Low back pain workers on sick leave – who is likely not returning to work?

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Which patients/workers are we talking about?

- In Belgium
  - 80% of sick listed people are spontaneously returning to work before a first visit to the social insurance physician (SIP) (< 6 to 8 weeks sick leave)
  - 10% of sick listed people are returning to work after 1 or 2 consultations with the SIP, but before receiving any order to do so

- The remaining 10% are the problematic cases likely to enter a prolonged disability period

(Source: Falez, UNMS and INAMI)
How to predict at the individual level the likelihood of an early return to work?

Pattern A or B?
A too difficult question to answer?

Even when using current best practice, the STarT Back screening Tool?

<table>
<thead>
<tr>
<th>Patients group</th>
<th>N days off work</th>
<th>OR</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention</td>
<td>Control</td>
<td></td>
</tr>
<tr>
<td>Low-risk (n=221)</td>
<td>0.4 (1.2)</td>
<td>3.0 (11.9)</td>
<td>7.06</td>
</tr>
<tr>
<td>Medium-risk (n=394)</td>
<td>4.1 (15.8)</td>
<td>18.4 (47.2)</td>
<td>5.17</td>
</tr>
<tr>
<td>High-risk (n=236)</td>
<td>9.9 (35.4)</td>
<td>10.6 (18.2)</td>
<td>1.46</td>
</tr>
</tbody>
</table>

(Table data drawn from Hill JC et al Lancet 2011)
Low back pain: a multidimensional reality (Waddell 1987)

- Pain trigger and pain perception
- Emotional components
- Complaints
- Health care use
- Illness behaviour
- "Sick role"
- Sick leave
The work disability paradigm

Bio

Social

Psycho

Time on sick leave
The biomedical paradigm into question

- In the biomedical concept, disease is seen as the unique cause of being off work.
- That’s rarely the case and the link between disease and disability is progressively weakening in function of the duration of the sick leave.
- Illness and sickness gain weight with time!

Curing or reducing medical symptoms does not necessarily bring the worker back to work

(after Loisel 2008)
(Loisel et al, 2001; 2005)
Barriers and facilitators in return to work after a prolonged work absence

- A systematic literature review (Medline 2001–2011) (Somville, Donceel 2011)
- Search terms: sick leave, disability, return-to-work, work rehabilitation; risk factors, determinants, predictors, facilitators, barriers; prevention, intervention, communication, workplace, stakeholders, collaboration.
- Output: selection of 19 literature reviews and 21 original papers

Barriers and facilitators in return to work after a prolonged work absence

Social system factors (“black flags”):

- Social security benefits (ratio to previous earnings, duration, access conditions,…) : (−) effect if too high, too long…
  - [Blank et al., 2008; Hansson et al., 2006; Steenstra et al., 2005; Allebeck et Mastekaasa, 2004; Werner and Côté, 2004]

- But interaction with family income level
Barriers and facilitators in return to work after a prolonged work absence

Occupational barriers ("blue flags"):

- Dissatisfaction at work
- High demands with low rewards situations
- Conflict at work: within the team or with the supervisor
- Lack of autonomy, of work control

  - [Beemsterboer et al., 2009; Dekkers et al., 2009; Heymans et al., 2009; Duijts et al., 2007; Allebeck and Mastekaasa, 2004; Werner and Côté, 2004; Spelten et al. 2002]
Barriers and facilitators in return to work after a prolonged work absence

Occupational barriers (“blue flags”):

- Conversely a favorable work climate (no conflict, high level of social support) may also (sometimes !) represent a barrier
  - [Ekberg et al 2012]
Barriers and facilitators in return to work after a prolonged work absence

Occupational barriers (“blue flags”):

- Heavy physical work, exposure to mechanical risks factors at the workplace are possible barriers, especially if associated with
  - unavailability of light duties  [*Fransen et al 2002*]
  - low level of work control
- [*Detaille et al., 2009; Peters et al., 2007; Steenstra et al., 2005; Allebeck and Mastekaasa, 2004; Werner and Côté, 2004; Spelten et al., 2002*]
Barriers and facilitators in return to work after a prolonged work absence

Occupational barriers (“blue flags”):  
- Own prognosis for return to work  
- Not feeling welcomed if returning  
  - [Ekbaladh et al., 2010; Dekkers et al., 2009; Melloh et al., 2009]
Promoting reintegration at work... a phase-based dynamic process

- Acute event
  - Sick note

- Preparing RTW

- Subacute phase

- Return to work
  - RTW med exam

- Long lasting RTW
  - Support and follow-up

- Pre-RTW Visit
What to do? during the subacute phase

- Early healthcare provider communication with the workplace
  - [Kant et al, 2008; Kosny et al, 2006]

- Enhancing communication between health care, social insurance physicians, occupational health physicians (OPs), and worker
  - [Briant et al., 2008; Mortelmans et al., 2006; Loisel et al., 2005; Pransky et al., 2004; Anema et al. 2002]
Reintegration at work...a complex interactive process

Entreprise

Supervisor, managers

Worker

Occup. Health physician

GP and treating physicians

Co-workers
What to do?
To prepare the return phase

- Worker meeting with the OP during the sick leave period = “pre-return to work visit”
- Afterwards, workplace visit (if possible with the worker) and meeting the supervisor: looking for task/workplace adaptations
- Participatory ergonomic program (PEP) ...
  - [Caroll et al. 2010; Shaw et al., 2008; Werner et al., 2007; Anema et al., 2004]
- Organizational justice theory, implicit recognition of the work–relatedness of health complaints
  - [Mairiaux 2011]
Promoting reintegration at work... a phase-based dynamic process

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Return to work status should be viewed as a key feature of the therapeutic process

Promoting an effective and long-lasting return to work requires

- A true participatory approach involving the patient/worker at each stage of the process
- An effective networking between physicians belonging to the curative sector and those active in preventive services
Thanks for your attention
Opening the discussion!

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