

**Rapid return to work
for persons on long-term sick leave due to
musculoskeletal and minor mental disorders.
A clinical, prospective and controlled study.**

by

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Rapid return to work

In 2007 the Norwegian Government initiated a program “Rapid return to work” (RRW) to facilitate a reduction of the sick leave rate, which was about 7 %. Sunnaas Hospital became an actor by an outpatient clinic (OPC).

A pilot study including 97 patients in autumn 2007, demonstrated promising results.



Objectives

The main project – the main goal

Was to return back to work more rapidly all referred patients on long term sick leave due to musculoskeletal and minor psychiatric disorders

and demonstrate the effects of RRW-interventions compared with treatment as usual.



Method

* **The brief intervention and multidisciplinary approach** was performed for all with a clinical examination from physiotherapist, occupational therapist, social workers, clinical psychologist and specialist doctors (occupational medicine) through **one day** on an OPC.

* A group selected from the main group on clinical basis: **Four weeks additional intervention with physical and cognitive training** on how to cope with a chronic disease

* **A control group** having “treatment as usual”, was from the same county and comparable in age, gender, diagnoses, occupation, ethnicity and place of residence.



Method:

Follow-up

Data from the NAV-register was given for both the study group and the control group at follow-up 6, 12, 24, 36 months after assessment at 6 months sick leave



Material

The study group including 420 consecutive patients referred from the family doctors in Ostfold county, was performed through the year 2008, and January - July 2009.

All patients were employees on long term sick leave due to musculoskeletal and minor mental disorders.

After assessment 100 patients out of the 420 were selected on clinical basis to an extra intervention group.



Material

The control group (N=1260) was made out of the national sick leave register (NAV, Ostfold County) as a matching, stratified, control cohort of employees on sick leave due to musculoskeletal and minor mental disorders

The control group individuals were included the corresponding month as those in the study group – to meet the labour market effects of the financial crisis.



Results: Rapid return to work

The 420 patients had been on **sick leave for 6 averagely months** when they were referred to the OPC.

Age: Median 41 years (SD 10,4)

Gender: Male: 31% Female: 69 %

Occupation: 29 % sale, service, care, 18 % craftsmen, 16% with no educational demands, 12 % process dealers/drivers, 11 % public service, 9 % college/university, else 14 %

Not-Norwegian: 18 %

101 different **diagnosis** in ICD-10. Different musculoskeletal disorders, fibromyalgia, minor depression and anxiety were dominating, 10 % within the chapter F, 77 % within M, and 13 % others in ICD-10.



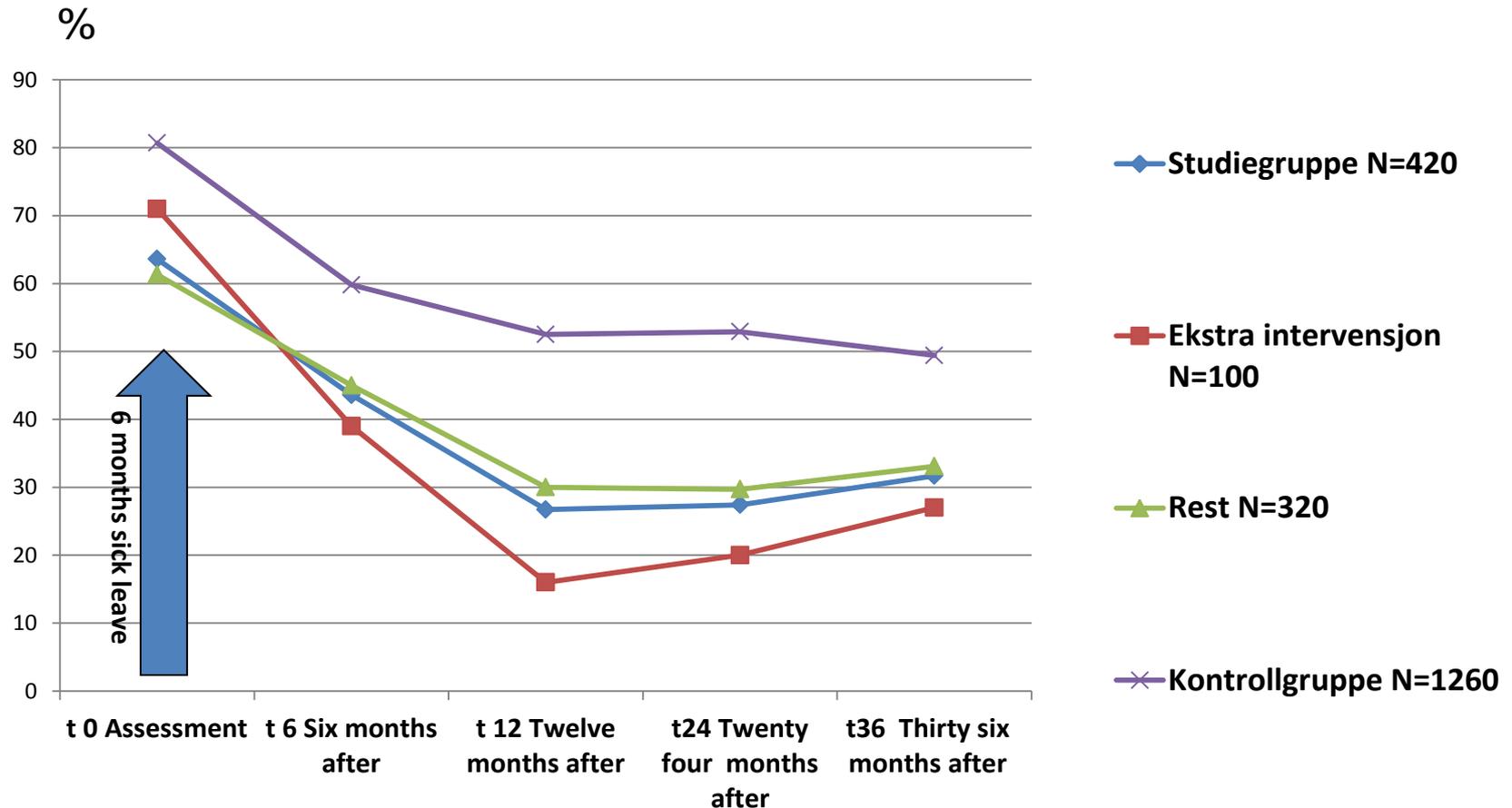
Results: Rapid return to work

Data from the NAV-register was given for both the study group and the control group in the following categories

Group	NAV-category	Contents of patient category
Group 1	10. 12. 20	Full time in the labour force
Group 2	13. 30	Part time in the labour force and part time long term benefits
Group 3	50	On disability pension
Group 4	Else	Outside the labour force or unknown

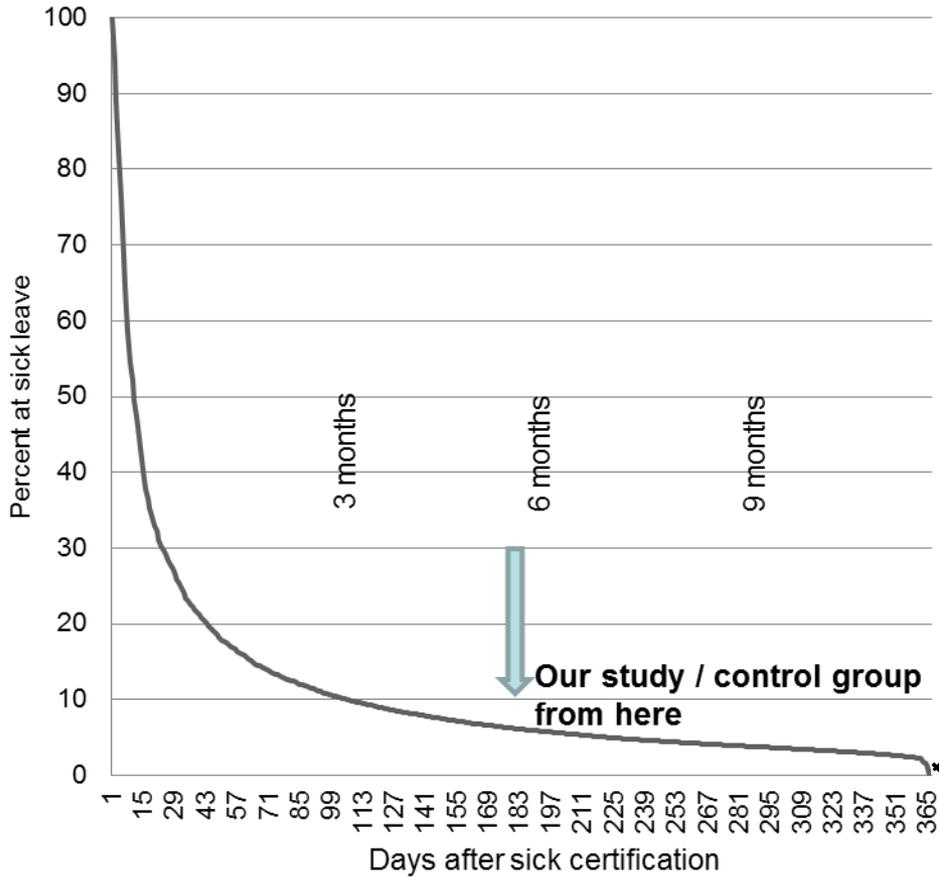


Fig 1. Full time in the labour force (NAV´s gr.1), for study group (N=420 and intervention group N=100 - N=320) and control group (N=1260) 6, 12,18, 30 and 42 months after sick leave. Percent.



The natural course of sick leave

Percent still at sick leave and number of days after sick certification, Norway 2012



Labour force from 6 months

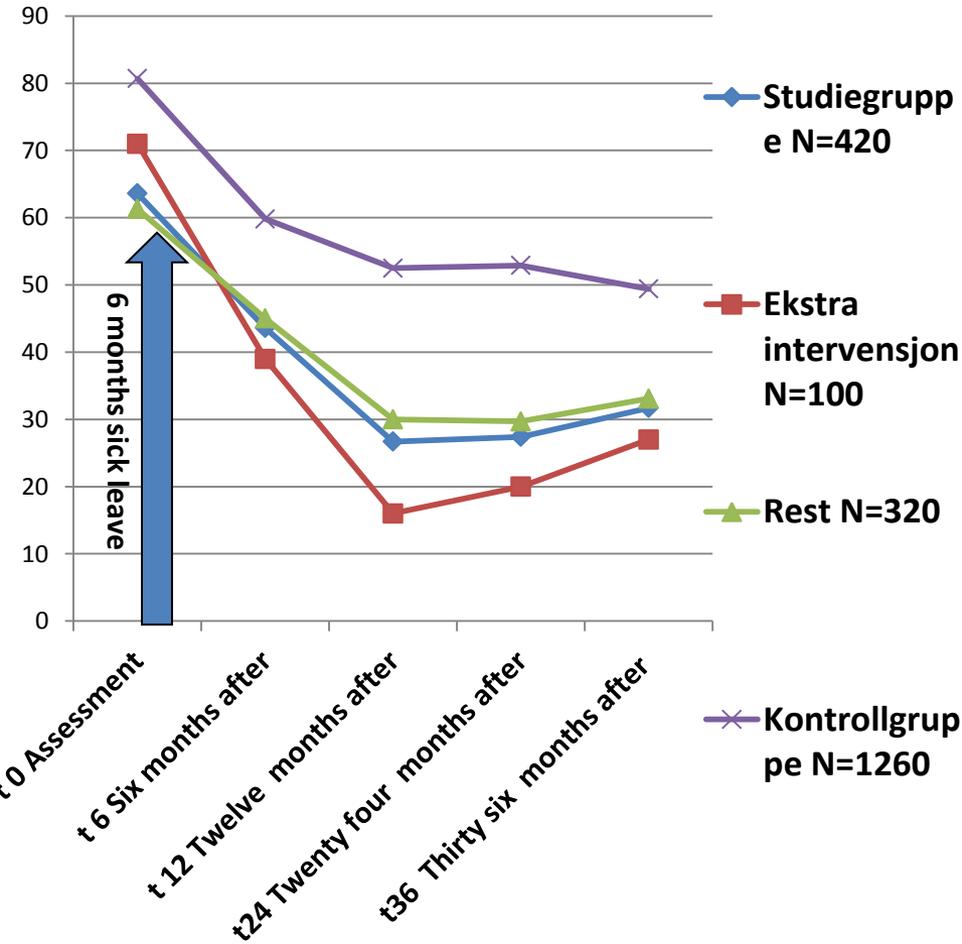


Fig 2.
Part time in the labour force and part time long term benefits, NAV gr.2 – apply for job. Percent

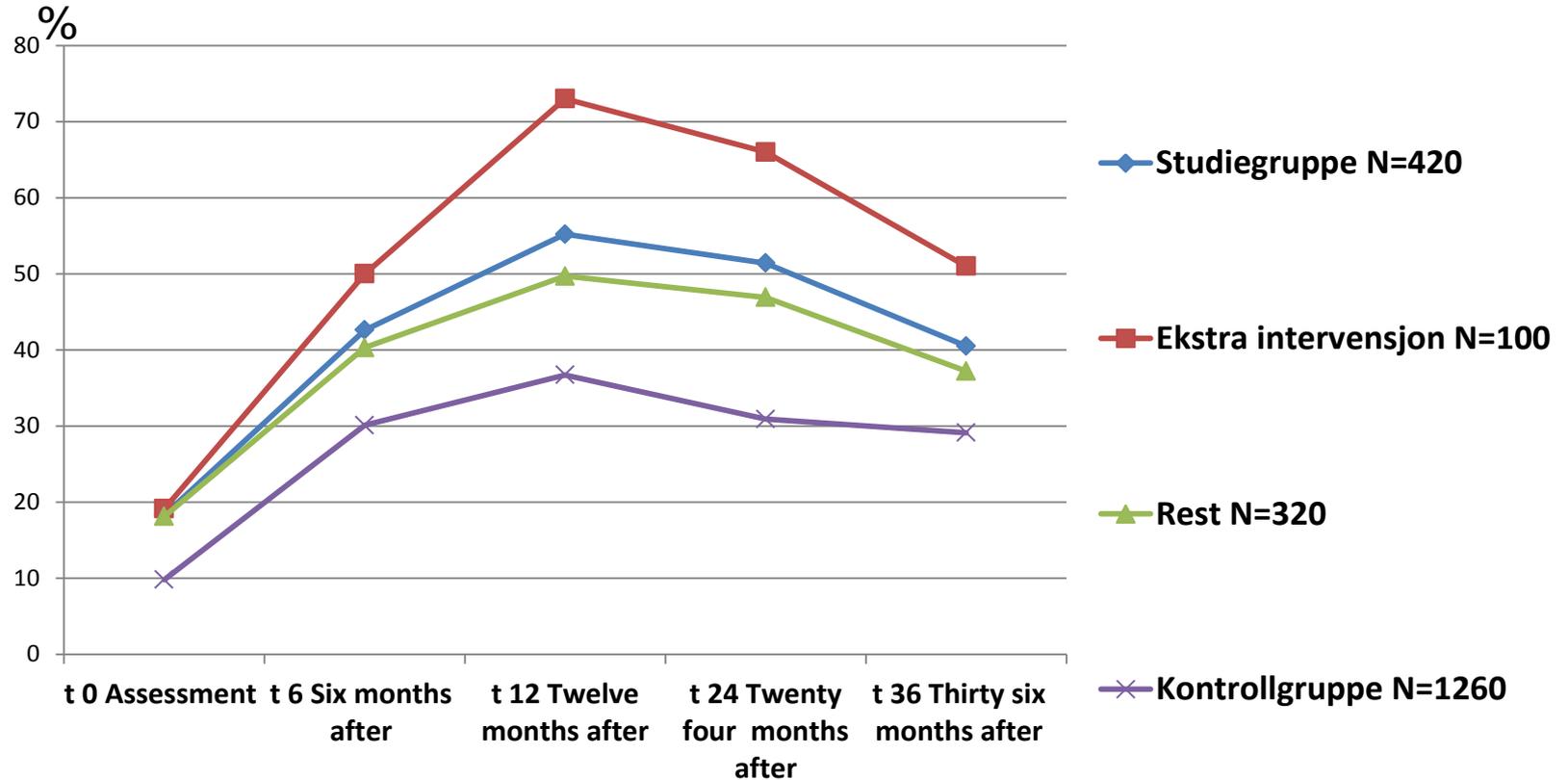


Fig 3. Disability pension, NAV gr.3, for study group (N=420) and intervention group (N=100 - N=320), and control group (N=1260): 6, 12,18, 30 and 42 months after sick leave. Intervention (assessment) was at 6 months of sick leave. Cumulative percent.

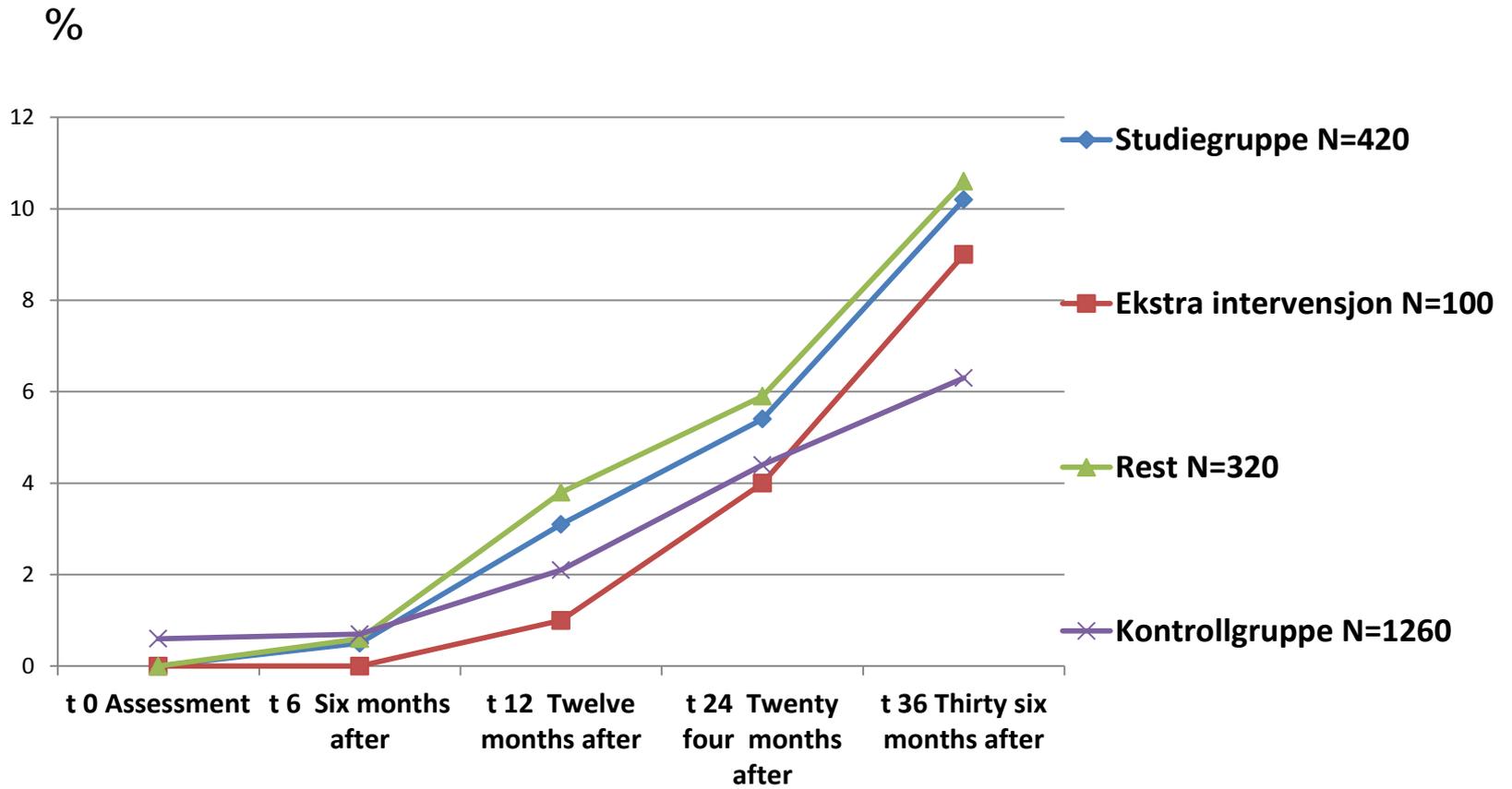
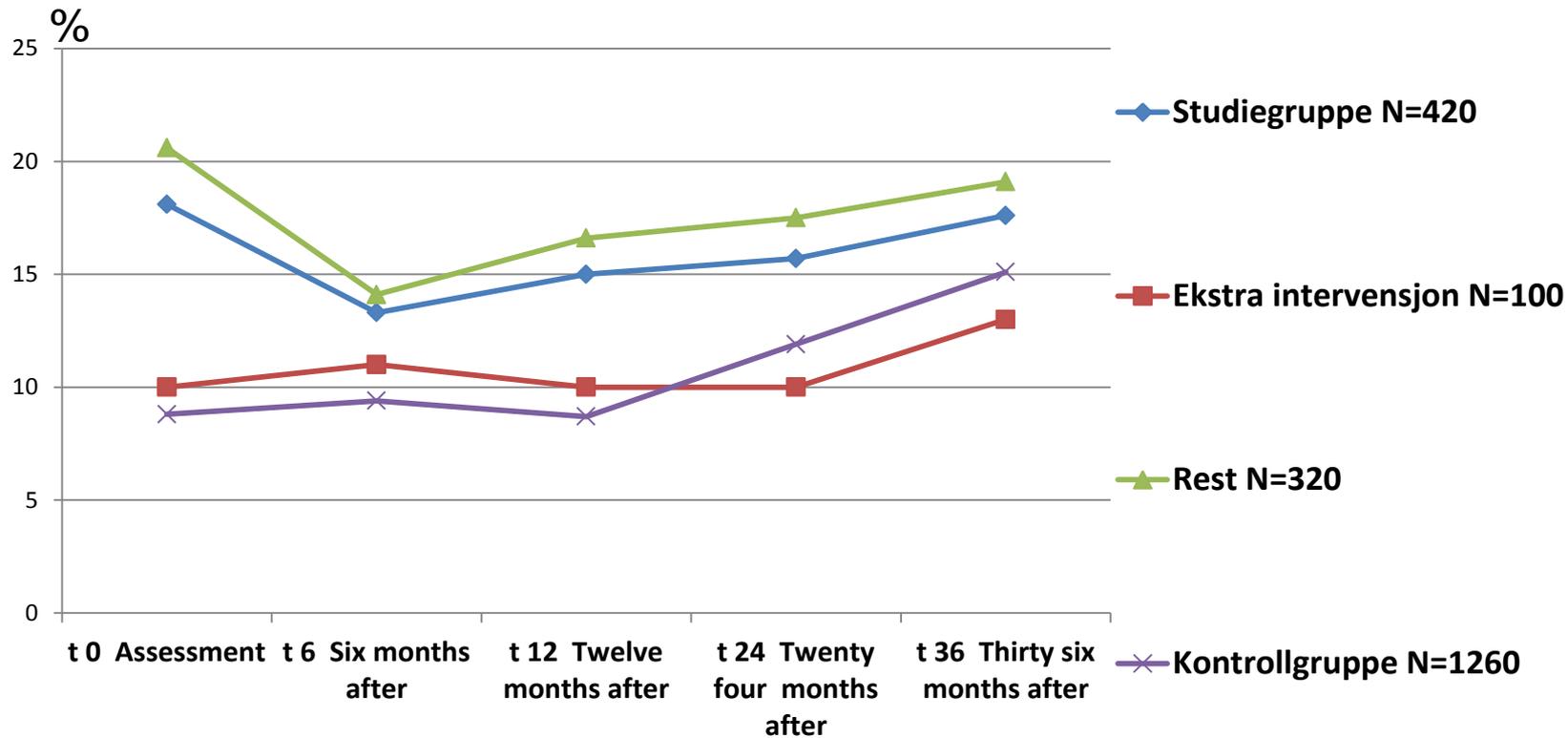


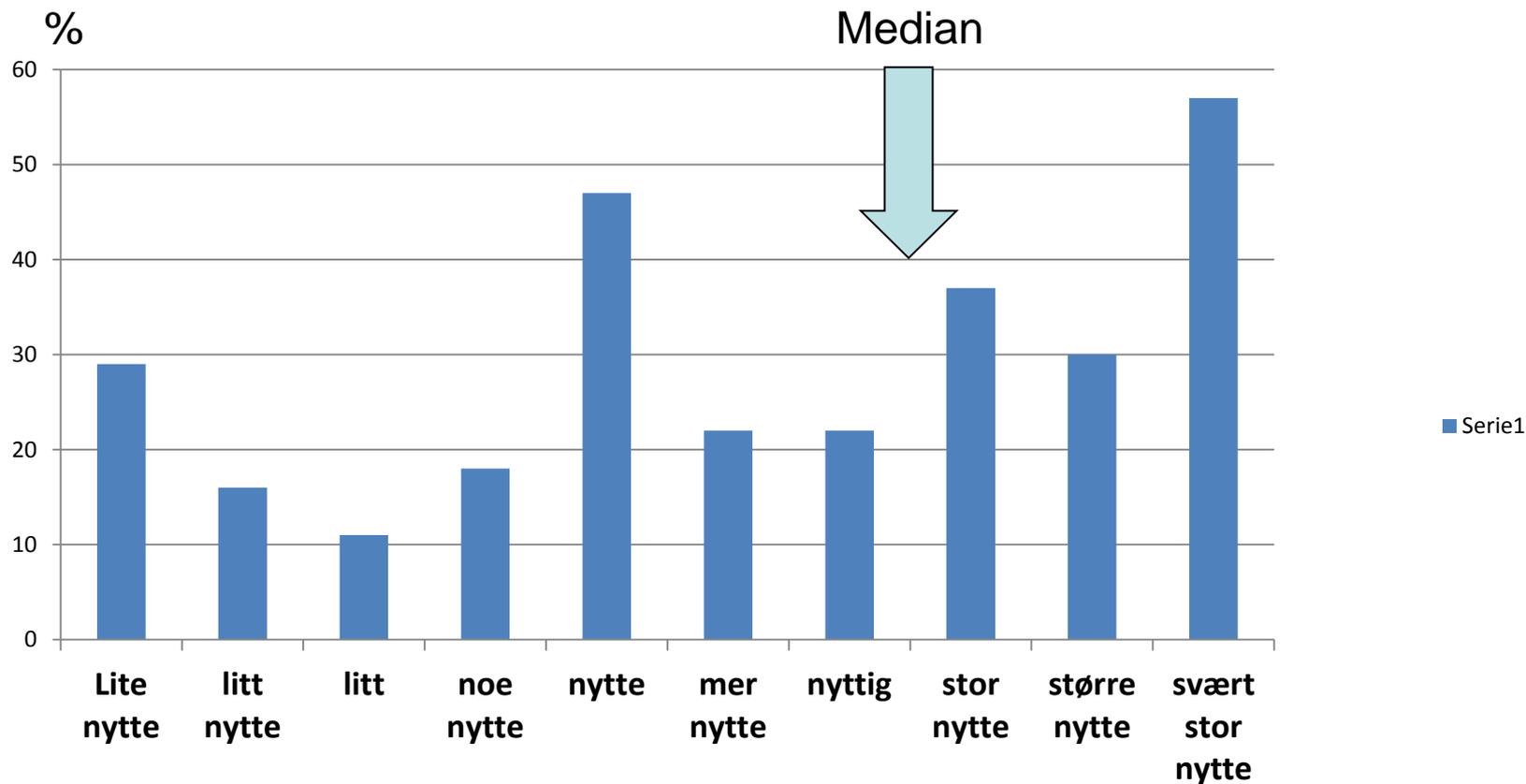
Fig 4 Outside the labour force or unknown – NAV gr 4. Percent



VAS-scale – defined benefit from te interdisciplinary intervention

N= 290 (69 %) from 420 possible.

50 % defined large/larger/very large benefit



Conclusion Rapid return to work

No effect of brief intervention on the degree of return to work.

The control group was better than the study group.

The study group had more reduced working capacity.

The study group needed and/or got more official support.

The group given additional intervention had the worst results on return to work, and

had a lower disability rate than the control group and the rest of the study group the first three years,

a possible effect of the extra intervention.

The study group and the control group were planned to be comparable

The family doctor had succeeded in selecting vulnerable persons for the OPC using the clinical information not present in the official statistics.

On a VAS-scale more than 50 % of the employees marked the intervention to be very useful.



Thank you for your attention.

