

# Ineffective early interventions!

## How should we help sick-listed employees with complex health problems?

Chris Jensen, Norwegian National Center for Occupational Rehabilitation.  
Co-authors: Anne-Mette Momsen, Reiner Rugulies, Birgit Aust, Christina Malmose Stapelfeldt, Pernille Pedersen, Claus Vinther Nielsen, Central Denmark Region.



CORRESPONDENCE TO

monica.eftedal@air.no

arbeidoghelse.no

### CONCLUSIONS

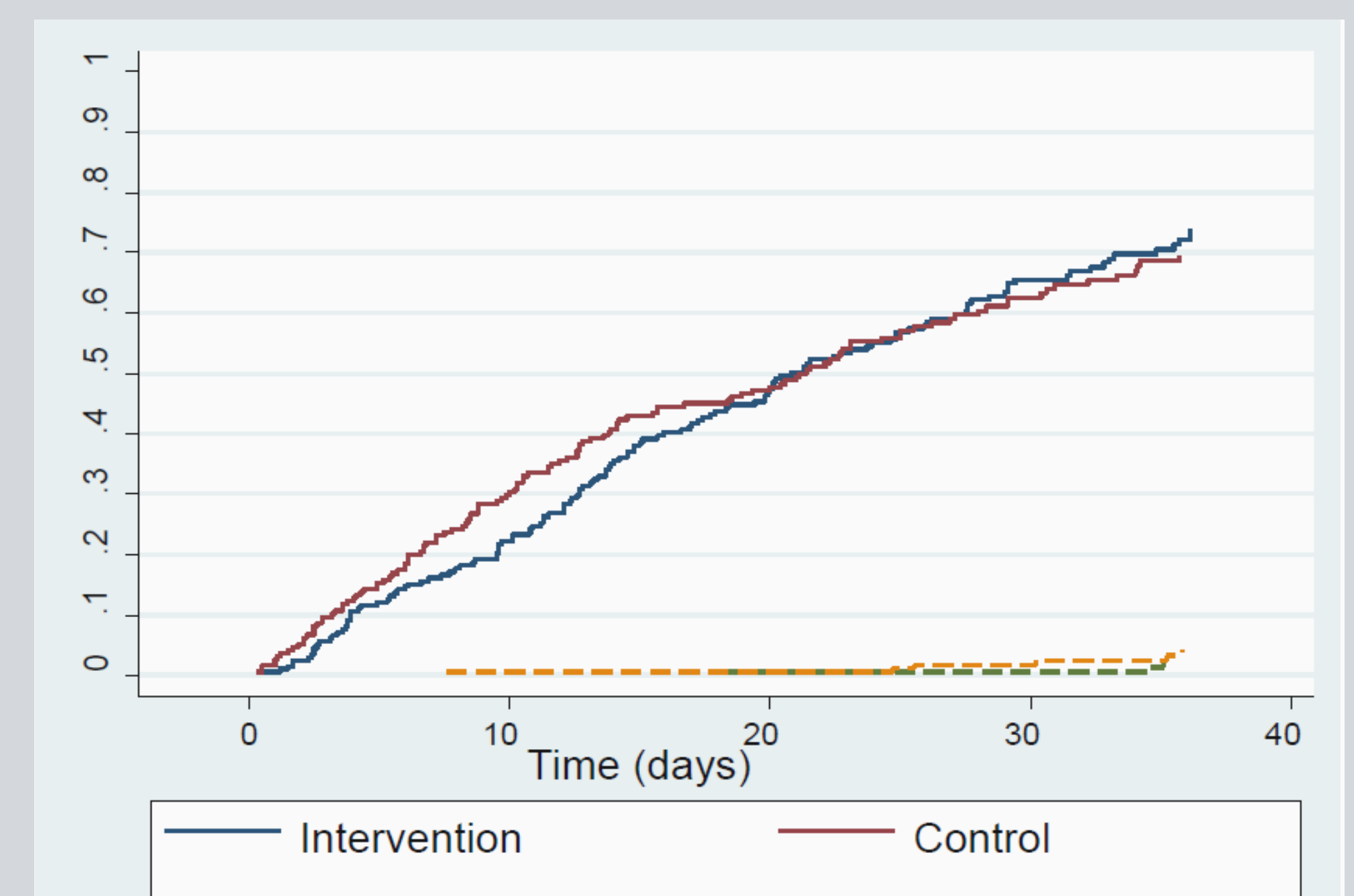
Three different “early” interventions were ineffective for employees with complex health problems (multiple mental and somatic symptoms). How do we develop early and more efficient return to work interventions for those who are at risk of long-term sickness absence?

### METHODS

Randomised trial designs were used in three studies, which compared interventions with care as usual in the municipal sick leave case management. Follow-up time was 1 year. Return to work was measured based on weekly payments of sick leave benefits in national registers. The trials started after approximately 8 weeks of sick leave.

### PSYCHOEDUCATION

Six sessions of information on health, consequences for working life and how to cope with mental symptoms. The sessions were provided once a week in open groups. Eligible absentees at risk of having common mental disorders were screened with questionnaires after 8 weeks of sickness absence and 400 individuals participated in psychoeducation or care as usual.



### WORK FOCUS IN SPECIALIST HEALTHCARE

Case coordination by a social worker in addition to a rehabilitation doctor and a physiotherapist in an outpatient spine clinic was compared with a brief intervention.

*A total of 78 sick-listed back pain patients also reported multiple somatic symptoms.*

*Return to work was slower for those with multiple somatic symptoms than for those with only back symptoms (n=29)*

*Return to work was not faster with case coordination than a brief intervention for those with multiple symptoms.*

### HEALTH FOCUS IN JOB CENTERS

Multidisciplinary healthcare consulting in sick leave case management in one municipality in Denmark. The team consisted of healthcare professionals with expertise on occupational medicine, physiotherapy and psychology.

	Intervention	Control	Return to work
	Weeks until RTW		RR (95% CI) *
All	30	23.5	0.92 (0.78-1.08)
Somatic symptoms			
High	46 n=125	33.5 n=70	0.82 (0.63-1.08)
Low	24 n=155	15 n=64	0.96 (0.79-1.16)
Anxiety			
High	37.5 n=132	42 n=70	1.15 (0.84-1.57)
Low	25 n=149	15.5 n=64	0.79 (0.68-0.93)

\* Adjusted for: gender, age, education, work ability, previous sick leave