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To evidence base the return to work process for people with mental or musculoskeletal disorders

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Faculty Disclosure Ingemar F Petersson, Lund, Sweden

	No, nothing to disclose
X	Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Equity Position	Ownership/ Employee	Other (please specify)
AbbVie (Slide 12)	x		x					
Pfizer (Slide 12)	X		x					

Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials

Gordon C S Smith, Jill P Pell

BMJ 2003;327:1459–61



HULTON/GETTY

Parachutes reduce the risk of injury after gravitational challenge, but their effectiveness has not been proved with randomised controlled trials



To evidence base the return to work process for people with mental or musculoskeletal disorders

- Research for evidence
 - Clinical Trials
 - Observational Studies
 - Cohorts
 - Register based observational studies
- Presenting evidence
 - Cochrane
 - Systematic Review
 - Health Technology Assessment Reports
- Experience for evidence
 - EUMASS
 - All of us...



Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010

Theo Vos,

Lancet 2012; 380: 2163–96

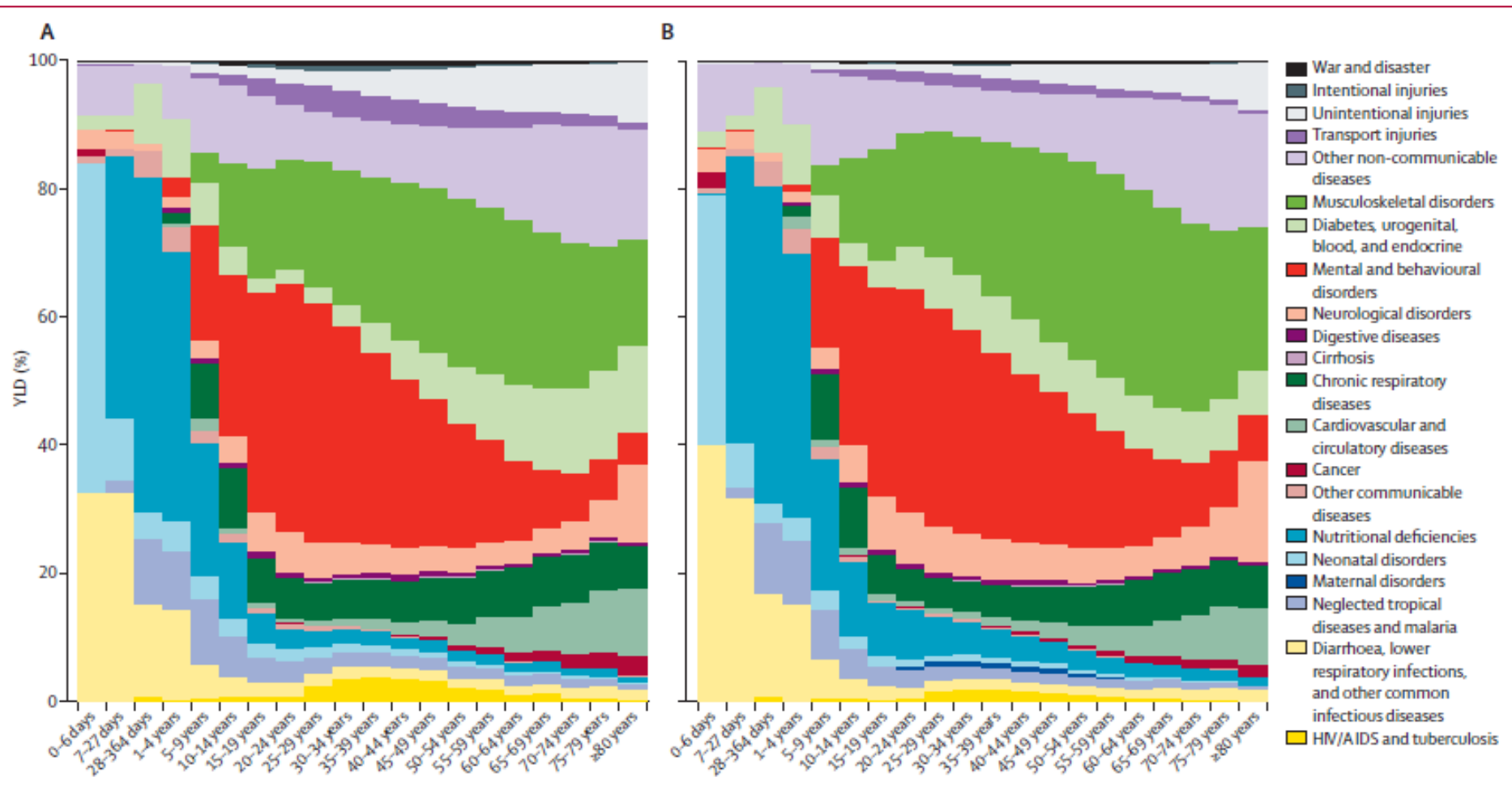


Figure 2: Percentage of years lived with disability (YLDs) in 2010, by cause and age

(A) In male individuals. (B) In female individuals. An interactive version of this figure is available online at <http://healthmetricsandevaluation.org/gbd/visualizations/regional>.

Opportunities for implementation-

A need for change

➤ The burden

WHO Global Burden of Disease

➤ The inequities

Putrik P, Ramiro S, Kvien TK, Sokka-Isler T, Uhlig T, Boonen A, (...) Petersson IF (part of the 'Equity in Clinical Eligibility Criteria for RA treatment' Working Group).

-Variations in criteria regulating treatment with reimbursed biologic DMARDs across European countries. Are differences related to country's wealth?

Annals Rheum Dis. 2013: Accepted for publication

➤ The opportunities

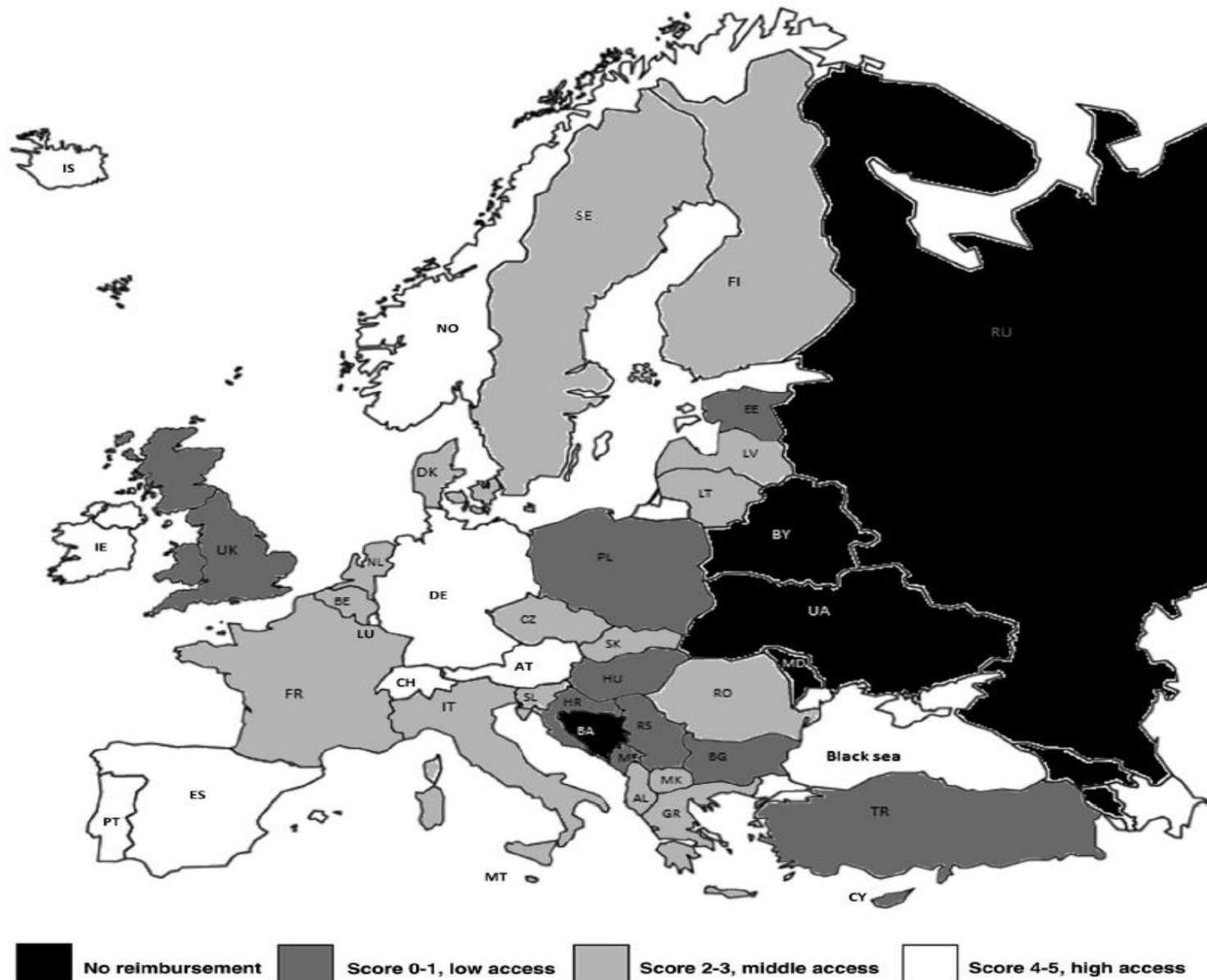


Figure 1 Composite score for restrictiveness of clinical criteria for initiation of a first reimbursed biologic (0–5) in the European Region (score is composed of (1) minimum required disease duration, (2) number of sDMARDs that have to be failed and (3) the level of DAS28). DAS28, disease activity score with 28-joint assessment; sDMARDs, synthetic disease-modifying antirheumatic drugs.

AL, Albania; AT, Austria; BE, Belgium; BG, Bulgaria; HR, Croatia; CY, Cyprus; CZ, Czech Republic; EE, Estonia; FI, Finland; FR, France; DE, Germany; DK, Denmark; GR, Greece; HU, Hungary; IS, Iceland; IE, Ireland; IT, Italy; LV, Latvia; LT, Lithuania; LU, Luxembourg; MK, Macedonia; MT, Malta; ME, Montenegro; NL, the Netherlands; NO, Norway; PL, Poland; PT, Portugal; RO, Romania; RS, Serbia; SK, Slovakia; SL, Slovenia; ES, Spain; SE, Sweden; CH, Switzerland; TR, Turkey; UK, United Kingdom.

A Case Study on Back Pain

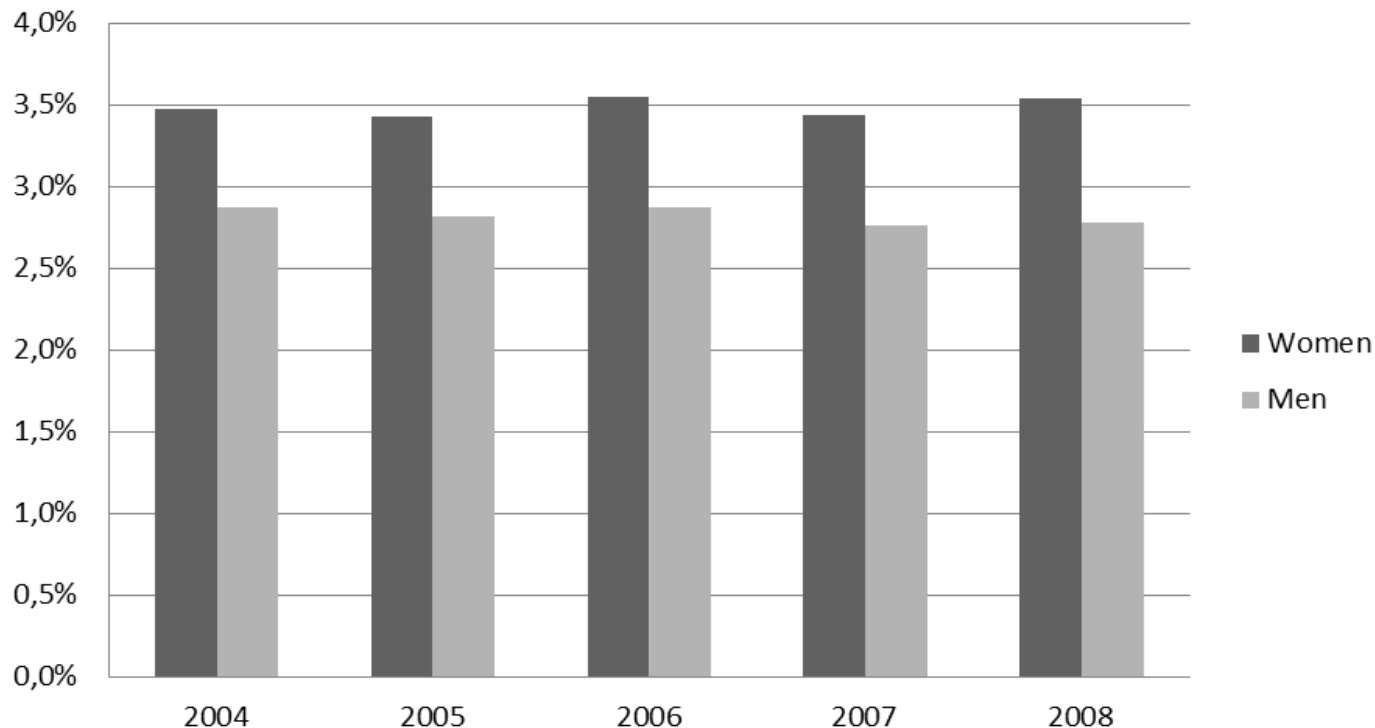


TIME Magazine March 21, 2011

A case study from Sweden

3-4 % of the adult population are seeking health care at least once per year for Low Back Pain (LBP). Population based figures, population 1.3 million, south Sweden, period 2004-2008

Figure 2a. One-year adult (age ≥ 20 years) period prevalence of low back pain 2004-2008

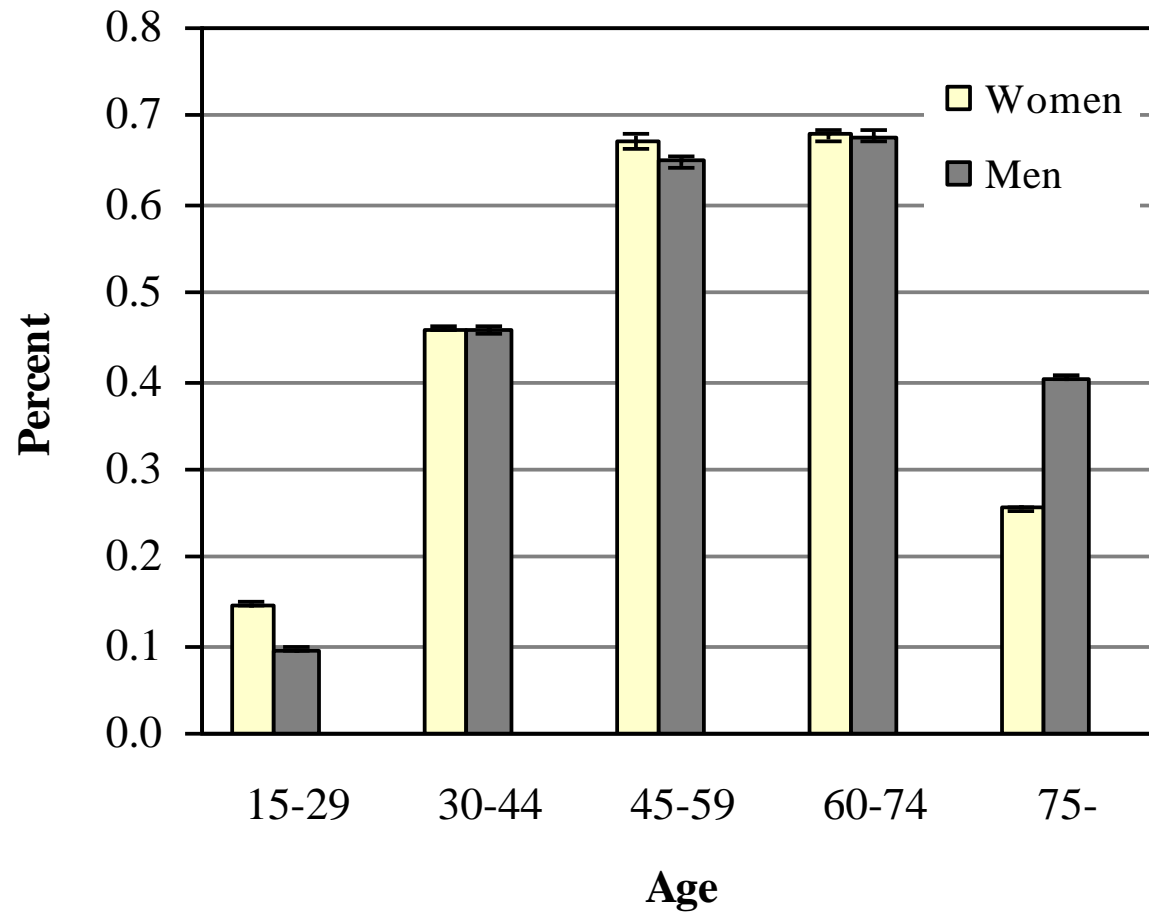


Jöud A, Petersson IF, Englund M. Low Back Pain - Epidemiology of Consultations.

Arthritis Care Res (Hoboken). 2012 Feb 15. doi: 10.1002/acr.21642. [Epub ahead of print]

Inflammatory Back Pain- Spondylarthritides (AS/SpA/PsA) in south Sweden.

Overall prevalence 0,45%



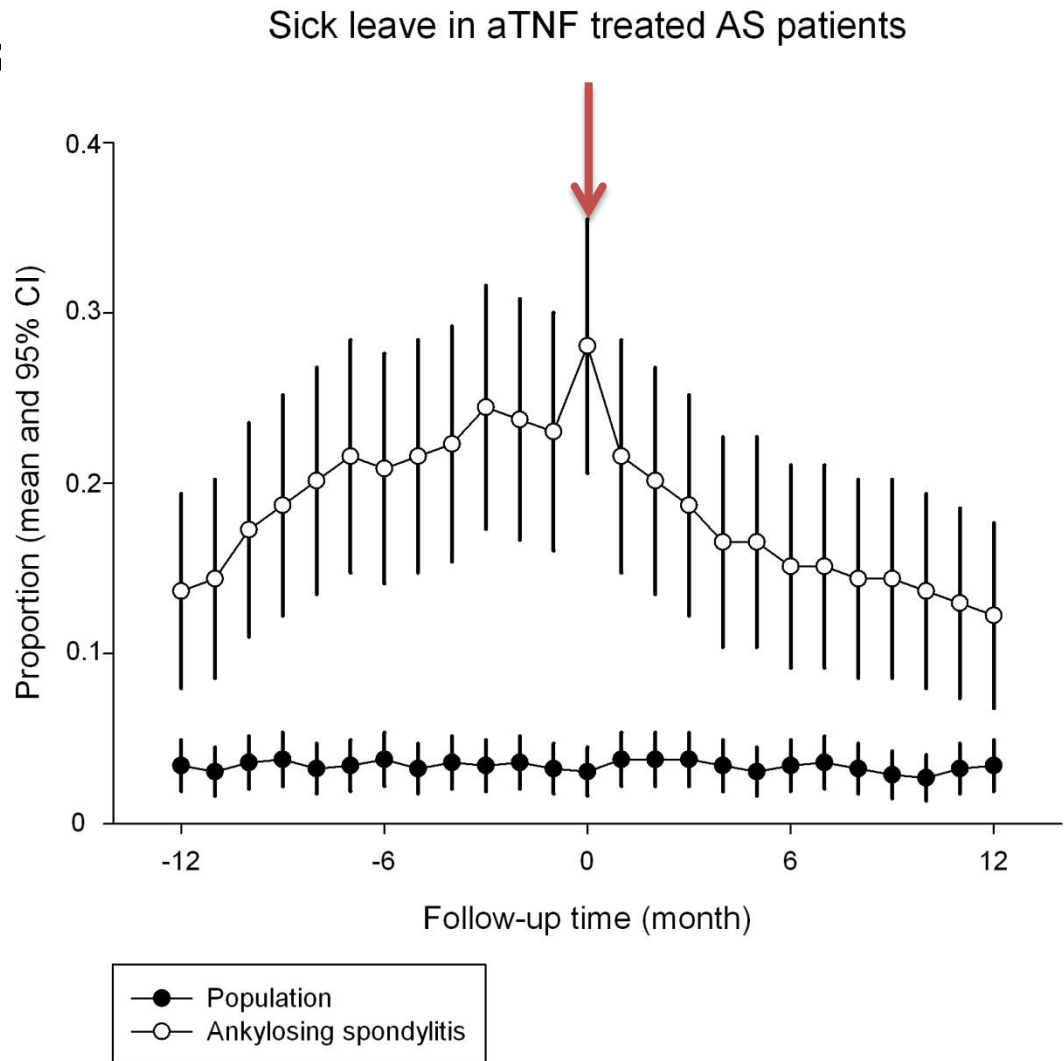
Haglund, Bremander, Petersson et al.
Annals of the Rheumatic Diseases 2011 Jun;70(6):943-8. Epub 2011 Feb 2

Sick Leave in patients with Ankylosing Spondylitis (AS) treated with TNF blockers 2004-2007 in south Sweden as compared to controls

Sick leave in patients with ankylosing spondylitis before and after anti-TNF therapy: a population-based cohort study.

Kristensen LE,
Petersson IF,
Geborek P, Jöud A,
Saxne T, Jacobsson
LTH, Englund M.

Rheumatology
(Oxford). 2012
Feb;51(2):243-9.
Epub 2011 May 12



A Health System Program To Reduce Work Disability Related to Musculoskeletal Disorders

Lydia Abásolo, MD; Margarita Blanco, MD, PhD; Javier Bachiller, MD; Gloria Candelas, MD, PhD; Paz Collado, MD, PhD; Cristina Lajas, MD, PhD; Marcelino Revenga, MD; Patricia Ricci, MD; Pablo Lizano, MD, PhD; María Dolores Aguilar, MD, PhD; Emilio Vargas, MD, PhD; Benjamín Fernández-Gutiérrez, MD, PhD; César Hernández-García, MD, PhD; Loreto Carmona, MD, PhD; and Juan A. Jover, MD, PhD

Background: Musculoskeletal disorders (MSDs) are a frequent cause of work disability, accounting for productivity losses in industrialized societies equivalent to 1.3% of the U.S. gross national product.

Objective: To evaluate whether a population-based clinical program offered to patients with recent-onset work disability caused by MSDs is cost-effective.

Design: Randomized, controlled intervention study. The inclusion and follow-up periods each lasted 12 months.

Setting: Three health districts in Madrid, Spain.

Patients: All patients with MSD-related temporary work disability in 1998 and 1999.

Intervention: The control group received standard primary care management, with referral to specialized care if needed. The intervention group received a specific program, administered by rheumatologists, in which care was delivered during regular visits and included 3 main elements: education, protocol-based clinical management, and administrative duties.

Measurements: Efficacy variables were 1) days of temporary work disability and 2) number of patients with permanent work disability. All analyses were done on an intention-to-treat basis.

Results: 13 077 patients were included in the study, 7805 in the control group and 5272 in the intervention group, generating 16 297 episodes of MSD-related temporary work disability. These episodes were shorter in the intervention group than in the control group (mean, 26 days compared with 41 days; $P < 0.001$), and the groups had similar numbers of episodes per patient. Fewer patients received long-term disability compensation in the intervention group ($n = 38$ [0.7%]) than in the control group ($n = 99$ [1.3%]) ($P < 0.005$). Direct and indirect costs were lower in the intervention group than in the control group. To save 1 day of temporary work disability, \$6.00 had to be invested in the program. Each dollar invested generated a benefit of \$11.00. The program's net benefit was in excess of \$5 million.

Limitations: The study was unblinded.

Conclusions: Implementation of the program, offered to the general population, improves short- and long-term work disability outcomes and is cost-effective.

Work absence in MSK disorders

EU and the rest of Europe



*Lech Wałęsa, Former President of Poland,
Fit for Work Global Ambassador ,
Brussels October 2011*



Breaking down the silos

Fit for Work and Work Foundation, Brussels July 2014

- If national governments are committed to reduce the burden of long-term conditions such as musculoskeletal disorders (MSDs), they ought to change their silo mentality

AND

- Foster collaboration across the departments (ministries) of **health**, **labour** (work), **social affairs** (welfare) and **finance**.



Sweden – a model

Fit for Work and Work Foundation, Brussels July 2014

- Sweden could represent a practical model for other EU member states of how the different parts of the system came together to support the implementation of health and work interventions, through a gain sharing framework.



What are some of the key arguments which could help make the case for policy-makers (in particular budget holders)

- Early interventions as well as many rehabilitation programs with a vocational focus are quite often cost effective
- In the Swedish National Rehabilitation Program for vocational rehabilitation in primary care for mild to moderate mental illness (started 2009) two government reports (ISF/IFAU reports 2012 and 2014 on data from South Sweden) have shown a strict cost-effectiveness both short term (2012 report) and long term/two years for Cognitive Behavioral Therapy as compared to TAU.



Insurance Medicine...

IT'S FUNNY HOW YOU CAN GO THROUGH LIFE THINKING YOU'VE SEEN EVERYTHING...THEN, YOU SUDDENLY REALIZE THERE ARE MILLIONS OF THINGS YOU'VE NEVER SEEN BEFORE.



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