Effectiveness of two vocational rehabilitation programmes in women with long-term sick leave due to pain syndrome or mental illness – one year follow-up of a randomized controlled trial

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Purpose of the Study

- To compare and evaluate the effect of three different rehabilitation models carried out along with the process of transference between the insurance systems.

Methods

- The study is an RCT (n=314) with repeated measures and three conditions.

- Women on long term sick leave due to mental ill-health symptoms and/or long term pain were randomized to either

1. An unimodal treatment with Acceptance and Commitment Therapy (ACT) provided by a psychologist

2. A multimodal assessment and treatment team intervention also including the possibility of ACT therapy

3. Treatment as usual (TAU) comprising the standard support by the employability rehabilitation program offered by the Public Employment Service

Inclusion Criterias

- Age between 20-64 years

- On sick leave for pain syndrome and/or a mental ill-health

- No high suicidal risk

- No current alchohol/substance abuse

- No major mental illness

- Not in current psychotherapy or other structured rehabilitation programme

Participants

- 947 women expected to reach their maximum time of sick leave between June 2010 and June 2011

- 185 were excluded at screening (non-inclusive diagnoses)

- 646 were contacted by mail

- 347 women gave concent to participate and were block randomized

- 308 included in the data analyses

Study Design

UPPSALA UNIVERSITET

RANDOMISERING

| ACT 102 | TEAM 102 | CONTROLLL 104 |

Questionnaire 1

Acceptance and commitment therapy

Multidisciplinary assment

Organizational cooperation

Questionnaire 2

Measurements

- **Base-line data:** age, sick leave diagnoses, length of sick leave, employment status.

- **Health and social situation, and their motivation to RTW:** HADS, GHQ-12, and SWLS.

Outcome Measures

1. Returning to the health insurance at 12 months; dichotomous variable.

2. Self-reported change in working hours between base line and 12 months. *"How many hours a week do you... ...now/one year ago".*

3. Self-reported change in degree of engagement. This variable was based on the difference in working hours. *"How many hours a week do you... ...now/one year ago".*

Statistics

- Differences in base line characteristics between each intervention group and the control group were investigated using Chi-square tests for proportions and T-tests for continuous data.

- ANOVA for repeated measures were used for health variables.

- The three outcomes were tested using regression modelling; logistic regressions for the dichotomous outcomes (1 and 3) and ordinal regressions for the ordinal outcome (2).

Study Population

Average age

48.5 years (SD 6.3)

Years on insurance benefits(SD)

 7,5 years (SD 3.2)

Magnitude of Reimbursement (%)

25 %   13.1

50 %   28.4

75 %   7.2

100 % 51.3

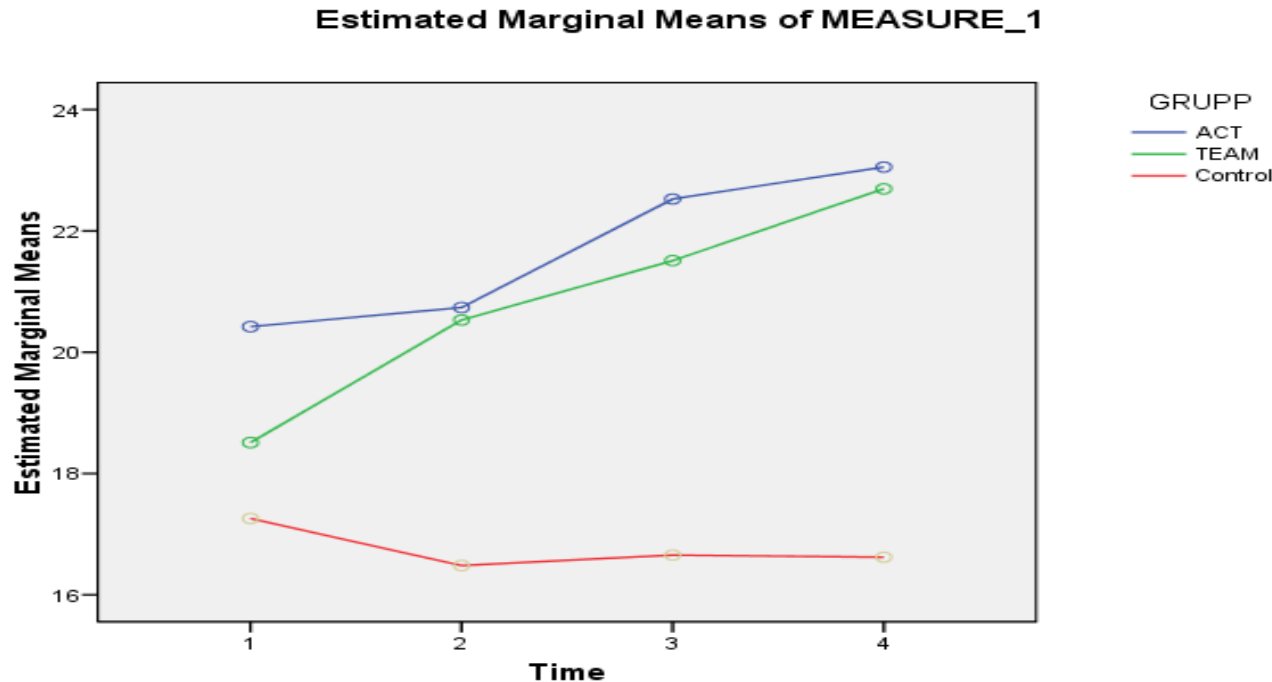**Employment status**

Employed 63.6 %

Unemployed 36.4 %

General Health (GHQ)

Estimated Marginal Means of MEASURE_1

The TEAM condition produced significant improvement as compared to TAU, *P*<0.003.

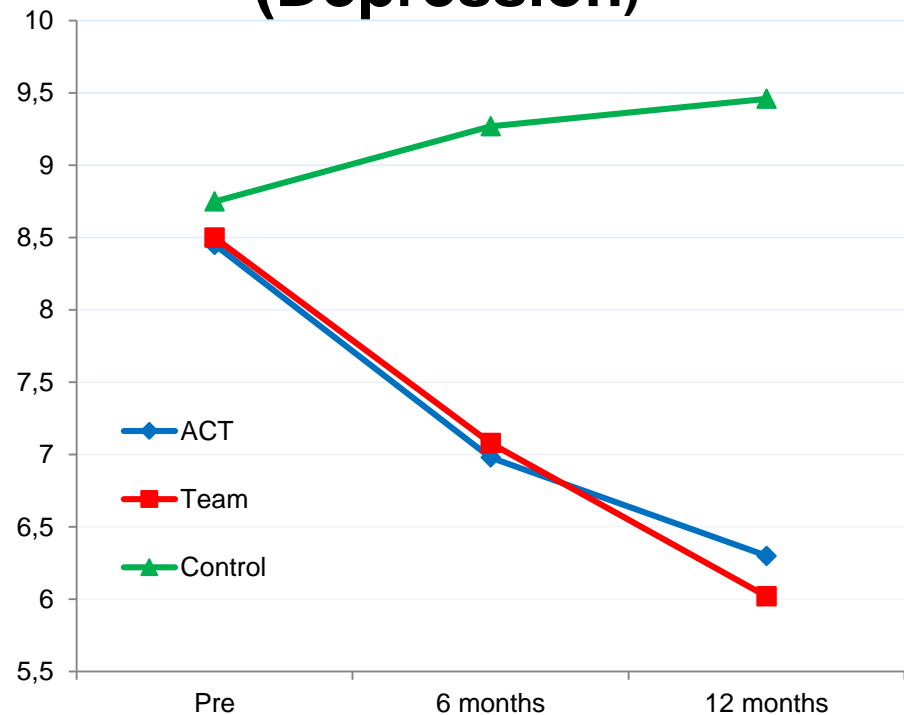**ACT condition produced a trend of significant change, *P*<0.086**

Hospital Anxiety and Depression (HADS)

(Anxiety)
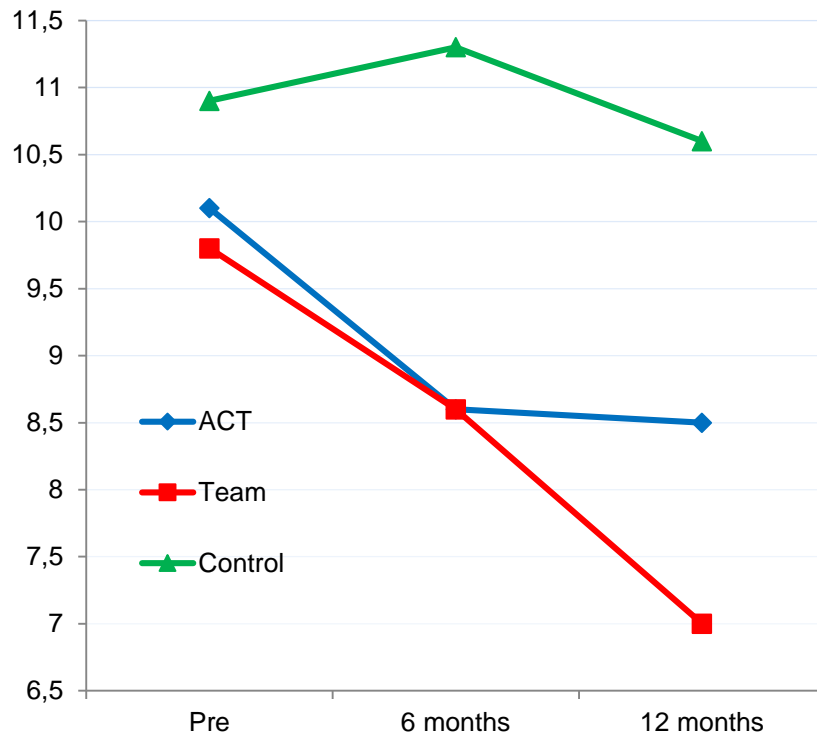
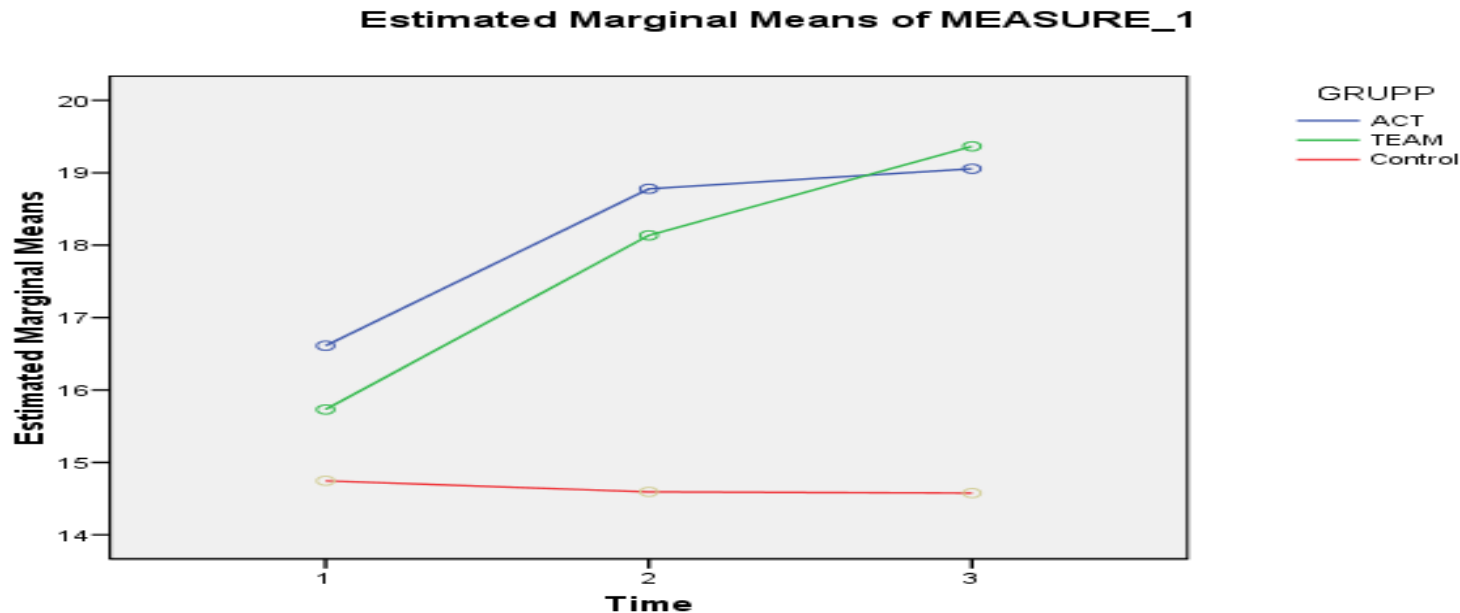A significant interaction effect for time and condition.

(Depression)

A significant interaction effect for time and condition for both ACT and TEAM.
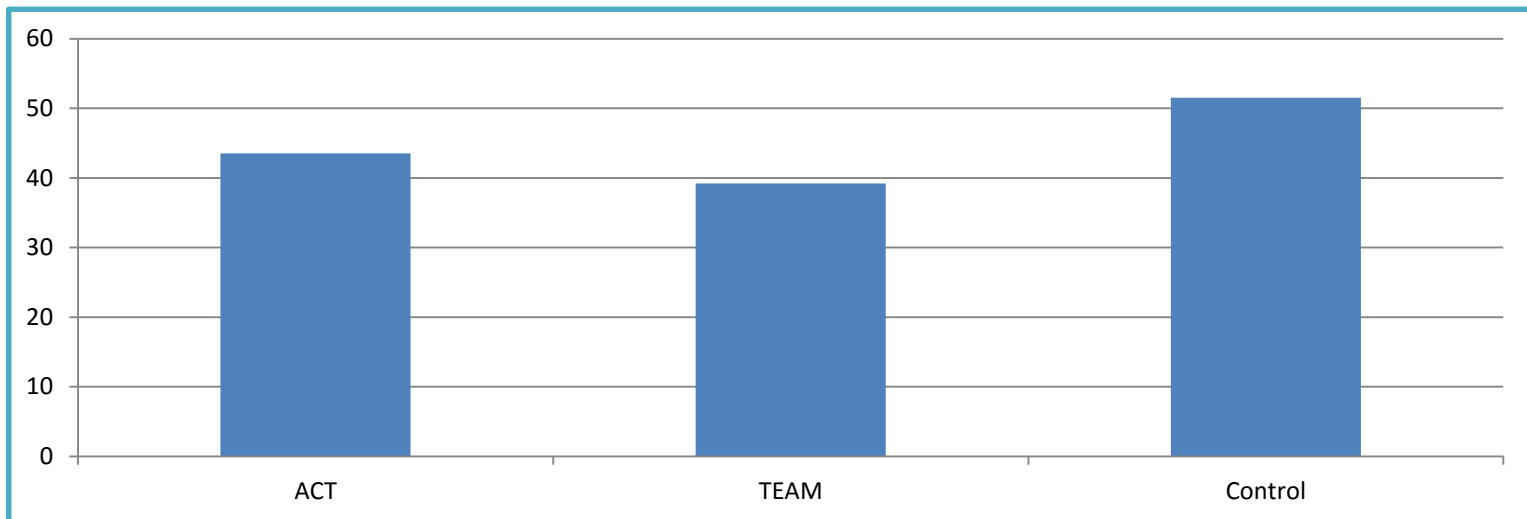
Satisfaction with Life

Estimated Marginal Means of MEASURE_1

The TEAM condition produced a significant change in comparison with TAU. *P*<0.000.

The ACT condition did not produce a significant change

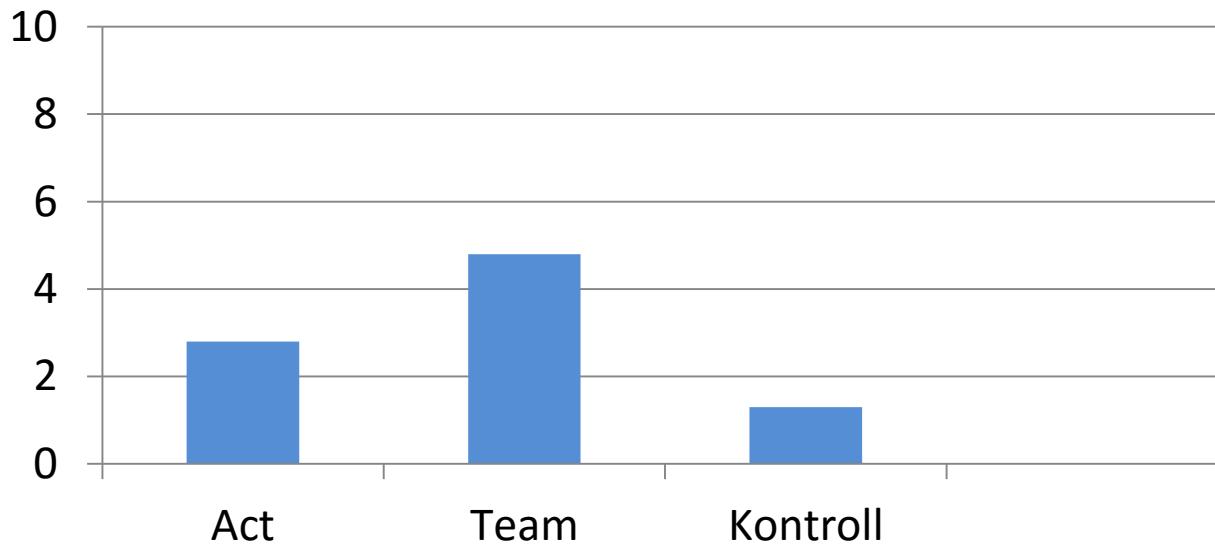# Participants that had returned to the health insurance at 12 months of follow-up, %

ACT group (OR 0.72 95% CI 0.41-1.24, p=0.23) and 39.2% in the TEAM group (OR 0.61 95% CI 0.35-1.06, p=0.079)

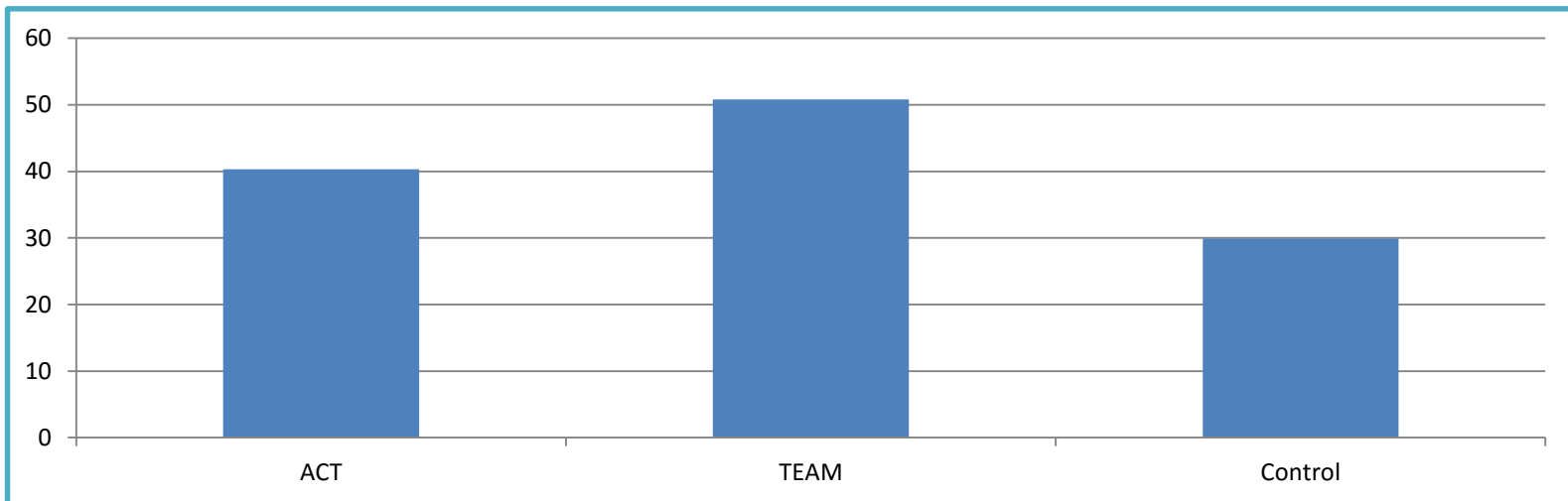# Changes in Self-reported Working Time, (Hours)

Regression analysis: ACT; OR 0.95 (95% CI 0.46-1.95, p=0.90) for increasing their working time as compared to control.
TEAM group: OR 2.20 (95% CI 1.09-4.44, p=0.028)

Self-reported Change in Degree of Engagement

In the control group 29.9% reported increased engagement compared to 40.3% in the ACT group (OR 1.59 95% CI 0.77-3.29, p=0.21) and 50.8% in the TEAM group (OR 2.20 95% CI 1.19-4.95, p=0.015).

Conclusions

- Evidence that both interventions increase health but also preliminary evidence that multidisciplinary assessments and individually targeted multimodal interventions increase the possibility to leave the health insurance and improve the chances of returning to work.

Thank you!

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Publications so far……

- **Lytsy, P; Larsson, K; Anderzén, I. Health in women on long-term sick leave because of pain or mental illness. International Journal of Rehabilitation Research 38(1), September 2014**

- **Andersén, Å., Larsson, K.; Lytsy P.; Anderzén I. Predictors of self-efficacy in women on long-term sick leave. International Journal of Rehabilitation research. 38(4), August 2015**

- Submitted: Per Lytsy P., Carlsson L., Anderzén I. Effectiveness of two vocational rehabilitation programmes in women with long-term sick leave due to pain syndrome or mental illness – one year follow-up of a randomized controlled trial