



SIP

Societal Impact of Pain

2017

**Structured Cooperation
between Health Care
Systems tackling the
societal impact of pain!**

Impact of Pain on Labour and Employment

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Disclosure Statement of conflict of interest in the context of the subject of this presentation



Within the past 12 months, I or my spouse/partner have had following financial interest/arrangement(s) or affiliation(s)

- **Support for travel**N/A.....
- **Honoraria for lectures**N/A.....
- **Honoraria for advisory board activities**N/A.....
- **Participation in clinical trials**N/A.....
- **Research funding**N/A.....
- **Financial shares and options**N/A.....
-N/A.....

Who we are and our work

1919 The Industrial Society

2002 The Work Foundation

2010 Alliance with Lancaster University





fit for work
global alliance



Over 37 Countries Involved Globally



Our Vision

“Workability” (supporting people into employment) should become a priority outcome of the clinical care. This will lead to maximising work productivity, inclusiveness and therapeutic benefits for the patient

Back Pain in Europe

>46% of women and 47% of men reported back pain at some time in the last 12 months

-  14.2m Germans
-  9.6m Britons
-  8m French people
-  6.4m Spaniards
-  5m Poles
-  1m Danes



The Nature of Back Pain

➤ Back Pain is:

- Common
- Episodic
- Recurrent
- Self-limiting



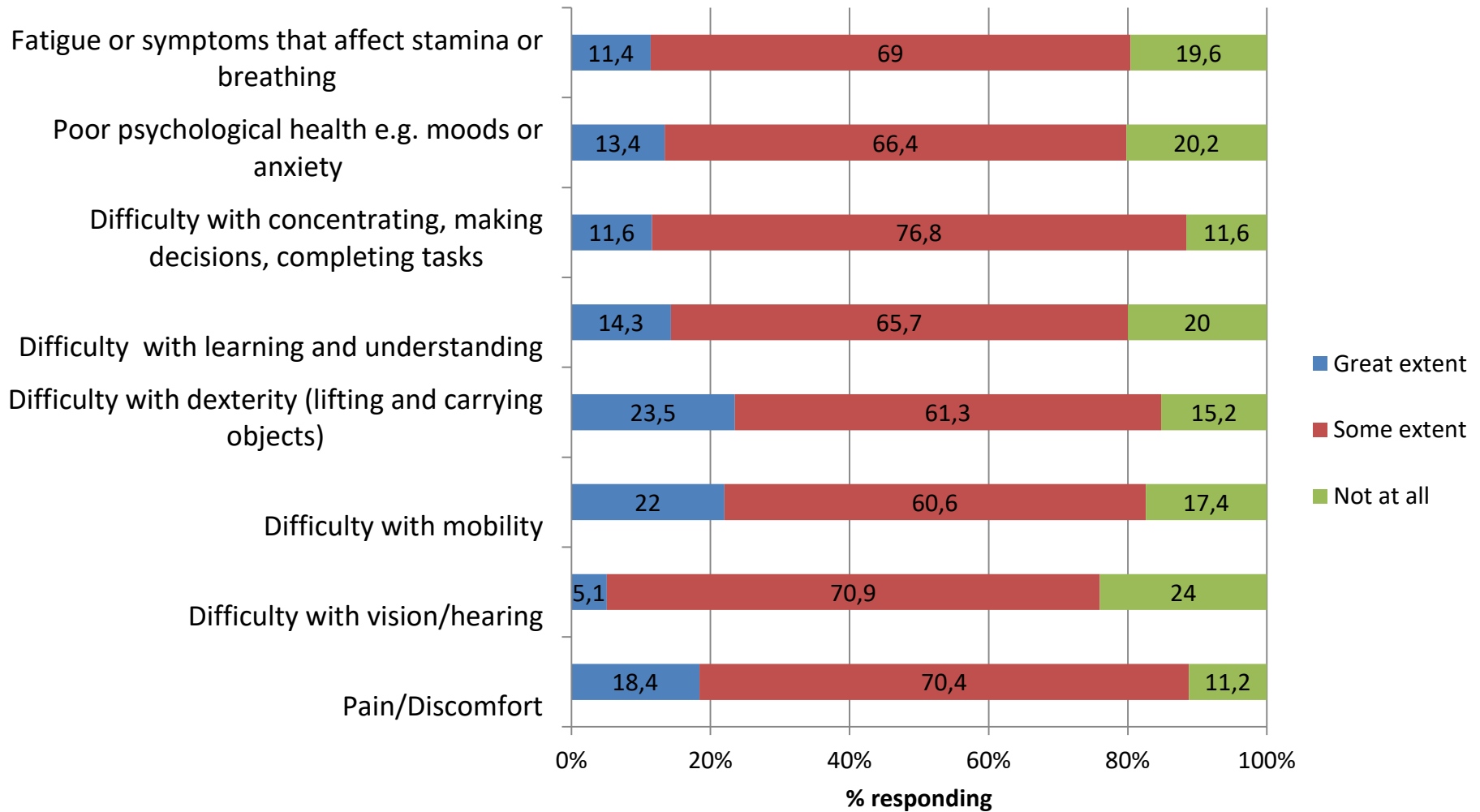
The Cost of Back Pain

It accounts for the largest proportion of lost working days of all MSKs (12,5% in UK & 13.5 % in Sweden)

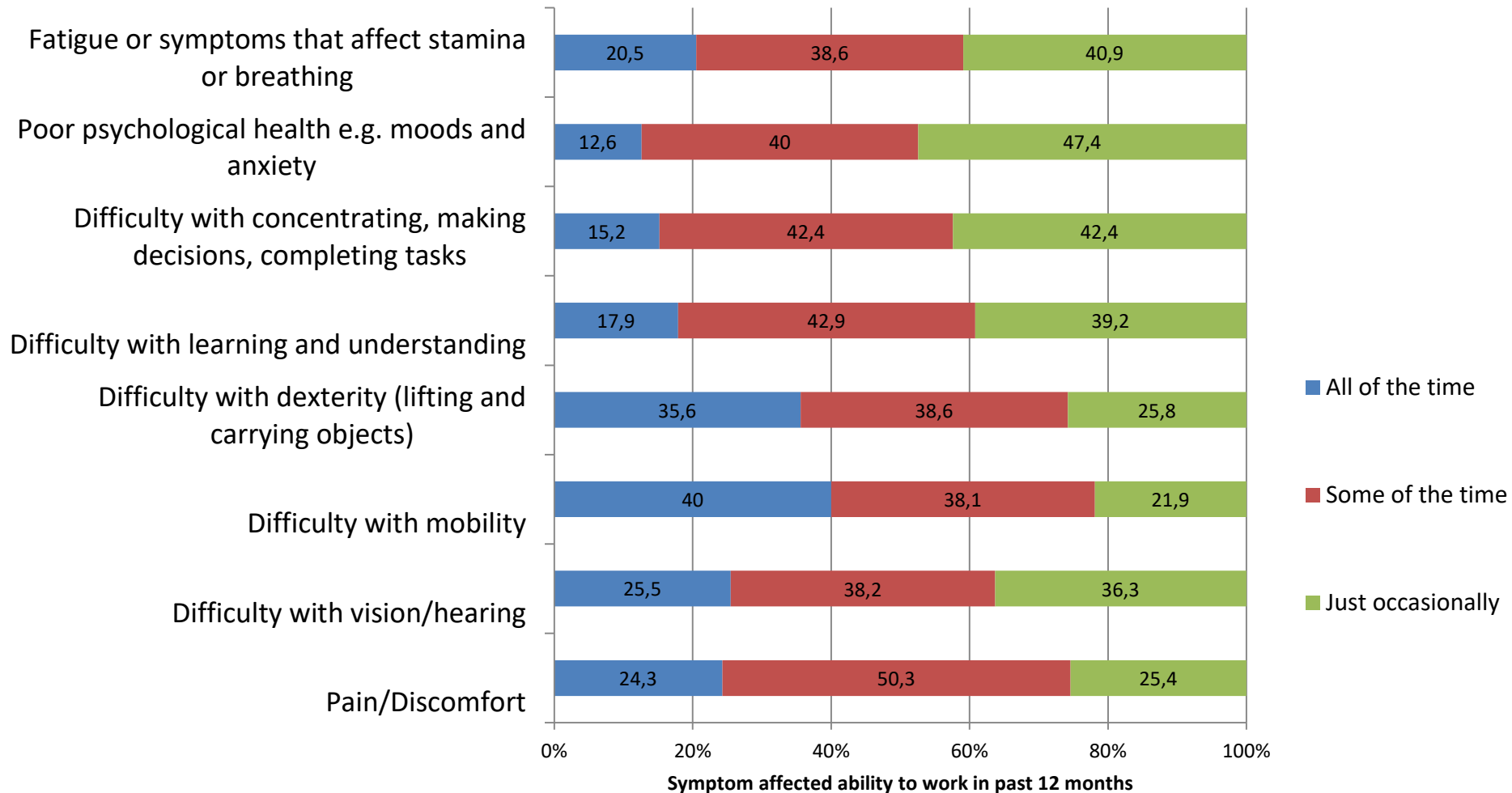
The total cost of back pain on the EU is estimated to be over 12 billion € every year



Effect of symptoms on ability to work



Frequency of symptoms



Health and Work are interrelated

Evidence shows that appropriate work is good for our health

Good work



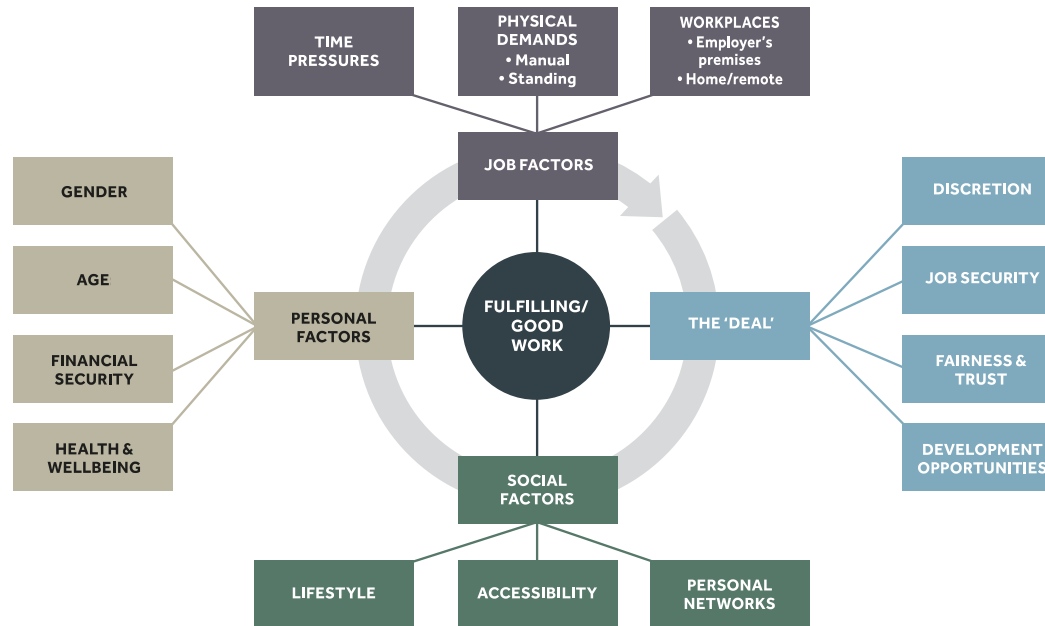
Good health

Worklessness



Poor health

Good work, what is it?



Contextual Factors of Workforce Health



- 1. Ageing workforce** – 50+ twice as 25-.
employment rate of older persons is predicted to raise from 50% in 2013 to 67% in 2016
- 2. Pension crisis** – gap between the number of economically active vs inactive
- 3. Growing burden of chronic disease** – up to 3 every 10 EU citizens suffer from a chronic disease that affects their ability to work & 50% of EU population report MSK pain. 50M have 2 or more conditions & mostly over 65



People with chronic conditions and chronic pain want to work

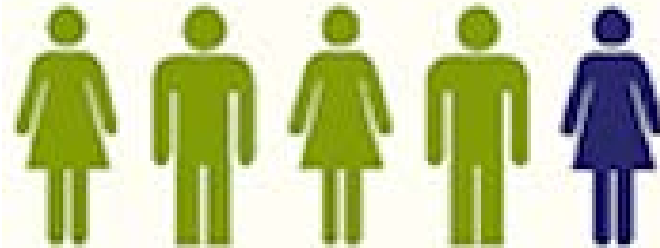
- ***“Retiring early isn’t ideal and I would like to keep on working but I just can’t perform all of the roles of the job anymore and my work-life balance has suffered due to my tiredness and pain at the end of each day. ... If I could work a three-day week I could probably carry on, but I don’t feel that is something which could be accommodated. Before my diagnosis I never contemplated having to retire early but now I see it as almost inevitable.”*** Provided by National Rheumatoid Arthritis Society
- ***“Work? For me it’s waking up in the morning. Work for me is doing something that you enjoy, because when you enjoy something, no matter how tired you are, you will get up and do it.”***
“My health was a lot better then, because I was doing a job that I was enjoying, obviously my health had improved.”
Working with schizophrenia, lived experience participants

Early Intervention

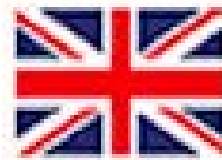
- **85% of people have a short period with acute back pain and maybe a short period of absence without a visit to the doctor**
- **Migraine/chronic headache was found to be the second most frequently identified cause of short-term absence (47%) for non-manual employees**

United Kingdom

1 in 5 people who reach six weeks of sick pay eventually leave the workplace*



* Estimation from the Department for Work and Pensions



What can we do to minimise the risk and impact of back pain?

1. Prevention at the work place and public health
2. Early Intervention
3. Good work
4. Work as a clinical outcome

NOT in silos

Health and work policy stakeholders



Health at a Glance: Europe 2016



“Although health and labour market policies are often formulated independently of one another, this chapter has shown the need for greater intersectoral collaboration. Both labour market and health outcomes would greatly benefit from improved policy integration.”

THANK YOU

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