

Return to Work Rehabilitation for Patients with Fatigue in Mixed Patient Groups



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MD

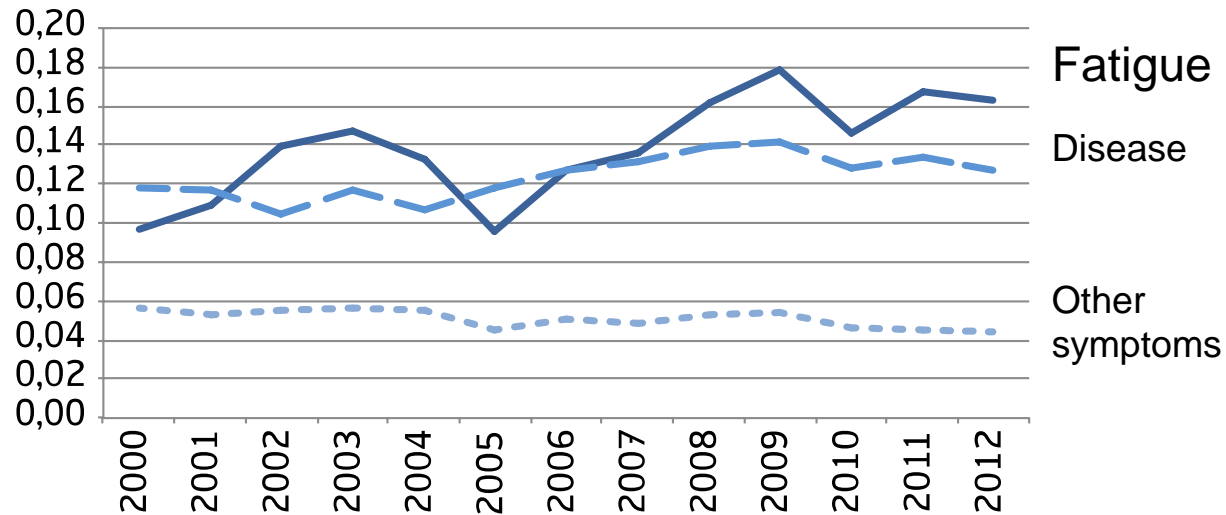
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Bacground 1:

Fatigue sick leave in Norway



Certified sick leave according to diagnosis as categorized in the International Classification of Primary Care (ICPC), chapter A "General and unspecified".

Background 2:

Return-to-work (RTW) rehabilitation



RTW programs for musculoskeletal disorders or mental disorders are in common use.

Research is scarce on programs designed for **mixed patient groups**.

Would patients with fatigue be able to take part in an intensive rehabilitation program together with other patient groups?

(Loisel 2013, Lambeek 2010, Briand 2007, Bond 2001)

Objective:

Increase knowledge on RTW patients with fatigue.

1. How **prevalent** is fatigue in our RTW population?
1. Does fatigue occur **alone or in combination** with mental distress and/or pain?
2. To what extent is fatigue **self-reported** as a major **cause of reduced ability to work**?
3. Will fatigue patients participate in extensive **pre-admission data collection**?
4. Will fatigue patients be able to **participate and engage in group rehabilitation**?



Methods

Participants were referred from general practice:

- Sickness benefit > 8 weeks
- Age 18 – 59 yrs
- Chronic pain/musculoskeletal disease, fatigue conditions and/or mental illness
- Self-defined goal of increasing labor participation

Observational study

Measurements

- at baseline
- upon completion of the rehabilitation stay



Hysnes occupational rehabilitation center

Methods

Step 1: Web based self-report questionnaire (386 items)
=> from home

Step 2: Multidisciplinary biopsychosocial assessment
=> at outpatient department in regional hospital

Step 3: Acceptance Commitment Therapy (ACT) based RTW program
=> at rurally located rehabilitation facility

Duration: 3 ½ weeks

Group based: 8 participants per group
Mixed groups regardless of diagnosis of referral

Results

87% of the invited participated in the study

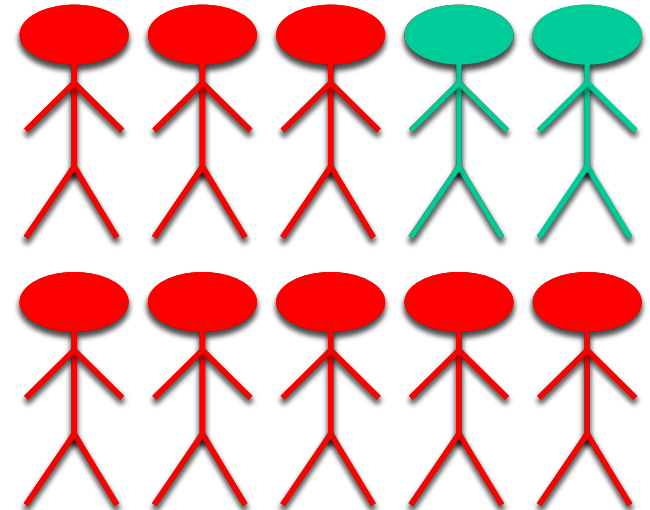
N = 233 (223 completed the program)

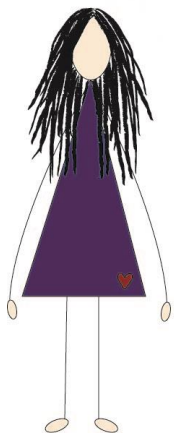
91% reported fatigue
(caseness if > 4 on Chalder fatigue score).

79% had chronic fatigue
(caseness fatigue + duration over 6 months)

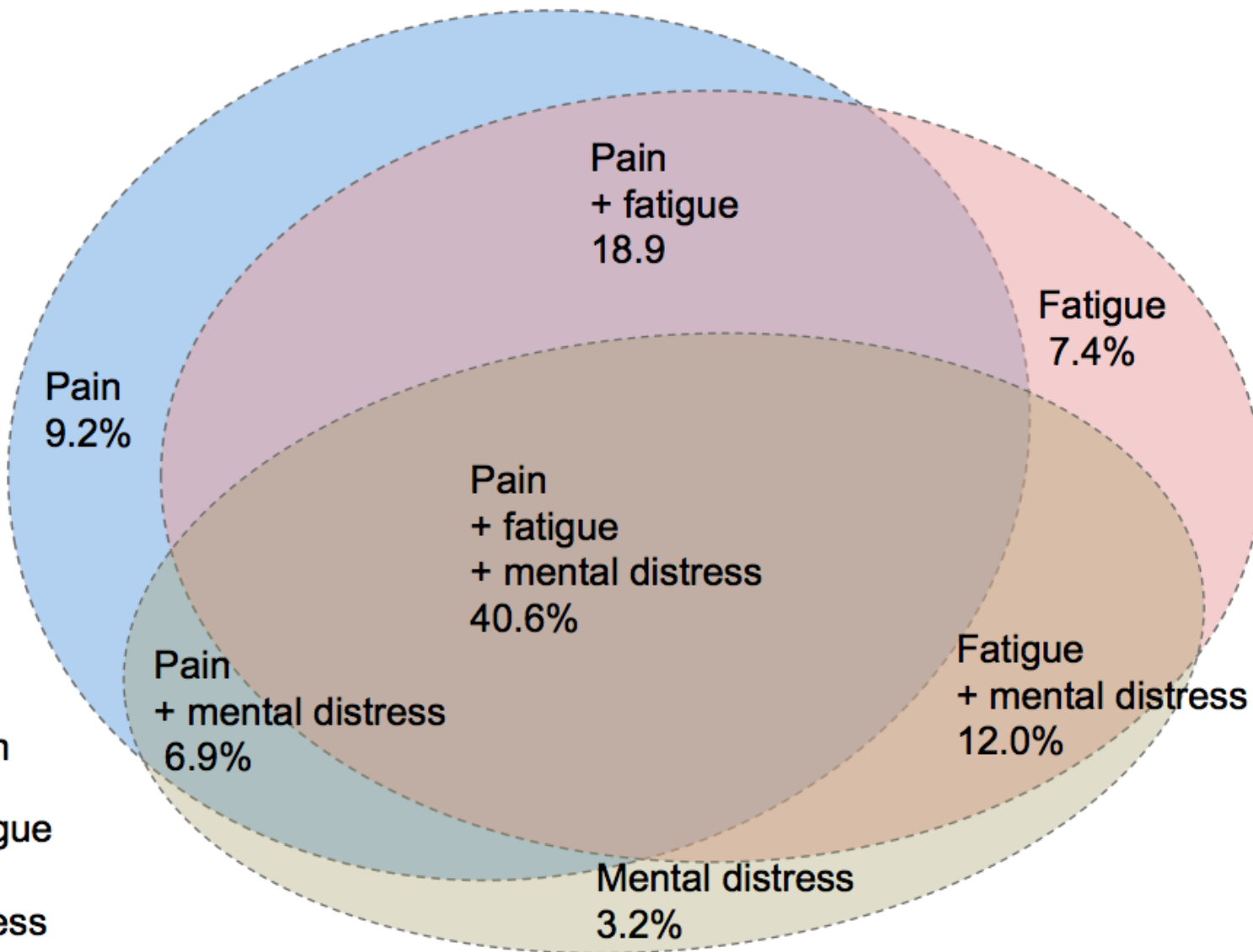
66% stated fatigue as a major cause of reduced ability to work.




44% were referred with a diagnosis directly implying fatigue, such as chronic fatigue syndrome.



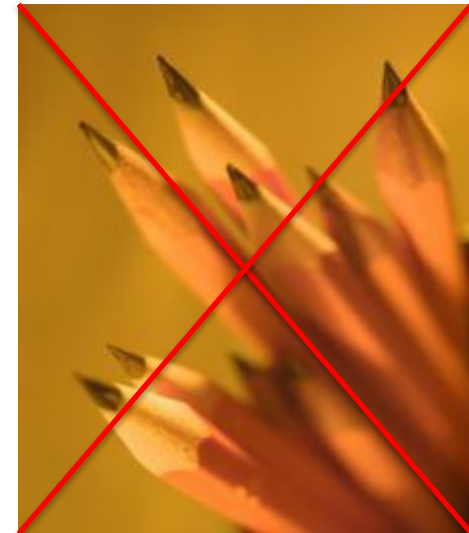


79% females
Average age:
43 years old



-  Chronic pain
-  Chronic fatigue
-  Mental distress

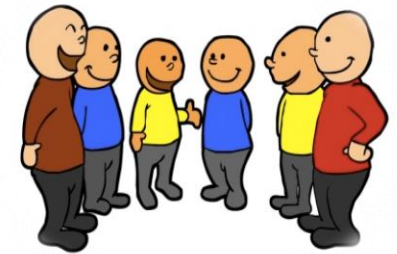
Online self-reporting from home prior to the first clinical meeting.



99% answered the self report

Self-reported data was integrated into a clinical report that was available to the multidisciplinary team prior to meeting the patient

Participation and group climate

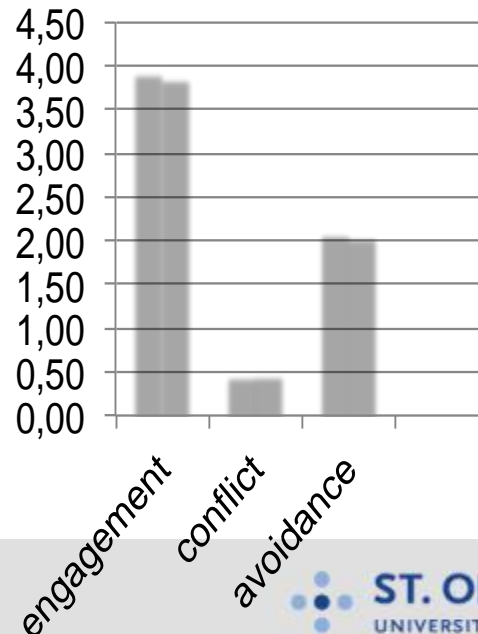


4% of the participants (10 of 233) did not complete the program.

96% participated actively in group settings => evaluated by group coordinators

Working climate in the groups => self reported by participants:

Score on
Group Climate Questionnaire →
(range 0-6)



NO chronic
fatigue
YES chronic
fatigue

Conclusion:

Fatigue in this RTW population:

- Is highly prevalent
- Rarely presents alone
- Is a common self-reported cause of reduced ability to work.

Fatigue was prevalent regardless of whether referral diagnose(s) indicated fatigue, pain or mental disorder. The diagnose(s) often did not express the symptom diversity.

Extensive online self-reporting was possible to implement pre-admission, despite our population suffering from fatigue.

Presence of fatigue did not influence on:

- participation in the program
- perception of group climate

It was judged feasible in this study to set up a return to work rehabilitation program that included patients with fatigue, pain and/or mental distress in mixed groups.

Thank you for your attention!



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