

# Do self-perceived impairments correlate with physician assessed functional limitations in workers with subjective health complaints and other disorders?



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# Disclosure

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## Conflicts:

The above organizations had no further role in analysis and interpretation of the data; **no conflict of interest**



# Sick leave



10%



5-8%




9%

- Subjective Health Complaints (SHC) cannot be fully explained by a defined organic disease, after appropriate medical examination
- Associated with significant occupational dysfunction, long duration of sick leave, and work disability



# Work disability assessment

- Medical work disability assessment:
  - Translate impairments  functional limitations
- Physicians find assessments difficult, especially for SHC:
  - Lack of objective medical findings
  - Existing evidence-based recommendations general and not specified
- Physicians to a large extent base their assessments on:
  - The workers' self-perceived impairments
  - Their own medical findings and opinion
- Workers with SHC more often report negative experiences



# Aims



1. Explore if and to what extent, in general, self-perceived impairments of workers correlate with the functional disabilities assessed by physicians
2. Assess whether this correlation differs between workers with SHC and those with other disorders



# Methods of the study - Participants

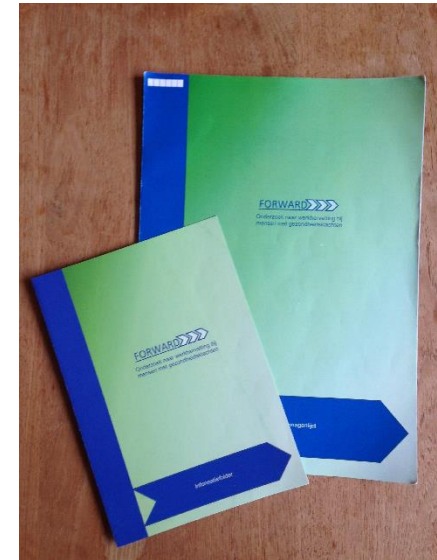
- Prospective cohort study with long term sick listed workers
- Inclusion criteria:
  - Registered sick listed for at least 84 weeks
  - Patient Health Questionnaire-15 (PHQ-15) > 5
  - Disability assessment data was available within one year of study entry
  - 2.040 workers were included in this study
- Exclusion criteria:
  - Hospitalized workers
  - Difficulties in reading the questionnaire
  - Involved in a juridical procedure
  - Pregnancy within three months of study entry
  - Cancer diagnosis within 12 months of study entry
  - Psychotic disease or dementia within 12 months of study entry



# Methods of the study - Materials

## Questionnaires

- Open questions:
  - Demography (gender, age, marital status, bread winner, land of birth and education)
  - Health status (treatments, medication and history of sick notes)
  - Work status (returned to work or not)
- Validated measures:
  - The Short Form Health Survey 36 (SF-36)
  - The Well Being Inventory (WBI)
  - The Hospital Anxiety and Depression Scale (HADS)
  - The Whitely Index (WI)
  - The subscale “Perceived Prognosis of Work Return” of the Obstacles To Return To Work questionnaire (ORQ)
  - The Work Ability score (WAS) of the Work Ability Index (WAI)



# Methods of the study - Materials

- Medical work disability assessment performed by an IP employed at UWV:
  - Diagnosis SHC
    1. Functional somatic syndrome:
      - Somatic (Pain) Syndrome
      - Pelvic Girdle Pain
      - Tietze Syndrome
      - Chronic Fatigue syndrome
      - Whiplash
      - Somatization disorder
      - Tension Headache
      - Irritable Bowel Syndrome
      - Fibromyalgia
      - Repetitive Strain Injury
    2. Unexplained physical health complaint
  - Functional limitations and disabilities on the FAL
    1. Derived from the International Classification of Functioning (ICF)
    2. Consists 106 functioning items
    3. Ordinal rating scale (two to five); higher scores indicating more severe limitations to perform activities
    4. Categorized into six sections
      - Personal functioning
      - Social functioning
      - Dynamic movements
      - Adjusting to the physical environment
      - Static posture
      - Working hours





# Methods of the study - Analyses

- Answers on the questionnaires were converted in 11 sum scores
  1. SF-36 (2): Physical component score and Mental component score
  2. WBI (3): Mental fitness index score, Work ability index score and Long term absenteeism index score
  3. WI sum score (1)
  4. HADS (3): Depression sum score, Anxiety sum score and Emotional distress sum score
  5. ORQ sum score (1)
  6. WAS sum score (1)
- The number of dimensions of the FAL were converted in four groups
  1. Physical functional limitations
  2. Functional limitations in autonomy
  3. Psychological functional limitations
  4. Functional limitations in manual skills
- Pearson correlation between functional limitations and questionnaires
- Coefficients  $\geq 0.30$  → linear regression analyses → interaction term diagnoses



# Conclusions



Moderate agreement between workers' self-perceived impairments and physician assessed functional limitations



Differences between workers with SHC and other disorders; associations lower for SHC  
Especially for high physical and mental self-perceived impairments (SF-36)



Associations for both groups remained statistically significant

- Physicians only partly rely on workers' self-perceived impairments during their medical work disability assessment
- For objective disorders physicians seem to rely more on the self-perceived impairments than for workers with subjective health complaints



# Questions

