Facilitating and inhibiting factors and effect of interventions in return to work for patients with neck- and low back pain.

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Background

- Norway has the highest sickness absence of the Scandinavian countries
- 500 000 receive rehabilitation or disability pension at a cost of 75 milliard kr
- Neck and low back pain comprise the majority of patients
- Political and research actions initiated to improve participation in working life

Statistics Norway 2000, Gjesdal et al. Tidsskr Nor Laegeforen 2005; 125(13):1801-1805.

- Agreement about “including work life” (“IA avtalen”) was introduced in 2001
- A joint effort from the government, the employers’ organisations and the labour organisations.
- Superior aim was to prevent sickness absence and promote the inclusion in the working life despite sickness and disability

- A committee lead by the prime minister granted more than 600 million kr in order to reduce the sickness absence with about 2.5 %.
- The main focus was on the coordinated effort from the health care system and the social security and employment service (the two latter fused into NAV)

Background present project

- Ulleval University Hospital has organized a regional Neck and Back clinic
- Specialists in neurosurgery, neurology, ortophaedics, neuroradiology, physical medicine and rehabilitation
- Serve a population of 2.5 mill for neck surgery and complicated back surgery evaluations
- Serve 1 mill for specialist evaluation and treatment og neck and back pain

- Referral causes
  - Evaluation of surgical treatment
  - Neurological deficits
  - High pain levels
  - Reduced function
  - PROLONGED SICKNESS ABSCENCE

- <5 % receive surgical treatment and with variable outcome
- Multidisciplinary interventions effective regarding reduced pain and improved function for LBP
- Brief interventions equally effective for LBP
- Poorer results for neck pain
- POOR RESULTS regarding return to work

- Population in specialist practice represent the main economical burden to the society
- The **demographic** and **medical risk factors** for failing to return to work in this population are well known

- National Institute of Occupational Health (STAMI)
- Long tradition in research regarding risk factors for sickness abscence at the work place

- Characteristics of work places at risk
  - Demand
  - Control
  - Support
  - Effort
  - Rewards
  - Mechanical factors

Elaborated to three dimensions Demand control support

- The demand-control-support model was developed by R. Karasek and his colleagues during the 1980s. The model operates with three main dimensions: job demands, job decision latitude and job social support.

Effort reward model

- The model defines threatening job conditions as a "mismatch between high workload (high demand) and low control over long-term rewards"

Siegrist J (1996) Journal of Occupational Health Psychology, 1, 27-43.

How can we integrate the knowledge from effective integration at the work place to specialist care?

The Previcap model

- Set of interventions
- Developed in occupational health care and primary care
- Focus on return to work (many workplaces)

Loisel P, Durand MJ, Diallo B, Vachon B, Charpentier N, Labelle J: From evidence to community practice in work rehabilitation: the Quebec experience. Clin J Pain 2003; 19(2):105-113

Anema JR, Steenstra IA, Bongers PM, de Vet HC, Knol DL, Loisel P, van MW: Multidisciplinary rehabilitation for subacute low back pain: graded activity or workplace intervention or both? A randomized controlled trial. Spine 2007; 32(3):291-298.

Aims

- Assess the main challenges at work for patients with neck and low back pain referred to Neck and Back Units.
- Determine the work, individual and health related predictors and their interactions with respect to sickness absence and return to work.
- Investigate if an intervention specifically focusing on return to work will reduce sickness absence compared to brief multidisciplinary intervention.

Aims

- Compare neck and low back pain and Norway with other countries with respect to challenges at work, predictors for sickness absence and return to work and effect of interventions.
- Evaluate the interaction between the health care and the employers and employment services
- Evaluate the socioeconomic consequences of the interventions and collaboration between the health care and employers and employment services

Material and methods

SUBJECTS

- Inclusion criteria
  - Age 18-60 years
  - Sicklisted <1 year
  - Neck or low back pain

- Exclusion criteria:
  - Infections
  - tumours,
  - osteoporosis, fracture, severe structural deformity,
  - inflammatory disorder
  - cauda equina syndrome
  - Cervicobrachialgia or ischiias waiting for surgery

- Assessments
  - Pain intensity neck/arm, low bac/leg (rest and activity rated on numeriv VAS)
  - Pain drawing (McGill)
  - Health problems last 30 days (Ursin/Stami)

- Functioning (Oswestry/Neck disability index)
- Fear avoidance beliefs (FABQ)
- Anxiety, depression and somatisation (HSCL-10)
- Health related Quality of Life (EQ-5D)
- QPS Nordic
  - Job demands
  - Job control
  - Social support
  - Effort and reward

Interventions

- Evaluation in specialist care within 2 weeks
- Randomization to Brief model and Previcap

- Evaluation of functioning and job challenges

Interventions

Previcap

- 3 weeks
- Group based information
- Individual information
- Individual plan with needs and goals

Brief

- Advices and follow up in primary care

Group session by physician

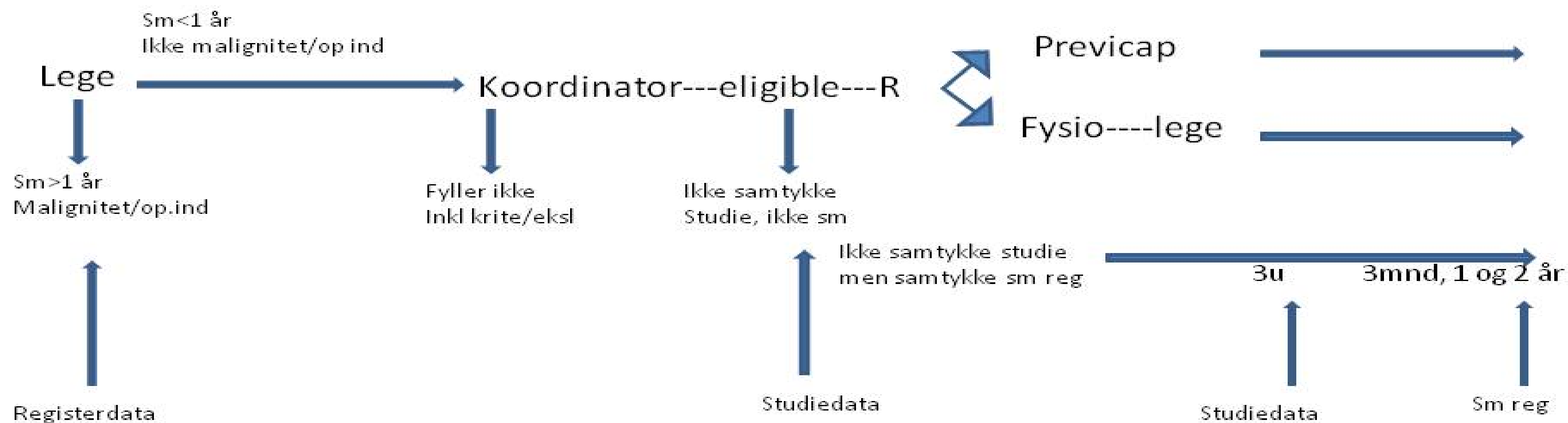
- Provide knowledge of the back and pain mechanisms
- In order to;
  - Reduce fear avoidance
  - Promote physical activity
  - Promote return to work

- Nevropsychologist
  - Introduce strategies to handle stressors
  - Relaxation techniques
- Physiotherapist
  - Exercise effects
  - Promote activities in daily life and WORK
- Occupational counsellor
  - Possiblities in working life
  - Return to work plan

- Adaptation and follow-up at the workplace
- Primary care actions?
- Social security and employment service (NAV)
  - Follow-up of advices from the specialist care

Outcome

- PRIMARY
  - sickness abscence
  - return to work
  - Differences in costs (gain in working days- intervention costs)
- Secundary
  - Pain
  - Functioning
  - Health related quality of life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Preliminary experiences

- Late referral from primary care
- Return to work strategies rejected
- Work place intervention ”unwanted”
- Advices not followed up by the primary health care or NAV

Societal factors

- Legislation
- Norwegian sickness compensation
- NAV

Perspectives

- Collaboration with stakeholders?
- Develope effective interactions between the primary care, specialist care , workplace and NAV

Conclusions

- Difficult project with many challenges
- Provide new knowledge about effective strategies in specialist care
- Develop knowledge about effective collaborations to stakeholders, work places and social security important