

Activity and life-role targeting pain rehabilitation (ALAR)

A randomised controlled pilot study of a return-to-work intervention in primary health care

ALAR

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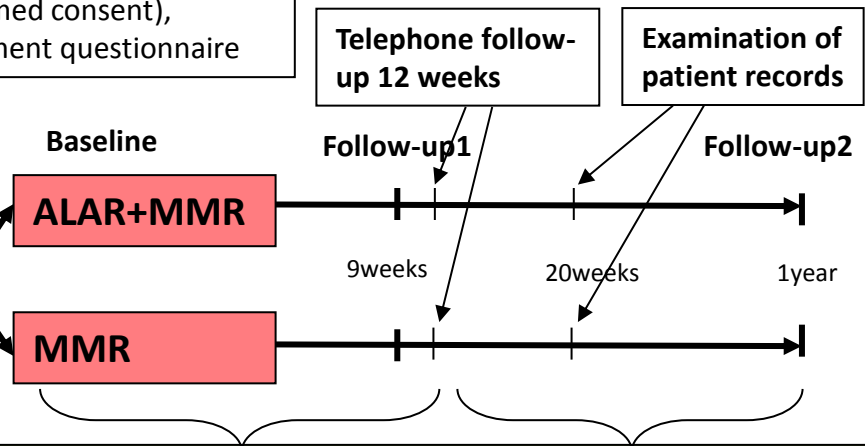
- Patient workbook.
- Weekly treatment session over a 10-week period.
- Homework assignments in between sessions.

Persons seeking care at 6 primary health care units in the County of Dalarna:
+ pain of persistent duration; i.e. more than 3 months
+ age 18-63 years
+ ability to read and write Swedish

Screening for inclusion/exclusion criteria by research PT,
Written and oral information (Informed consent),
Baseline assessment by self-assessment questionnaire

Randomized allocation of participants to receive either treatment condition:

- intervention: ALAR in conjunction to multimodal pain rehabilitation (ALAR+MMR) or
- control: only multimodal pain rehabilitation (MMR)



Assessments after treatment and 1 year after inclusion for evaluation of:
a) patient acceptance with procedures and content of rehabilitation programs,
b) treatment effect on return-to-work (RTW) and sickness absence (SA), and
c) health economic cost-effectiveness consequences of the interventions.

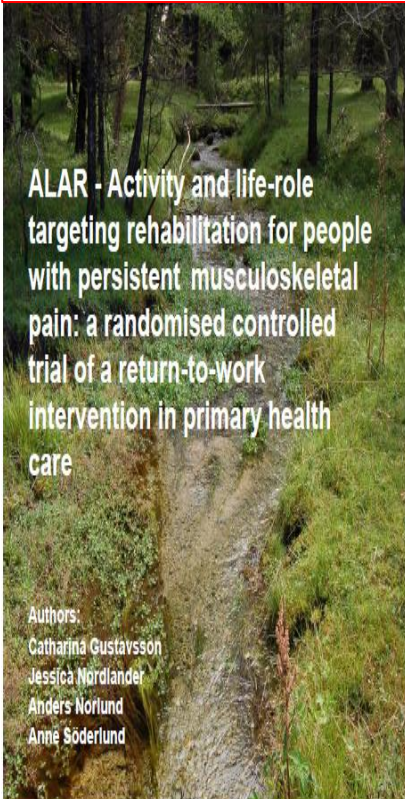


Figure 1: Overview of study design, inclusion and follow-up procedures in the intervention study.

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Conclusions

- This pilot study shows that the study design and methods were feasible in a PHC setting, and that ALAR was acceptable by the participants with regard to procedures and content of the program
- The results suggest that ALAR display somewhat higher costs in the short run, but have favorable health economic effects compared to MMR in the long run; i.e. one year after rehabilitation
- Due to the limited number of participants the results on outcome measures should be interpreted with caution
- A full-scale randomized controlled trial is planned and will be conducted to accurately evaluate treatment effects
- A future study will further elaborate the ALAR program and need to ensure procedures to obtain credible data on RTW and SA

