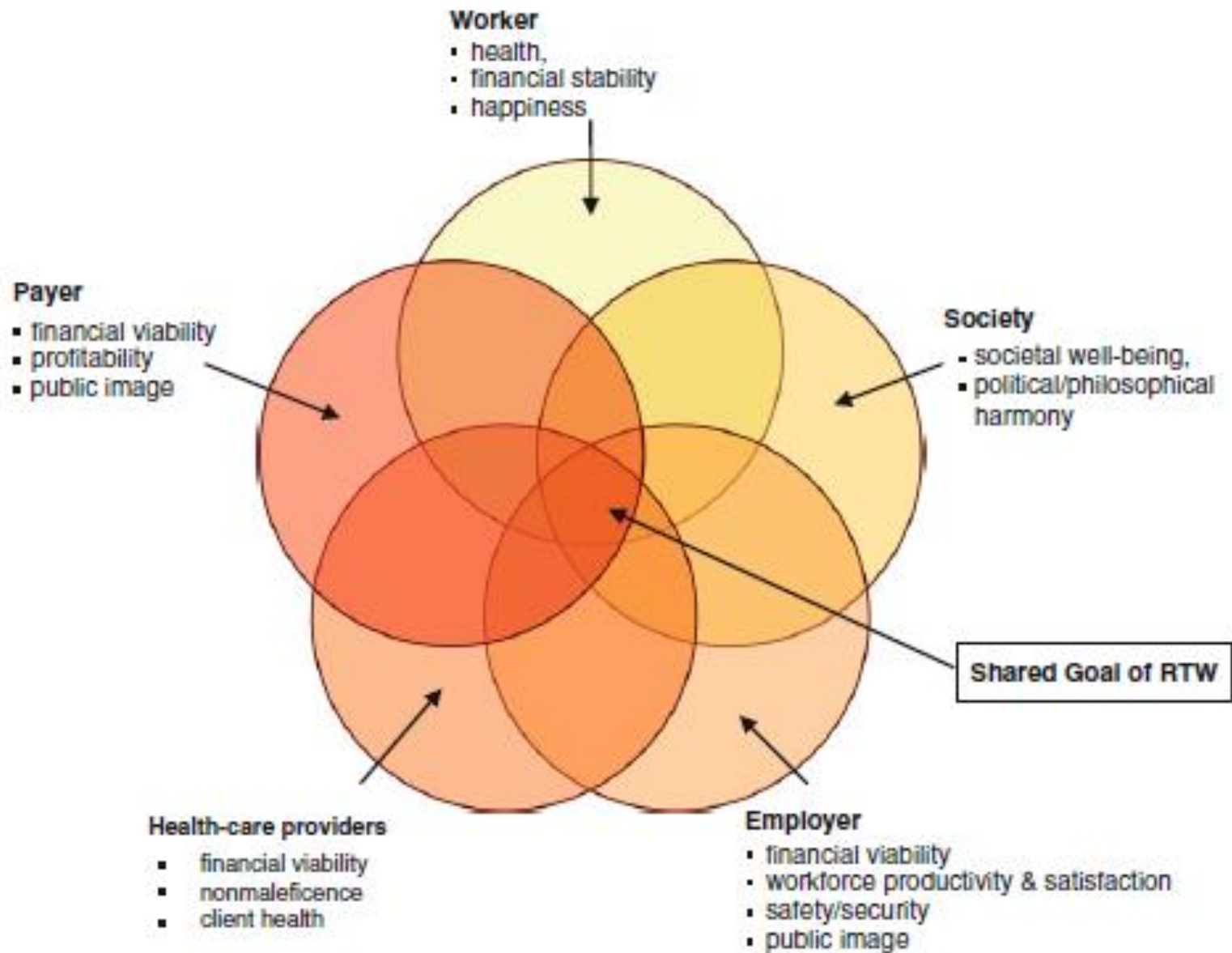


Arbeidsrettet rehabilitering

Chris Jensen, PhD.

arbeid^{og}helse.no

Nasjonal kompetansetjeneste for
arbeidsrettet rehabilitering



Handbook of work disability. Eds: Loisel and Anema. 2013

CARF

"Occupational Rehabilitation
Program - Comprehensive
Services " In *Medical
Rehabilitation. Standards
Manual. 2017*

Arbeidsrettet rehabilitering

skal gi omfattende og koordinerte
tjenester for å løfte frem
atferdsmessige, funksjons-
messige, medisinske, fysiske,
psykologiske og yrkesmessige
komponenter av betydning for
arbeidsdeltakelse

ARR veileder

- Hysnes Helsefort og Muritunet
- Hernes Institutt
- Røde Kors Haugland Rehabiliteringssenter
- Valnesfjord Helsesportssenter
- Rehabiliteringssenteret AiR

ARR veileder

- Kartlegging og evaluering
- Arbeidsplass
- Fysisk aktivitet
- Kognitiv tilnærming
- Dokumentasjon og teorier

Forskning ARR Effekter

- Enkeltstudier

Kohortestudier

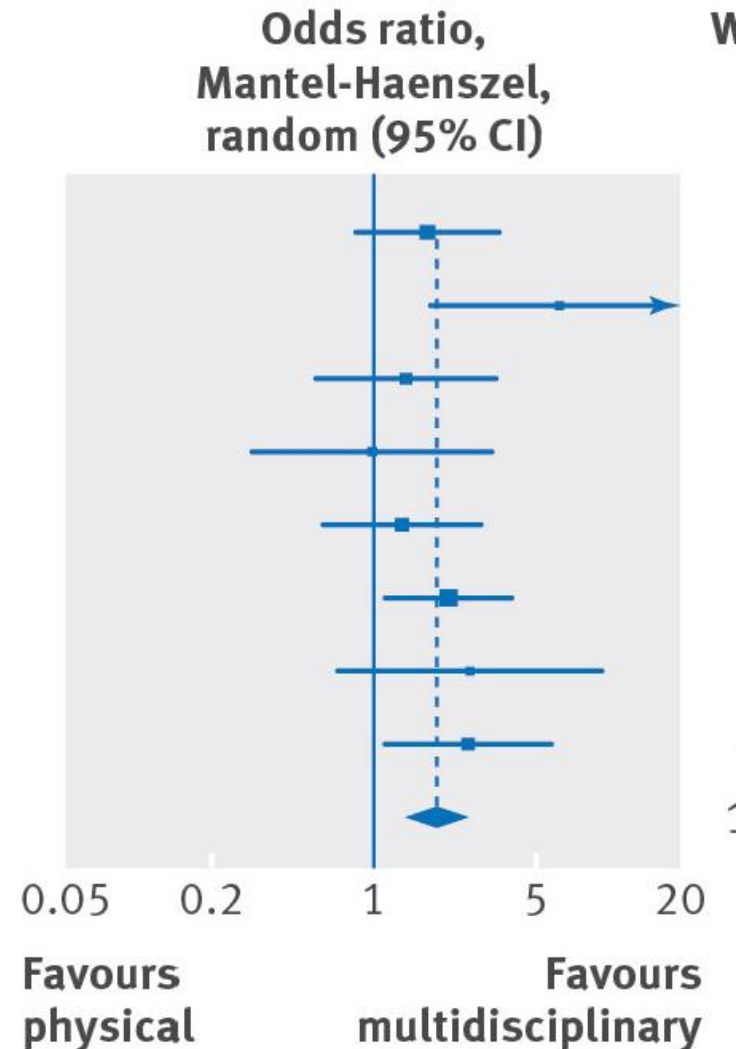
*Randomiserte og
kontrollerte*

- Systematiske reviews
- Meta-analyser
- Reviews av meta-analyser

Kamper et al. 2015
Multidisciplinary biopsychosocial
rehabilitation for
chronic low back pain:
Cochrane systematic review
and meta-analysis
BMJ 2015;350:h444

low back pain > 3 months

8 studies with physical treatment
7 studies with treatment as usual



Aronsson G & Lundberg U
(2015).

Interventions for return to
work after sickness
absence – a systematic
review of meta-analyses of
musculoskeletal and
mental disorders.
Arbete och hälsa
2015;49(2).

- Seventeen relevant review articles with satisfactory high scientific quality were identified, based on more than 350 original randomized controlled trials (RCT) and about 45,000 participants.
- Eleven reviews concerned **musculoskeletal disorders** (of which nine concerned back pain problems)
- Three **mental disorders** and three **mixed problems**.

Swedish conclusions on musculoskeletal disorders

- **Multimodal interventions that also include the work place are more effective for RTW** compared to treatment as usual or other single treatments for people on sick leave for back pain or mixed problems.
- Several reviews show that early interventions are preferable.
- No conclusions can be made with regard to which specific components of the interventions that are most effective, exactly when they should be introduced or when the result is expected to be most favorable

Swedish conclusions on mental disorders

The scientific evidence for multimodal interventions for RTW among individuals with mental disorders was too limited to make any firm conclusions.

Noordik, E., et al. (2013).
"Effectiveness of an exposure-based return-to-work program for workers on sick leave due to common mental disorders: a cluster-randomized controlled trial."
Scand J Work Environ Health
39(2): 144-154.

**Rene arbeidsplass-baserte tiltak
kan gi negativ effect:**

Exposure-based return-to-work
program-gradually increasing
work tasks

- Increased anxiety and stress
- RTW in intervention 209 days
- Treatment as usual 153 days

Karakteristika ved effektive RTW intervensjoner for komplekse sykemeldingsårsaker:

Tverrfaglighet som inkluderer

1. Koordinering - behandling og arbeidsplass
2. Arbeidsplass – tilpasning og tilrettelegging
3. Helsefokus- Gradert økning i fysisk aktivitet og jobb – kognitiv tilnærming - «MESTRING»

Eksempler:

(Loisel 1997, Anema 2007, Bültman 2009, Vermeulen 2011, Lambeek 2010, Hysnes 3,5 ukers opphold ?)

Koordinering - behandling og arbeidsplass

“RTW coordination: involving a direct assessment leading to an individually tailored RTW plan implemented by a RTW-coordinator or team who coordinates services and communication among involved stakeholders.»

Schandelmaier et al. 2012:

“... small relative, but likely important absolute benefits»

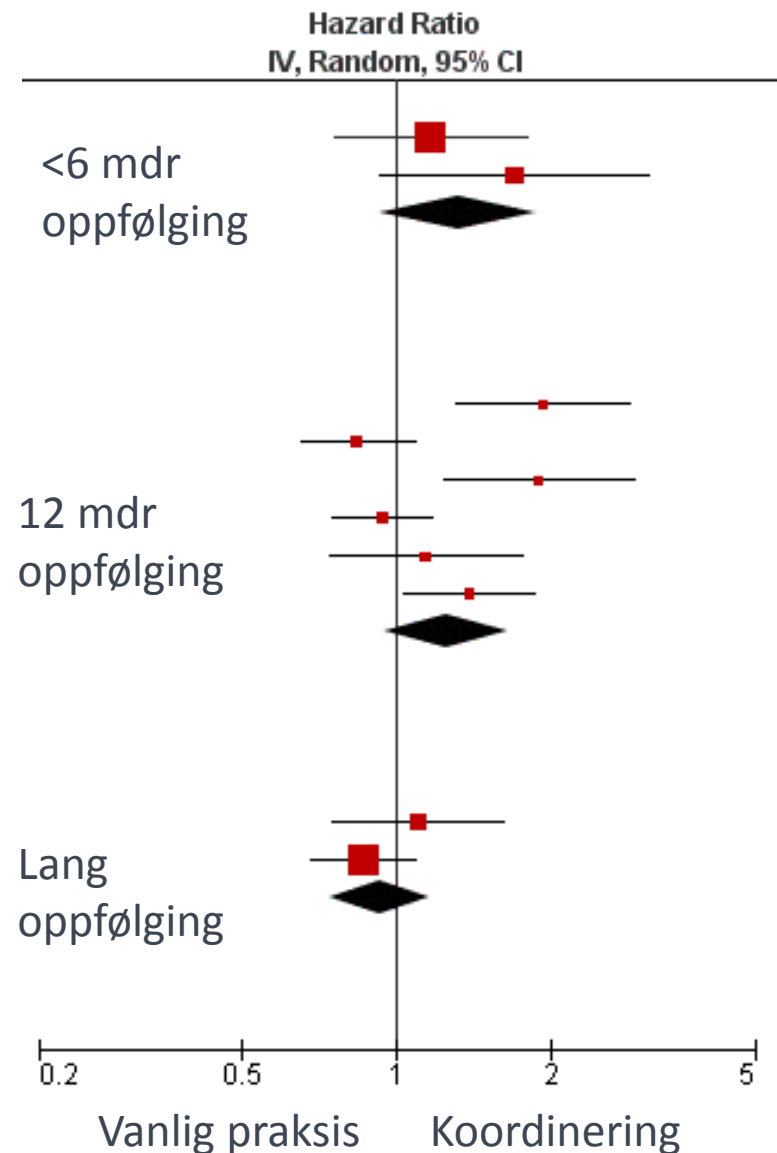
Vogel N et al. 2017-update:

“... no benefits when compared to usual practice.»

Inkluderer kun studier med koordinering initiert/basert i helsetjeneste eller «NAV»

Vogel et al. 2017
Return to work coordination
programmes for improving
return to work in workers on sick
leave:
Cochrane Database of
Systematic reviews

14 studies



Vogel et al. 2017
Return to work coordination
programmes for improving
return to work in workers on sick
leave:
Cochrane Database of
Systematic reviews

14 studies

Key message:

Return to work coordination
programmes had no effects
compared to usual practice

Discussion:

«We believe it is essential to
integrate the work place as much
as possible in the return to work
process.»

Vogel et al. 2017
Return to work coordination
programmes for improving
return to work in workers on sick
leave:
Cochrane Database of
Systematic reviews

14 studies

Svak arbeidsplassinvolvering:

- Frivillighet
- «ikke nødvendig»
- Ingen arbeidsplassbesøk

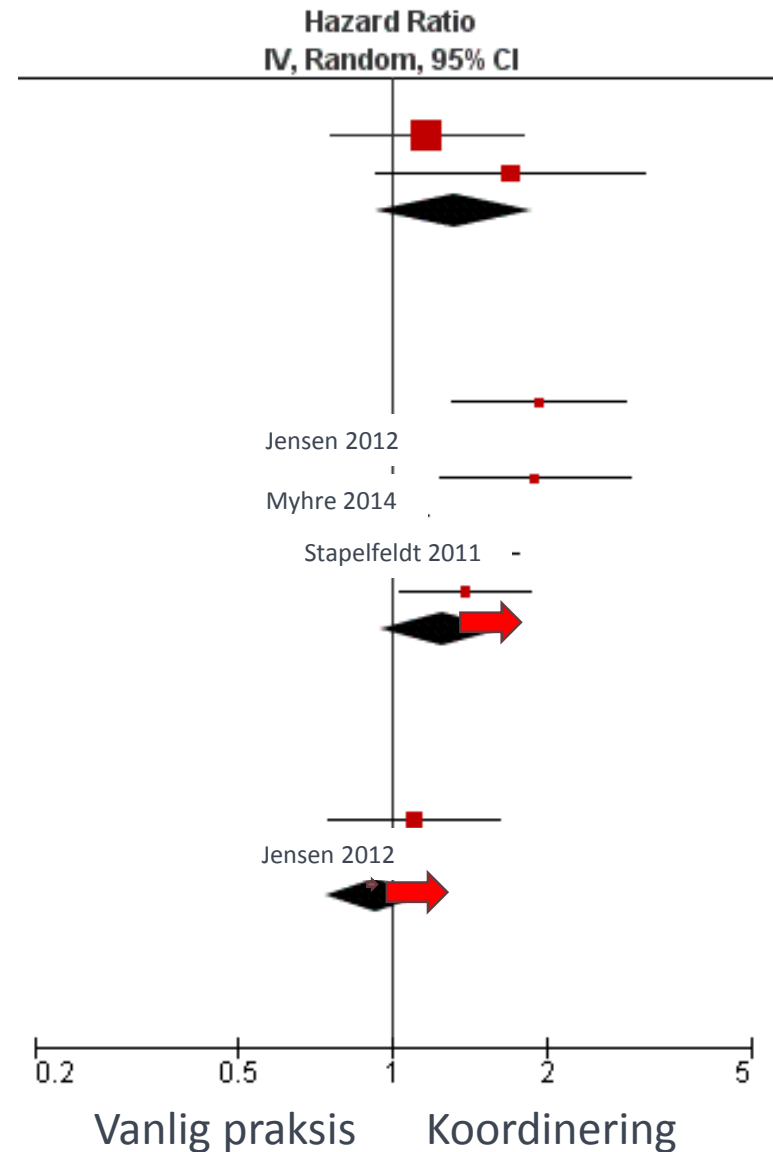
Jensen 2012

Stapelfeldt 2011

Myhre 2014 (norsk)

Vogel et al. 2017
Return to work coordination
programmes for improving
return to work in workers on sick
leave:
Cochrane Database of
Systematic reviews

14 studies



Koordinering av hva?

Helsetjenester

Arbeidsplass

NAV

Karakteristika ved effektive RTW intervensjoner for komplekse sykemeldingsårsaker:

Cullen KL et al. 2017:

“What workplace-based return-to-work and work disability management/support interventions are effective in assisting workers with musculoskeletal, mental health and pain-related conditions with return to work and recovery after a period of work absence?”

Inkluderer kun studier som er initiert på eller foregår i samarbeid med arbeidsplassen

Cullen KL et al. 2017, 36 studies:

Interventions

1) Health-focused:

Graded activity/exercise, cognitive behavioural activity, physical therapy, occupational therapy, psychological therapy, medical assessments.

2) Services coordination:

RTW planning and coordination (case management, RTW plans, or improved communication).

3) Work modification:

(hours, work tasks, ergonomics).

4) Multi-domain:

At least two of the above domains, usually all three domains.

Cullen KL et al. 2017

1) Health-focused:

Graded activity/exercise, cognitive behavioural activity, physical therapy, occupational therapy, psychological therapy, medical assessments.

Strong evidence:

- Work-focused cognitive therapy for mental health conditions has positive effect (7 studies)
- Ordinary cognitive therapy for mental health conditions has no effect (7 studies)

Moderate evidence:

- Graded activity/exercise has positive effect (3 studies)

Cullen KL et al. 2017

2) Services coordination:

RTW planning and coordination (case management, RTW plans, or improved communication).

Limited or insufficient evidence

Cullen KL et al. 2017

3) Work modification:
(hours, work tasks, ergonomics).

Moderate evidence for positive effect (5 studies)

Cullen KL et al. 2017

Interventions

4) Multi-domain:

At least two of the above domains, usually all three domains.

Strong evidence:

Multi-domain interventions for musculoskeletal disorders and pain-related conditions have positive effect (15 studies)

Karakteristika ved effektive RTW intervensjoner for komplekse sykemeldingsårsaker:

Cullen KL et al. 2017, 36 studies:

Anbefalinger

Muskel/skjelett og smertetilstande:

Intervensjoner med både helsefokusede tiltak, koordinering av helse/arbeidstiltak og tilrettelegging på arbeidsplass kan redusere sykefravær. Helsetiltak er oftest gradert aktivitet og jobbfokusede kognitiv terapi (CBT).

Vanlige psykiske lidelser:

Jobbfokusede CBT kan redusere sykefravær

Vanlig CBT kan ikke redusere sykefravær

Det var ikke studier nok til å anbefale om «multi-domain» intervensjoner bør implementeres for sykmeldte med psykiske lidelser.

ARR veileder

- Kartlegging og evaluering
- **Arbeidsplass**
- Fysisk aktivitet
- **Kognitiv tilnærming**