditions most strongly associated with occupational incapacity, including severe mental illnesses and drug abuse disorders. These individuals may well have been excluded from an occupational cohort because their conditions may have prevented their ever having entered the workforce. This does not invalidate the findings from the GAZEL Study, but it does limit the generalizability of those findings to occupational cohorts, as opposed to studies in which the target population is the general population. Our study therefore avoids the healthy worker effect (6), which, we suggest, would inevitably have been operating in the GAZEL Study.

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