

# Work and Pain.

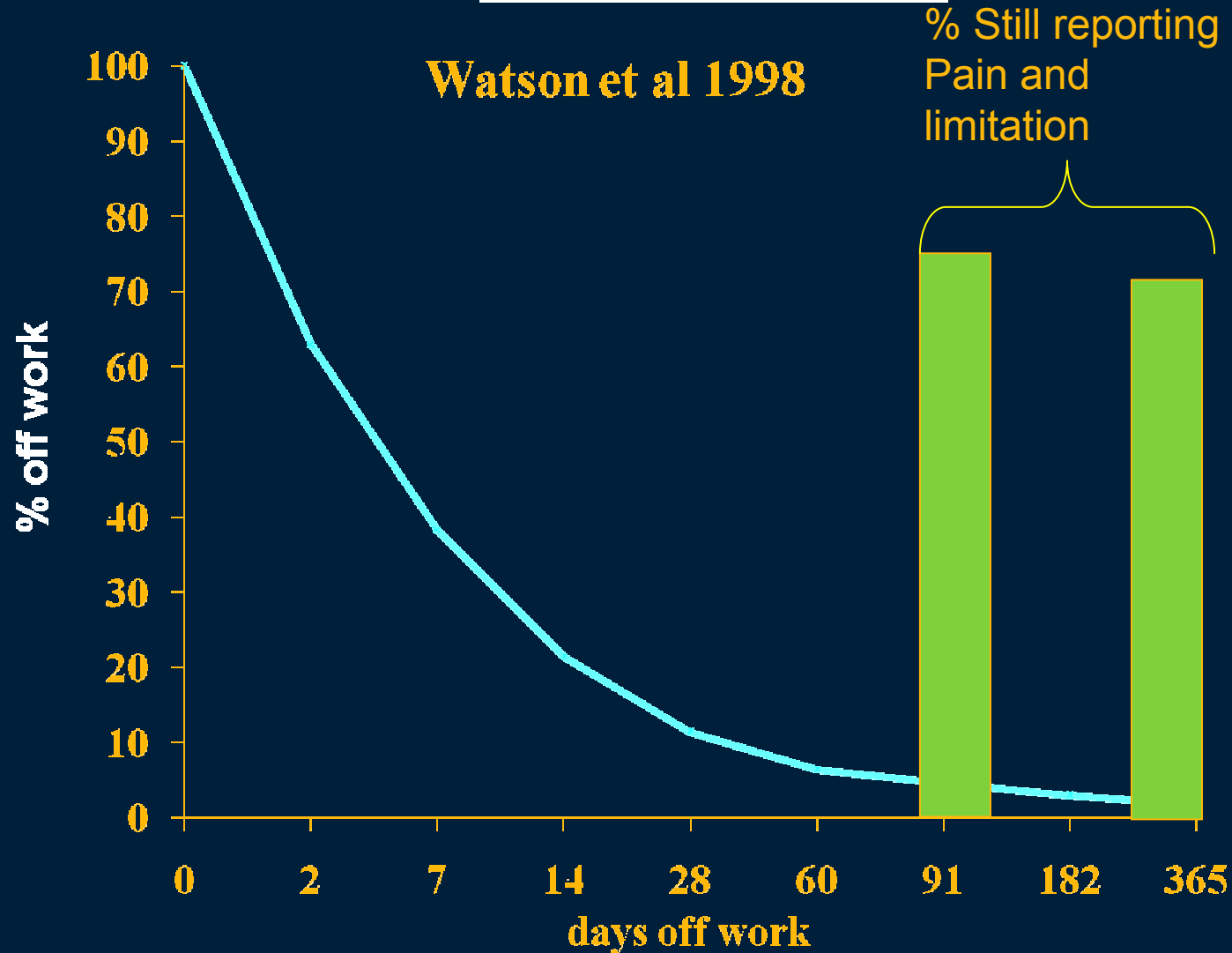
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# Provision of Occupational Health

- Hussey (2009) 12% – 34% of population in the UK has access to Occupational Health lowest provision in SMEs
- Only Greece has lower OH provision in Europe
- UK has one of the lowest sickness absence rates in the EU (CIPD 2008).
- OH provision alone might not be related to sickness absence rates.
- Need for evidence based service provision.

# New onset of LBP: Return to work Vs pain and disability report



The most popular medication?



# Do clinicians beliefs affect consultation and treatment outcomes?

- Biomedical orientation on LBP related to increased clinician choice of
  - Recommendations to rest
  - Passive treatment choices (drugs, interventions)
  - Advice to avoid work
  - Sickness certification
- Psychosocial orientation
  - Active rehabilitation approaches
  - Advice to remain at work/remain active

# Why do people get a sick note for back pain?

- Logistic regression for certification for low back pain by GPs
- Pt variables
  - Years in education
  - Previous work absences for LBP\*
  - Pain intensity
  - RMDQ
  - FABQ work\*
- Sensitivity 74.5%, specificity 75%, over all 74.7%

(Morris and Watson *EJP* 2010)

# Sickness certification for back pain

- GP variables **in the model**
  - Years as GP\*
  - History of LBP
  - PABS-GP biomedical
  - PABS-GP Biopsychosocial scale\*
- **Sensitivity 68.5% Specificity 69.1%**

(Morris and Watson *EJP* 2010)

## Combined model

- Patient variables- previous work absence, high fear avoidance beliefs
- GP variables - Increased years as a GP and lower scores on BPS scale were significant.
- Sensitivity 81.1%, specificity 83.3%, overall 82.2%

(Morris and Watson *EJP* 2010)



Some jobs are not conducive to good health



# People with chronic pain become unemployed

Period of unemployment is associated with

- Increased mortality
- Increased mental health problems
- Increase drug and alcohol abuse
- Increased physical health problems

*Good work is good for you!*

# Work, healthcare, employment

- Qualitative research of patients with low back pain.
- Investigate patients experiences of
  - working with pain
  - Advice regarding work
  - Rehabilitation opportunities
  - Assistance in returning to work
- People working with LBP, returned to work, unemployed due to CLBP.

# Qualitative research: Results

- Healthcare practitioners do not give useful advice on return to work.
- No communication between HCPs and workplace
- Felt GPs do not feel it is their role to facilitate RTW.
- Patient sole conduit for information between HCP and employers.
- Short term work loss is an absence management issue.
- Long term work loss is an Occupational health issue.

(Patel et al 2007, Coole et al 2009, Coole et al 2010)

# Patients perspective of treatment for LBP

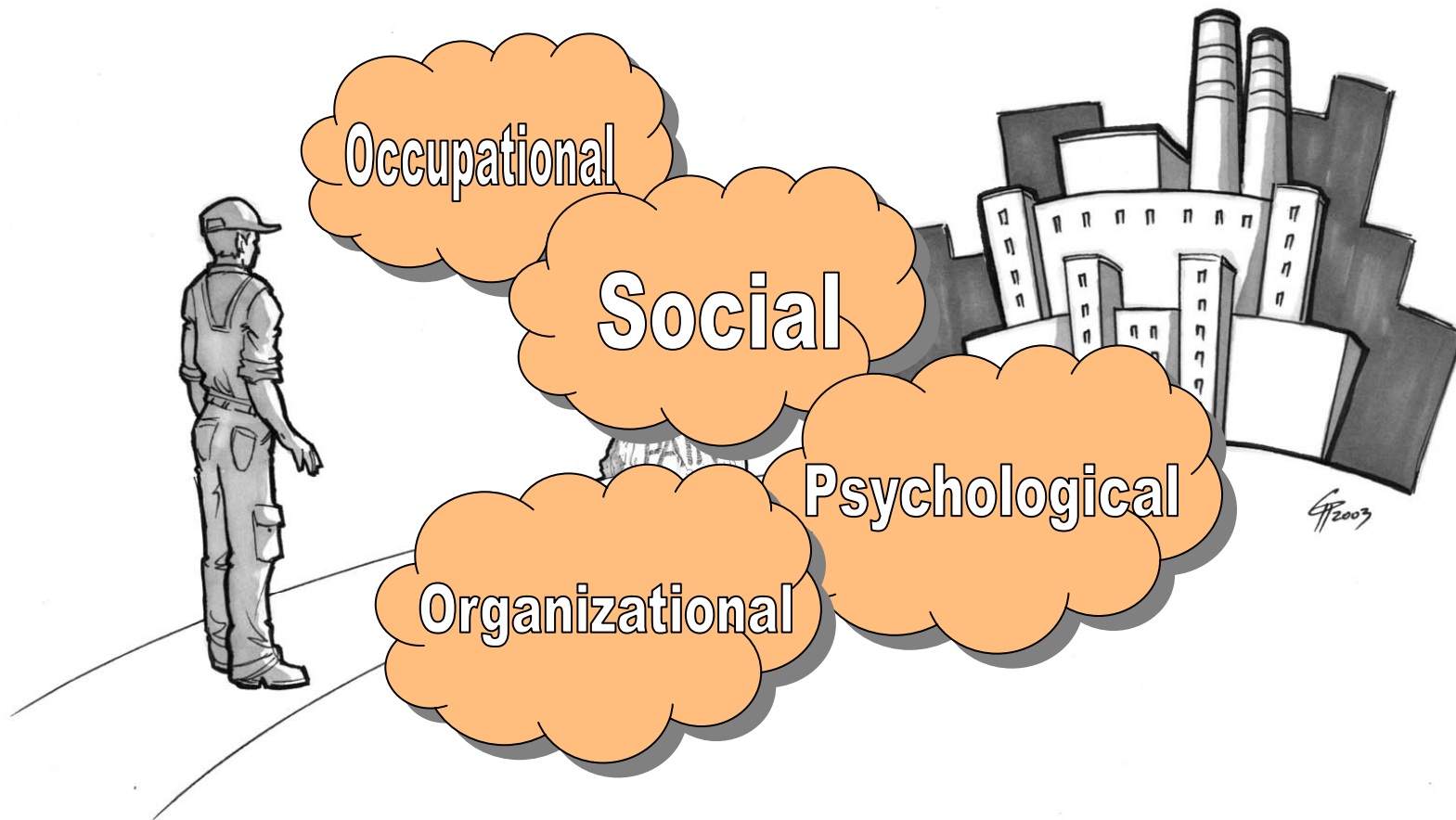
- Too much focus on medication and treatments.
- Not much focus on work/function.
- Poor communication with workplace.
- Concentration on what not to do.
- OH support does not exist or is offered late
- Easier for HCP to sanction work loss.
- *“See how you feel”* advice culture.

(Patel et al 2007, Coole et al 2009, Coole et al 2010)

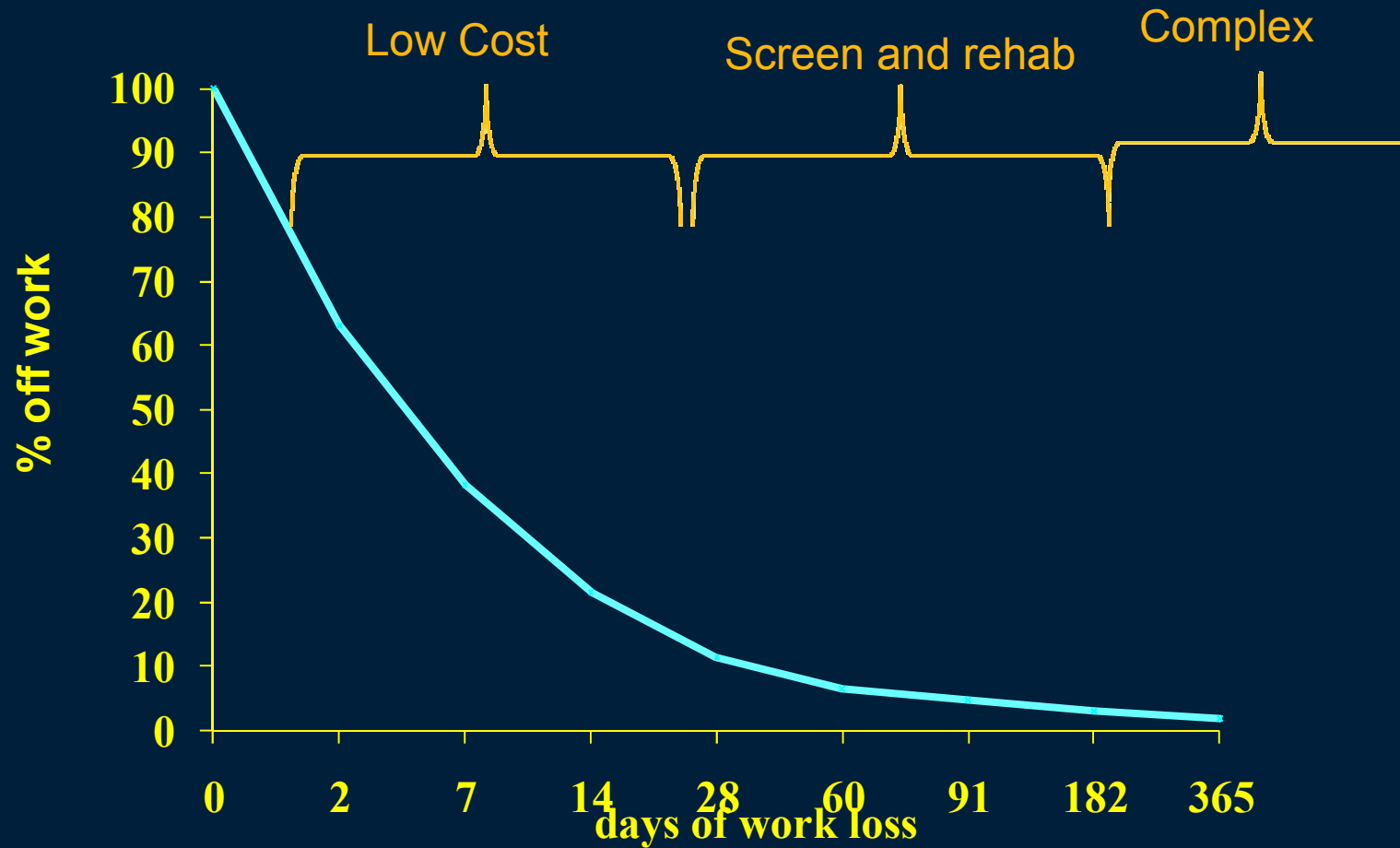
# What is helpful to the patient?

- Information to allow pt to take control.
- Realisation hurt does not mean harm.
- Information to empower pt to discuss with employer.
- Communication between HCP and workplace
- Supportive employer and supportive colleagues
- Availability of modified duties/modified workplace.
- Active involvement of OH.

(Coole, Watson, Drummond *BMC MSD* 2010)



# Interventions





# Tackling Musculoskeletal Problems

a guide for clinic and workplace

identifying obstacles using the psychosocial flags framework

Kendall, Burton, Main, & Watson: TSO Books, 2009

[www.tsoshop.co.uk/flags](http://www.tsoshop.co.uk/flags)



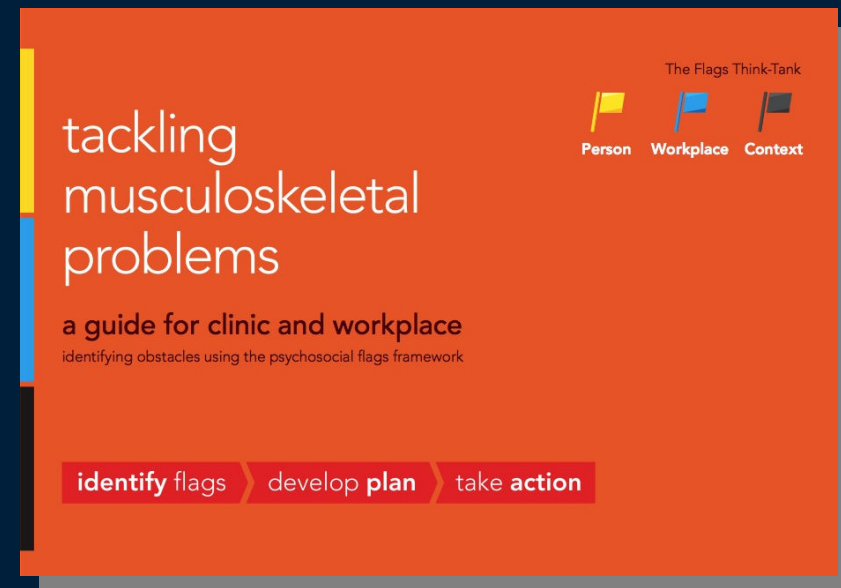
PERSON



WORKPLACE



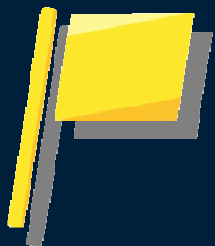
CONTEXT



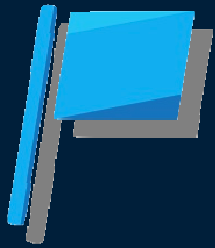
- Flags are about identifying obstacles to being active and working
- The important thing is to figure out how these can be overcome or bypassed
- Combining work-focused healthcare with an accommodating workplace is best: that means all players onside - consistency, coordination and collaboration

# Psychosocial Flags Framework

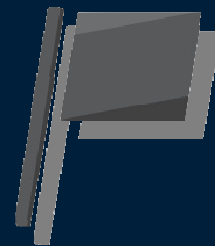
## Person, Workplace, Context



**Person** - psychosocial factors associated with unfavourable clinical outcomes and the transition to persistent pain and disability



**Workplace** - stem largely from perceptions about the relationship between work and health, and are associated with reduced ability to work and prolonged absence



**Context** - in which the person functions; includes relevant people, systems and policies. These may operate at a societal level, or in the workplace. They are especially important since they may block the helpful actions of healthcare and the workplace

# General Principles

The intervention must address the identified Flags and obstacles, using both healthcare and workplace interventions

Psychosocial factors, such as beliefs, fears, and avoidance behaviours need to be tackled

Psychosocial interventions such as problem-solving training and suitable coping strategies can usefully supplement exercises and information/advice, and contribute to increasing activity

An accommodating workplace can be the key to work retention and early return to work

identify flags

develop plan

take action

# Specific Principles

Involve the workplace setting if possible, rather than the clinic alone

Ensure (through communication) that all players know what Actions are to be done, by whom, and when

Interventions to address psychosocial factors are more effective, and use fewer resources when they are delivered early

Psychologists are usually not needed. These principles can be adopted and used by all key players

identify flags

develop plan

take action

# Effective Interventions

take action

## Everyone

- Information, advice, and reassurance
- Promoting activity and work
- Dispel myths (about pain, activity, & work)

# Effective Interventions

take action

## Workplace

- Transitional work arrangements - workload, schedule, tasks
- Graded RTW programme
- Negotiated job modifications
- Case management

# Effective Interventions

take action

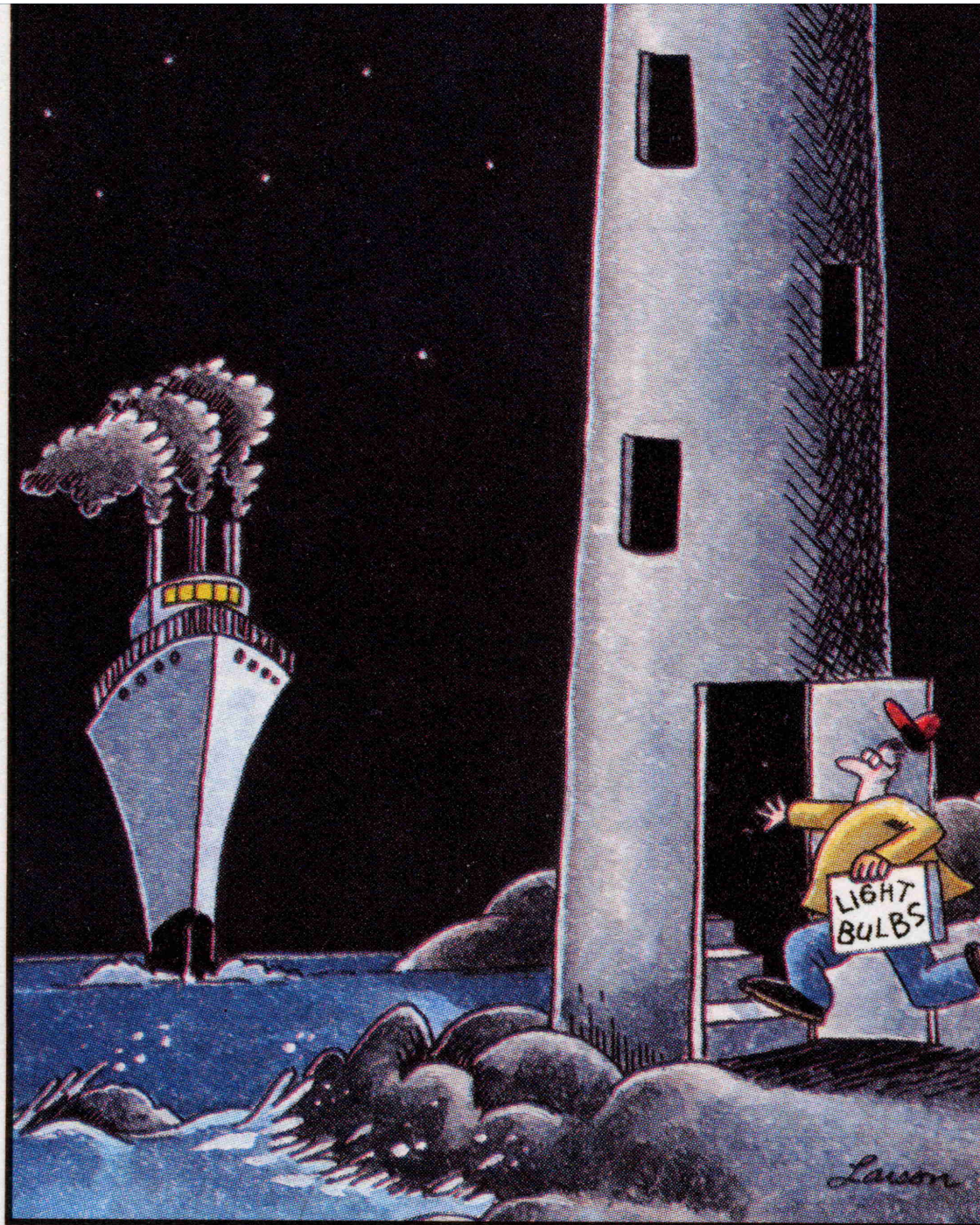
## Healthcare

- Avoid unnecessary interventions
- Avoid repeated healthcare consultations
- Address unhelpful thoughts
- Relaxation training
- Stress management training
- Activity scheduling, progressive goals
- Positive self-statements
- Coping skills training
- Problem-solving skills
- Use relevant other as rehabilitation 'coach'
- Desensitise fear of movement

# Conclusion – A Stepped care approach

- *Up to 6 weeks work absence.* Healthcare, workplace modification, employer/ employee contact, encourage early RTW.
- *6 weeks to 6 months.* Structured vocational rehab, all the above, psychosocial assessment, increase physical function, address beliefs about working, graded RTW with temporary modifications.
- *Greater than 6 months.* Intensive multidisciplinary rehabilitation. Improve physical functioning, address major psychosocial barriers, skills assessment, identify transferable skills, job seeking advice, job re-training, job trials.





Thanks for your attention!

