

# ”Det är inte mig det är fel på, det är huset”

En studie av prognosfaktorer och bemötande  
med fokus på sjuka hus-syndromet

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## Akademisk avhandling

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"There's nothing wrong with me, it's the building".

A study of factors for prognosis and encounter focusing on sick building syndrome.

## **Abstract**

**Background:** Sick Building Syndrome (SBS) is a controversial condition. It is caused or aggravated by indoor environment factors, but also associated with psychosocial and individual factors like female gender. The symptoms are grouped as dermal, mucosal and general. During the period 1986-1998 at the University Hospital in Umeå, Sweden 279 SBS patients were assessed. A follow-up questionnaire was sent to 239 SBS patients focusing on medical and social status, coping and personality traits, response rate 79 %. Similar follow-up questionnaires for hand eczema patients and patients with perceived electrical sensitivity were used. Medical and social prognosis was analysed and risk factors for prognosis with focus on self-image and coping were calculated. To explore the experience of SBS symptoms and encounters interviews were performed with 10 informants.

**Objectives:** The purpose of the thesis is to explore how the symptoms affect work-capability and if SBS patients recover from their symptoms. Another aim is to explore the experience of the emergence of symptoms and encounters in people with SBS. To study personality and coping resources and their importance for the progress of SBS symptoms comparisons were made with data from the general population and with other patient groups.

**Results:** SBS symptoms decreased over time, although nearly half of the SBS patients claimed that symptoms were more or less unchanged after 7 years or more. The risk of having no work capabilities was significantly increased at follow-up if the time from debut to first visit at the hospital was prolonged and if the patient at the first visit had multiple symptoms. Common daily activities aggravated the SBS symptoms. All three patient groups scored higher on spontaneous and positive self-image than a comparison group. They were all less controlled and two of the patient groups also had a high score on negative self-image. CRI domains had few deviations between groups of patients and a comparison group. Self-image or coping ability was not associated with SBS symptoms or persistent hand eczema symptoms at follow-up and their personality did not affect their work capability. Previous atopic dermatitis was the only consistent predictor of hand eczema at follow-up.

The informants' experienced emerging SBS symptoms as similar to flu symptoms. They took many actions to manage the situation but perceived a lack of confirmation and support from employers and health care providers.

**Conclusion:** There are long lasting symptoms aggravated by environmental factors within the SBS-patients. Early measures for rehabilitation are essential. Patients with SBS symptoms experience a lack of confirmation and support. It is important that healthcare personnel confirm the patient and are aware of the possible connection between symptoms and the indoor environment. For employers and facility managers knowledge of their obligations is important. Personality traits were similar in a well-established condition and in patients with medically unexplained symptoms. This can imply that patients with chronic symptoms in general can deviate from the general population with respect to self-image and coping ability. Certain personality traits may be potential risk factors that increase the probability of encountering stressful work situations.

## **Keywords**

Sick Building Syndrome, SBS, follow-up, self-image, coping, work-capability, SBS symptoms, personality traits

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