



SIP

Societal Impact of Pain

2017

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

Workable work for patients
with chronic pain: a
randomised trial.

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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** **Yes, Grünenthal**
- **Honoraria for lectures**
- **Honoraria for advisory board activities**
- **Participation in clinical trials**
- **Research funding**
- **Financial shares and options**
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Some facts



- The prevalence of chronic pain in Europe: 19% (*Breivik et al, 2006*)
 - In Belgium: 23%
- 80% of the people with chronic pain are within the labour active age
- 44% of the patients with chronic pain are still at work (full/part time)
 - ¼ experience a clear impact of pain on employment
- Sample (N=200) of our own pain center (LAC):
 - 15% still at work (full/part time)
 - Work incapacity: 73% <3 years on sick leave + employment contract
- Chance to return to work after 1 year of work incapacity: <20%

Huge impact on and cost for society

What can we learn from patients with chronic pain who stay at work? *(de Vries et al, 2011)*



> **MOTIVATORS:**

- Work as value:
 - Job satisfaction
 - Recognition
 - Social status
- **Work as income:**
 - Financial needs
- Work as therapy:
 - Distraction from pain
 - Structure
 - Social contacts
- Work as responsibility:
 - Feeling indispensable
 - Loyalty

> **SUCCESS FACTORS:**

- Personal characteristics
- Coping with pain
- Use of healthcare services
- Pain beliefs
- Adjustment latitude:
 - Increasing capacity
 - Lowering load
 - **Work modifications/conditions**
 - Support

What can we learn from unemployed patients with chronic pain? *(Patel S et al, 2007)*



➤ BARRIERS TO RTW:

- Uncertainty about the medical condition
- Difficulties in making plans because of the unpredictable character of the complaints and physical limitations
- Lack of flexibility in the workplace
- Risk to give up the security of benefits for salaried job that may not be sustained
- Too little job coaching
- Too little control over own condition whereby risk of depression, anxiety, loss of confidence

- RTW seems possible using facilitating measures:
 - Tailor made support
 - Intensive coaching (also in the workplace)
 - **Communication between all involved parties**

- Work related cognitive behavioural therapy (W-CBT) seems promising
(Lagerverld et al, 2012; Fimland et al, 2014)

Workable work for patients with chronic pain (RCT)



➤ OBJECTIVES:

- **Primary:** compare W-CBT intervention with care as usual in terms of RTW
- **Secondary:** look at the W-CBT intervention in terms of
 - Labour specific characteristics
 - Work related self efficacy
 - Quality of life
 - Pain related characteristics

➤ STUDY POPULATION:

- Patients with chronic non-malignant pain
- Followed a ACT related multidisciplinary pain education program (MPEP)
- Less than 3 years on sickness leave
- Still have an employment contract

➤ INTERVENTIONS:

- **Experimental group:** W-CBT intervention, tailored, together with external employment services, within the pain center and in the workplace, with focus on work and RTW
- **Control group:** treatment as usual (TAU)

➤ OUTCOME:

- **Primary:** RTW
 - Proportion of patients who RTW: at least 50% and at least 28 days (*Steenstra et al, 2006*)
 - Durability of RTW
- **Secondary:**
 - Time to RTW
 - Other: functionality, QoL, pain intensity, motivation to RTW, self efficacy, mental mediators...

➤ DURATION: 3 years

➤ FINANCIAL SUPPORT: NIHDI (National Institute of Health and Disability Insurance)

- Work analysis and work requirements profile:
 - *What should a patient be able to do from the start at home, at work, and until he is back home?*
- Determine capacities profile:
 - *What are the current capacities of the patient?*
- Team meeting:
 - Match-dismatch requirements-capacities: bottlenecks?
 - Solvable if possible (for instance adjustments in the workplace)
 - If not: alternative job
- Discuss reintegration plan:
 - Team-patient in close consultation with employer, occupational physician and advising physician

➤ Treatment (parallel):

- **In the pain center:**

- Work hardening
- Enhancing coping strategies + problem solving
- Stressmanagement + emotion regulation @ work
- Sollicitation training

- **In the workplace:**

- Individual patient
- Colleagues
- Supervisor
- Organisation
- Occupational physician
- Jobcoaching
- Workplace-learning

➤ Individual follow-up: maximum 18 months

Key message

- It is our social obligation to guide patients with chronic pain towards realistic participation and professional reintegration.
- Successful RTW needs facilitating measures: tailor-made support, intensive coaching (also in the workplace) and communication between all involved parties.

