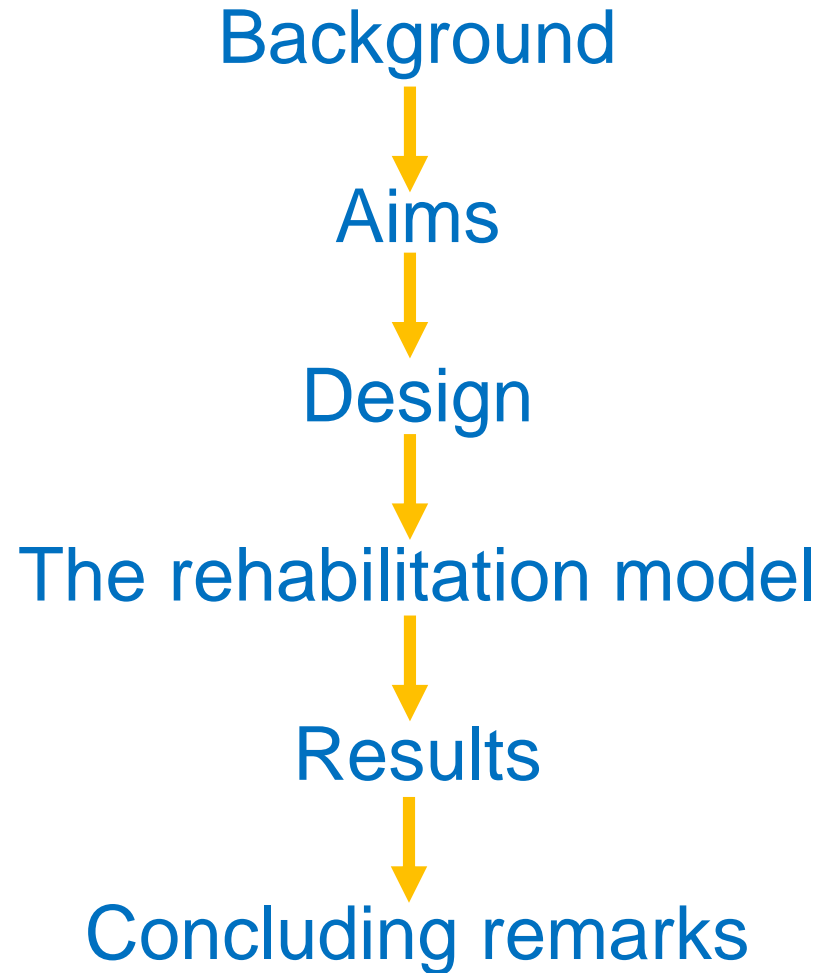


# Inpatient Multidisciplinary Occupational Rehabilitation

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**DISCLOSURE:** The presenter has not received and will not receive any commercial support related to this presentation or the work presented in this presentation.



INCLUDED

INCLUDED

EXCLUDED

*8 of 10 will experience back pain*  
*1 of 3 report current pain lasting > 6 months.*  
*1 of 2 will fulfil criteria for a mental disorder*  
*1 of 5 will experience depression*  
*1 of 2 will experience suicidal thoughts >14 days*  
*1 of 4 will experience an alcohol or drug problem*  
*(1 of 2 marriages will end with divorce)*  
*> 60% of sick leave is caused by PAIN or CMD*

(Norwegian HUNT studies, Harris 2010, Kessler-Berglund 2005, SSB)



© Bethlem Royal Hospital Archives

**Eliza Josolyne (Admitted Februar 1857)**  
**Diagnosis: Insanity caused by overwork**



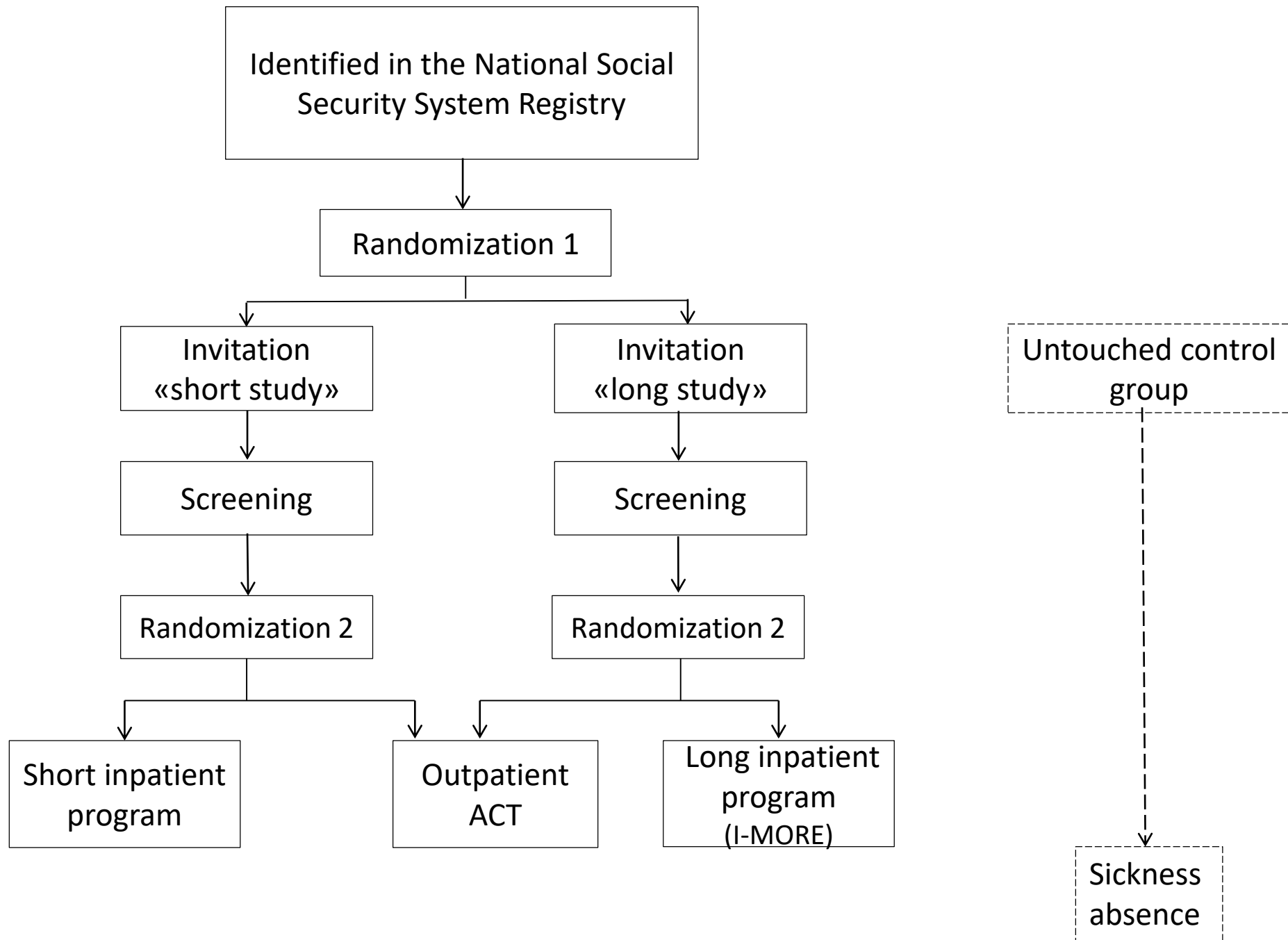


# AIM

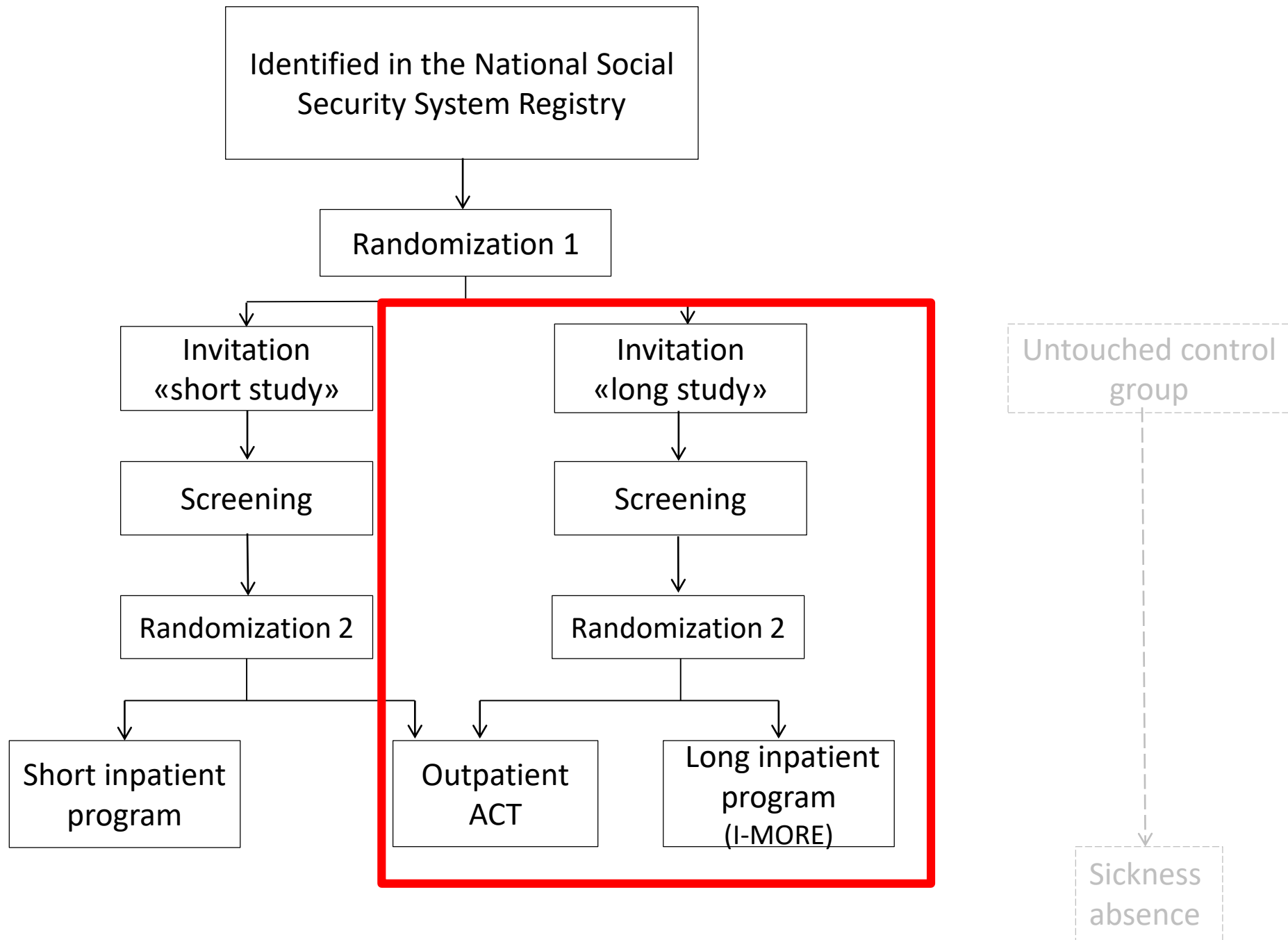
3 ½ week  
of  
I-MORE

vs.

Outpatient  
single-  
component  
program







# Participants



Sick listed  
2-12 months  
At least 50%



18-60 years old



Musculoskeletal  
Psychological  
(Fatigue)

(Slide design: Aasdahl)

# Diagnosis



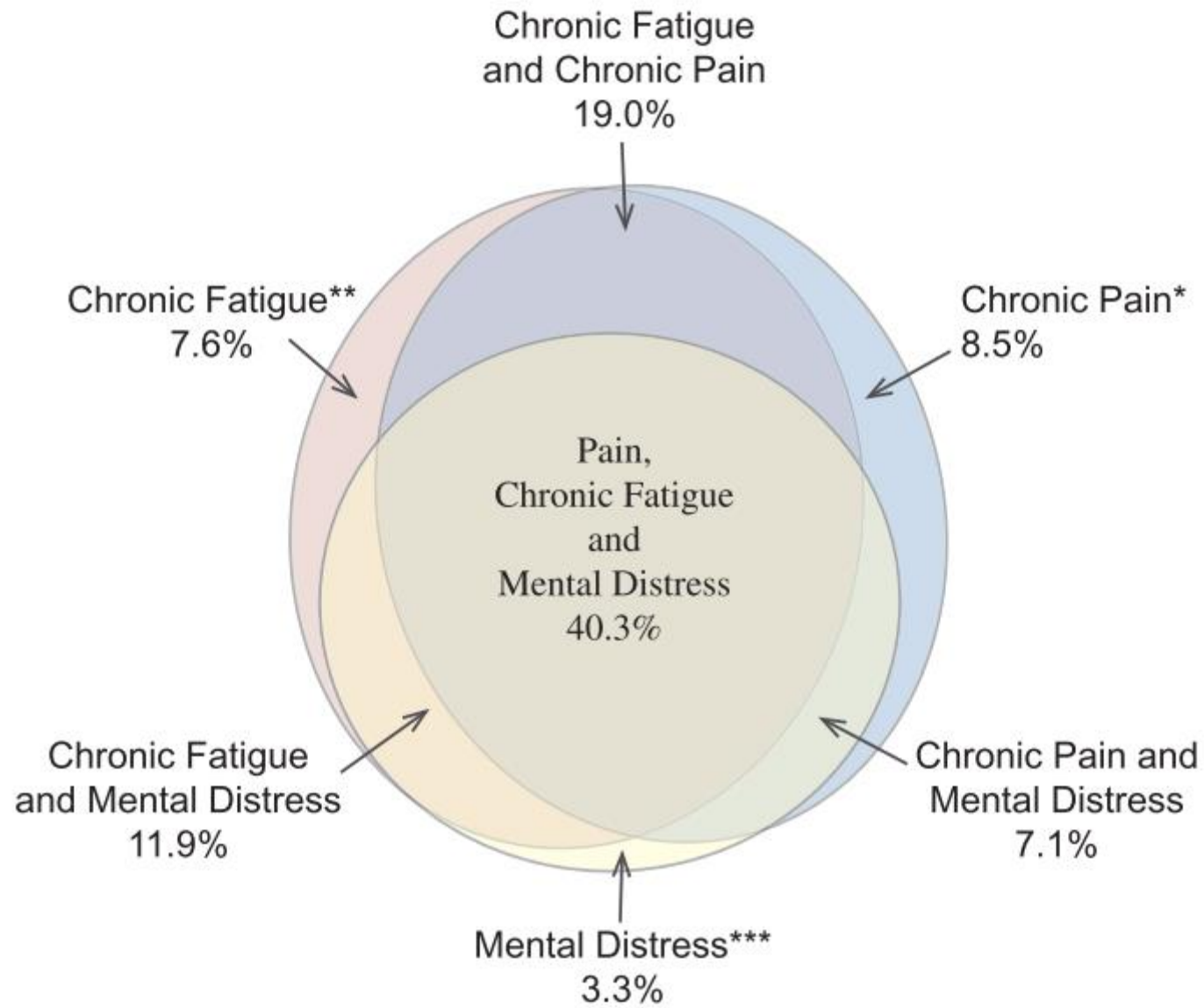
**57 %**

Pain



**43 %**

Mental disorders  
(including fatigue)

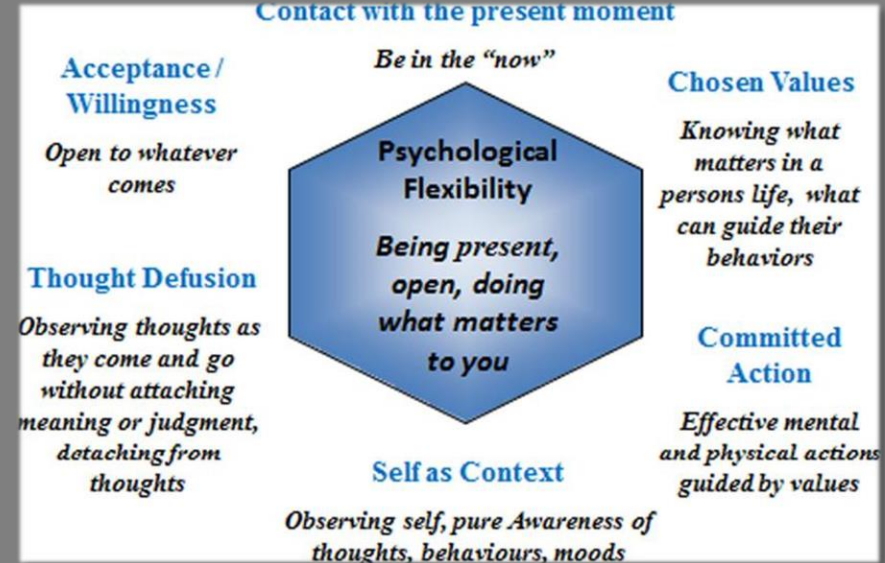


# REHABILITATION MODEL



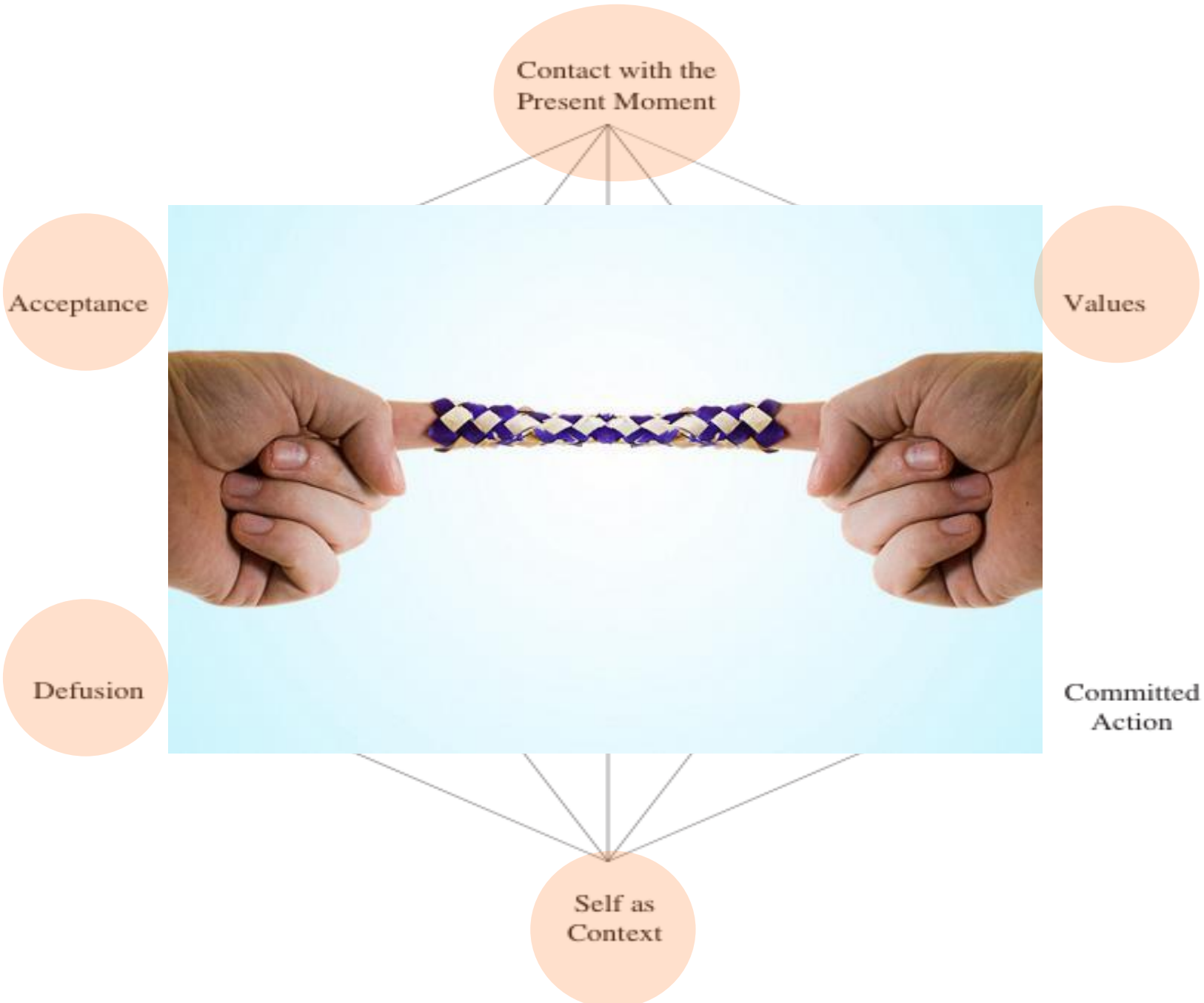
**EXERCISE**

**CO-  
ORDINATE**



**ACT<sup>1</sup>**

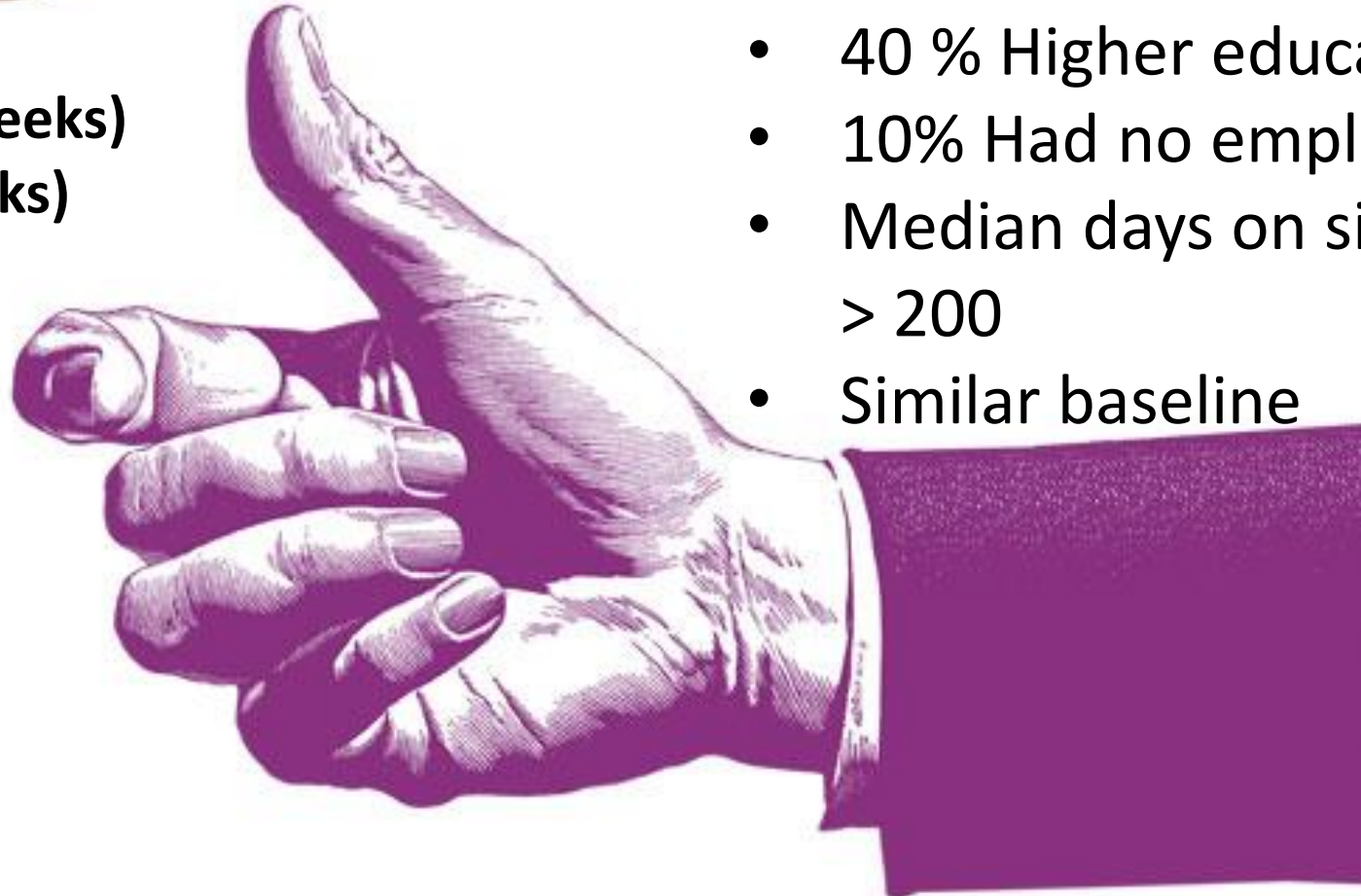
<sup>1</sup> A-Tjak et.al. 2015 Meta-Analysis of Efficacy of Acceptance and Commitment Therapy (ACT)





**86 I-MORE**  
**80 O-ACT**

**(3 ½ weeks)**  
**(6 weeks)**



# RESULTS

- N= 166
- 79% Female
- 40 % Higher education
- 10% Had no employer
- Median days on sick leave > 200
- Similar baseline





# Days on sick-leave

(cumulativ median)

<b>Inpatient rehabilitation</b>	<b>85</b>	<b>(IQR 33-149)*</b>
<b>Outpatient ACT</b>	<b>117</b>	<b>(IQR 59-189)</b>

*\*(Mann-Whitney U test,  $p=0.034$ )*

# RETURN TO WORK

(4 weeks without receiving any benefits)



Hazard ratio 1.9 (95% CI 1.2-3.0, p=0.009)

## SELF REPORTED OUTCOMES

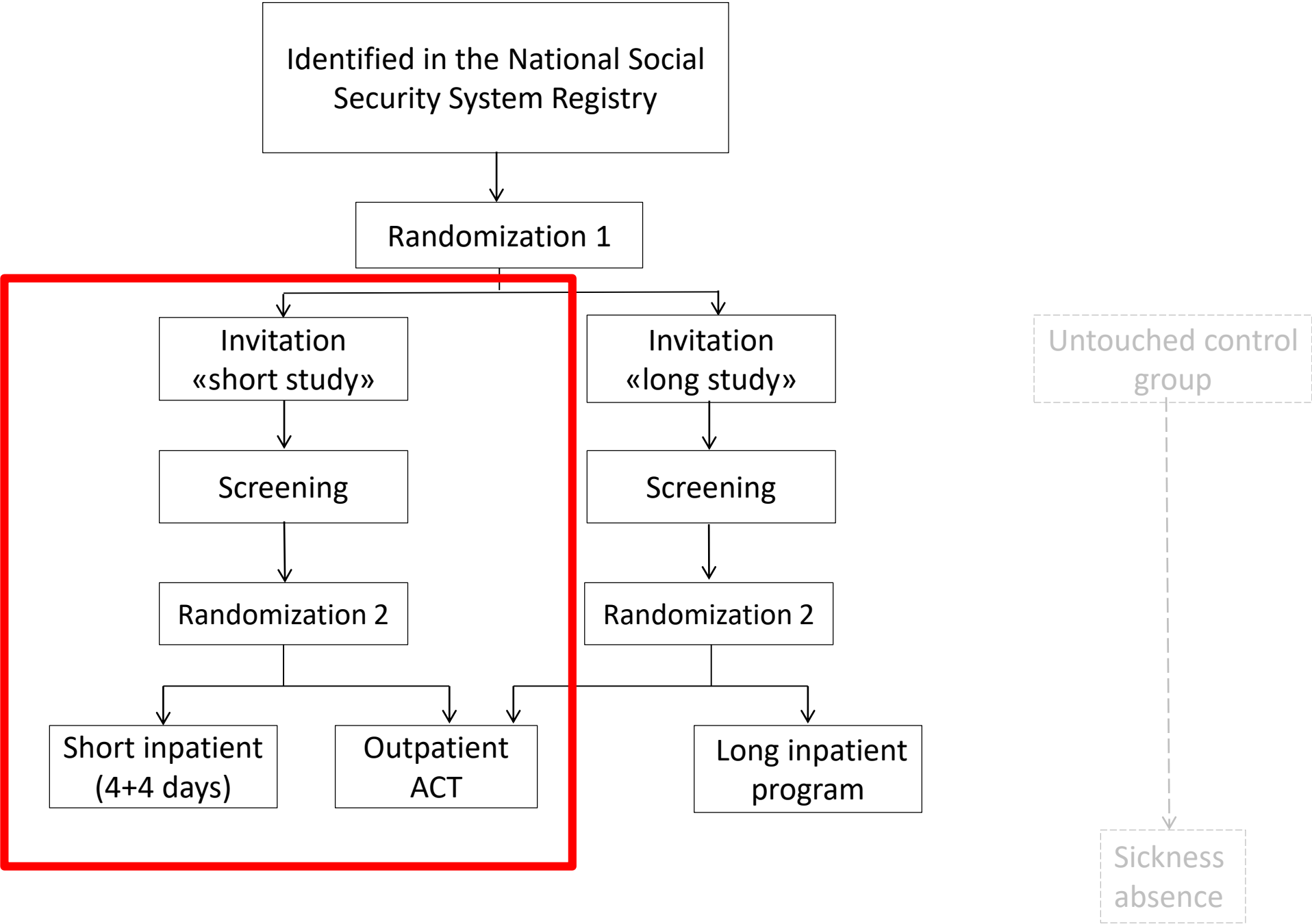
- \* Anxiety/Depression (HADS)
- \* Level of pain (BPI)
- \* Quality of life (15D)
- \* Subjective health (SHC)



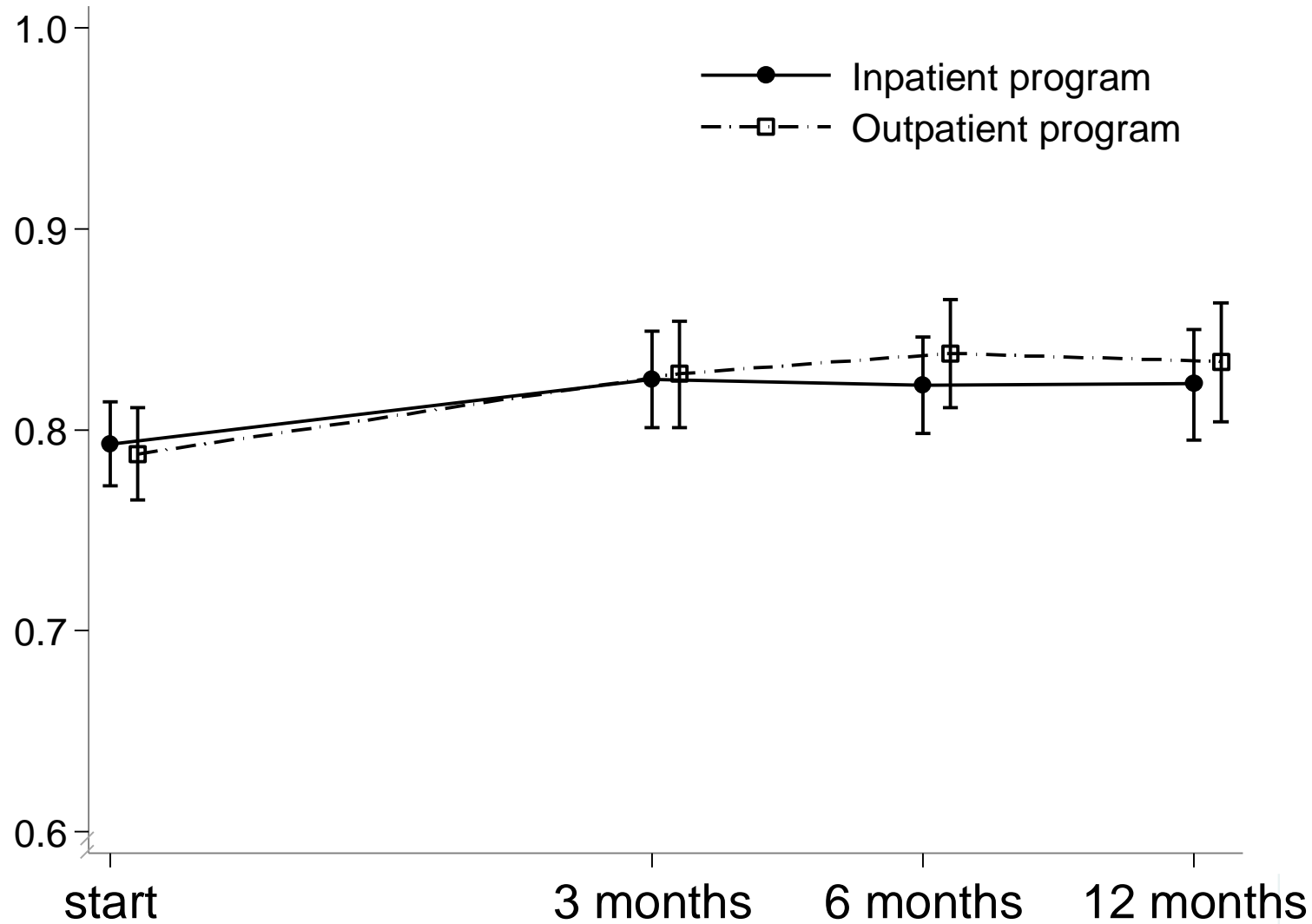
Pain improved in outpatient ACT at 12 months follow up (-1 on 1-10 numeric rating scale)

No other statistical significant differences found





# Health-related quality of life 15D (0-1)



# Summary (4+4 study)

No difference between a 4+4 days inpatient multimodal occupational rehabilitation program and a 6 weeks of outpatient ACT on sickness absence or health outcomes.

No evidence supporting implementation of the 4+4 days inpatient program in ordinary practice.

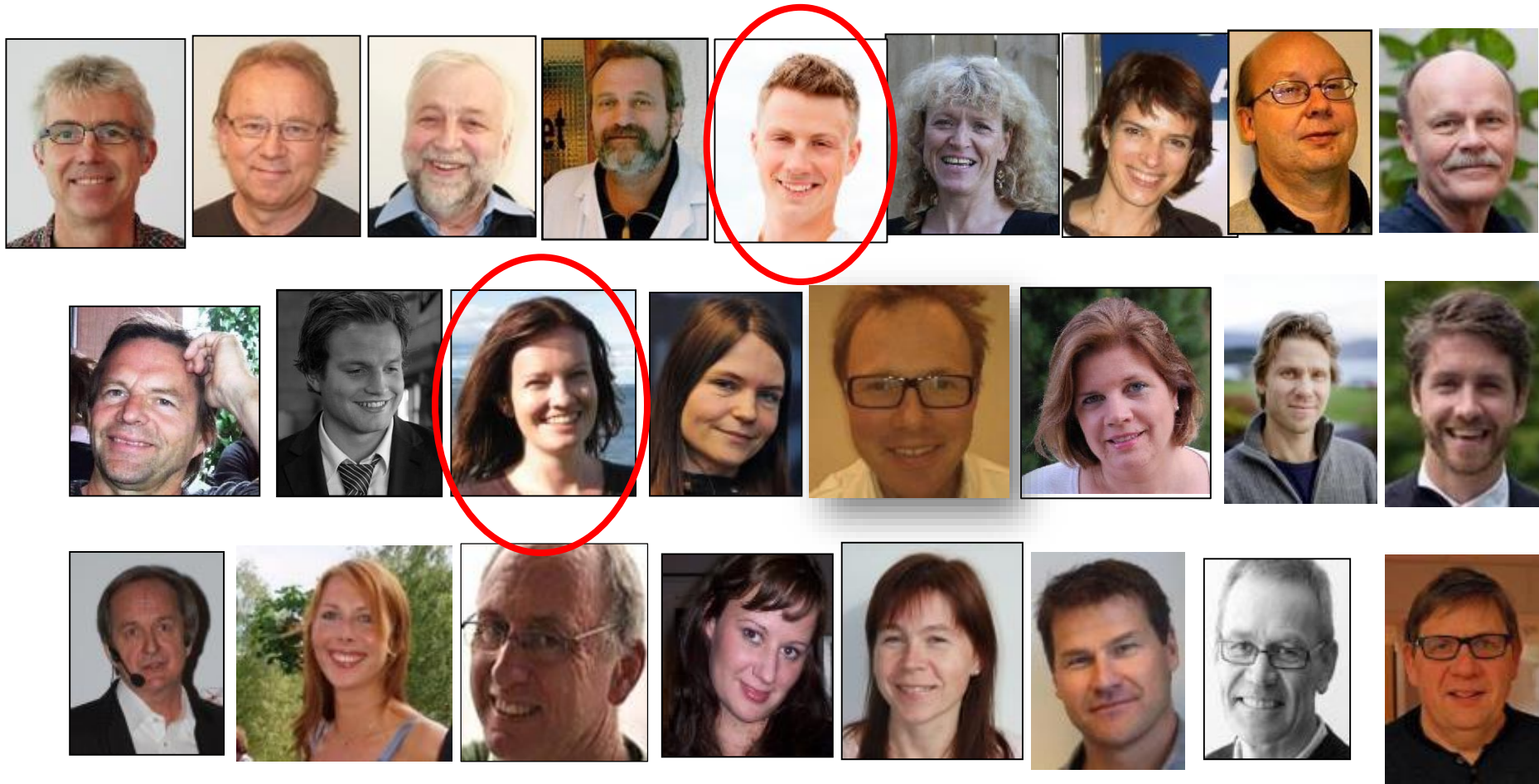
# Concluding remarks

3 ½ weeks of inpatient multimodal rehabilitation significantly reduced sick-leave compared to 6 weeks of outpatient ACT. Longer term health economic assessments are needed.

Integrating care for individuals with common mental and/or pain disorders is a workable strategy within an ACT based approach.



# Thanks to all collaborators!



# REFERENCES

- **Fimland, M. S., et al. (2014).** *"Occupational rehabilitation programs for musculoskeletal pain and common mental health disorders: study protocol of a randomized controlled trial."* *BMC Public Health* 14: 9.
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- **Aasdahl, L., et al. (2016).** *"Effects of Inpatient Multicomponent Occupational Rehabilitation versus Less Comprehensive Outpatient Rehabilitation on Somatic and Mental Health: Secondary Outcomes of a Randomized Clinical Trial."* *J Occup Rehabil.*
- **Hara, K. W., et al. (2017).** *"Transdiagnostic group-based occupational rehabilitation for participants with chronic pain, chronic fatigue and common mental disorders. A feasibility study."* *Disabil Rehabil: 1-11.*
- **Gismervik, S. O., et al. (2018).** *"The acceptance and commitment therapy model in occupational rehabilitation of musculoskeletal and common mental disorders: a qualitative focus group study."* *Disabil Rehabil: 1-11.*

THERE IS A CRACK IN  
EVERYTHING

...that's how the light gets in

(Leonard Cohen)