

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

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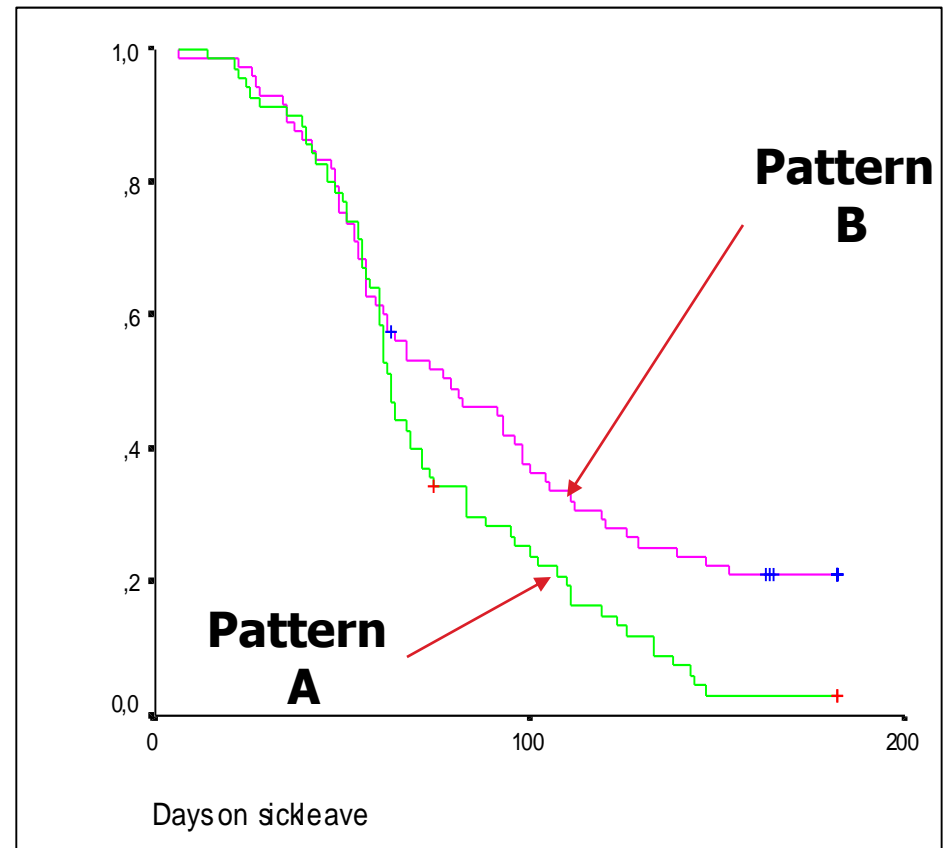
# Which patients/workers are we talking about ?

- ▶ 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)

# Therapeutic intervention impact on work status

- ▶ How to predict at the individual level the likelihood of an early return to work ?
- ▶ Pattern A or B ?



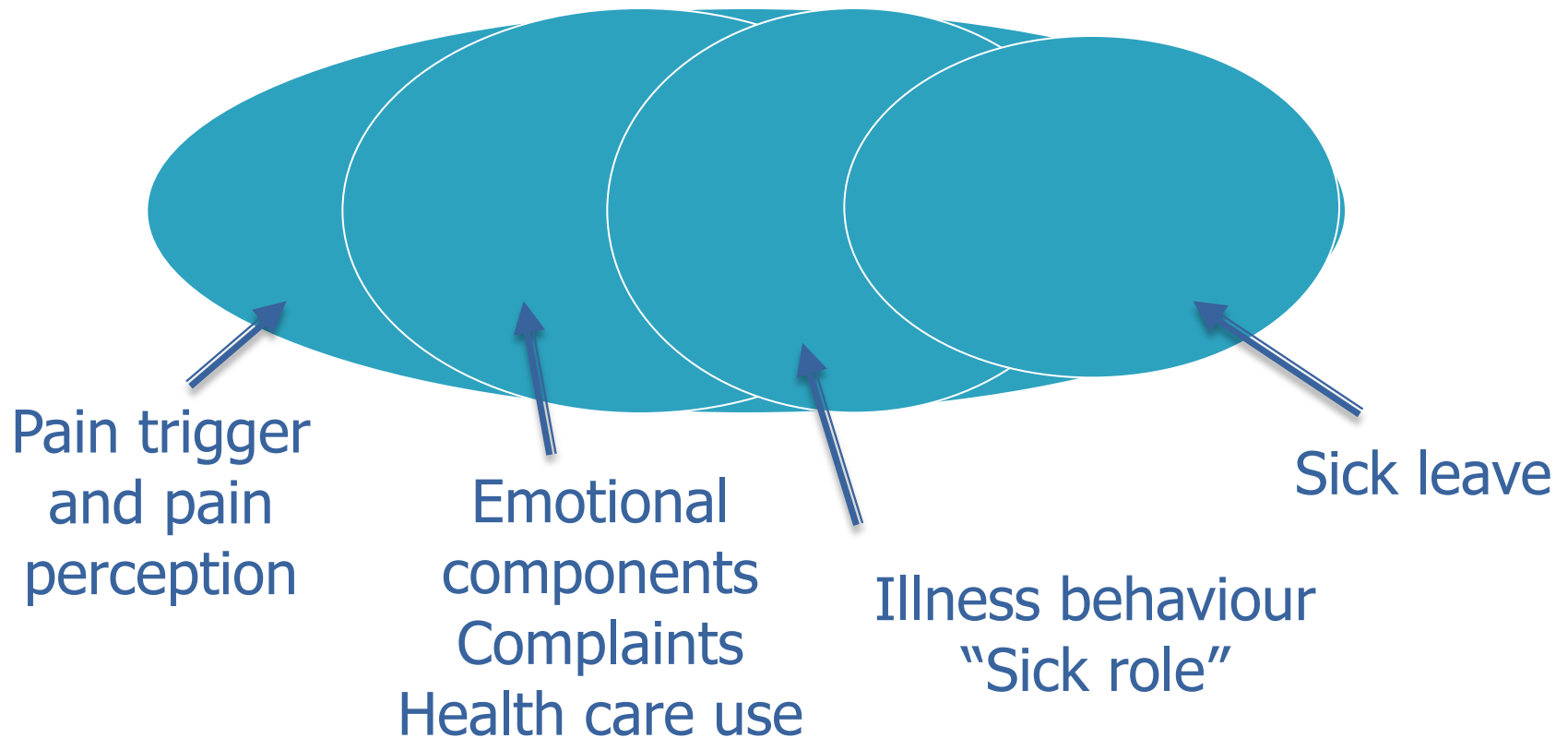
# A too difficult question to answer ?

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

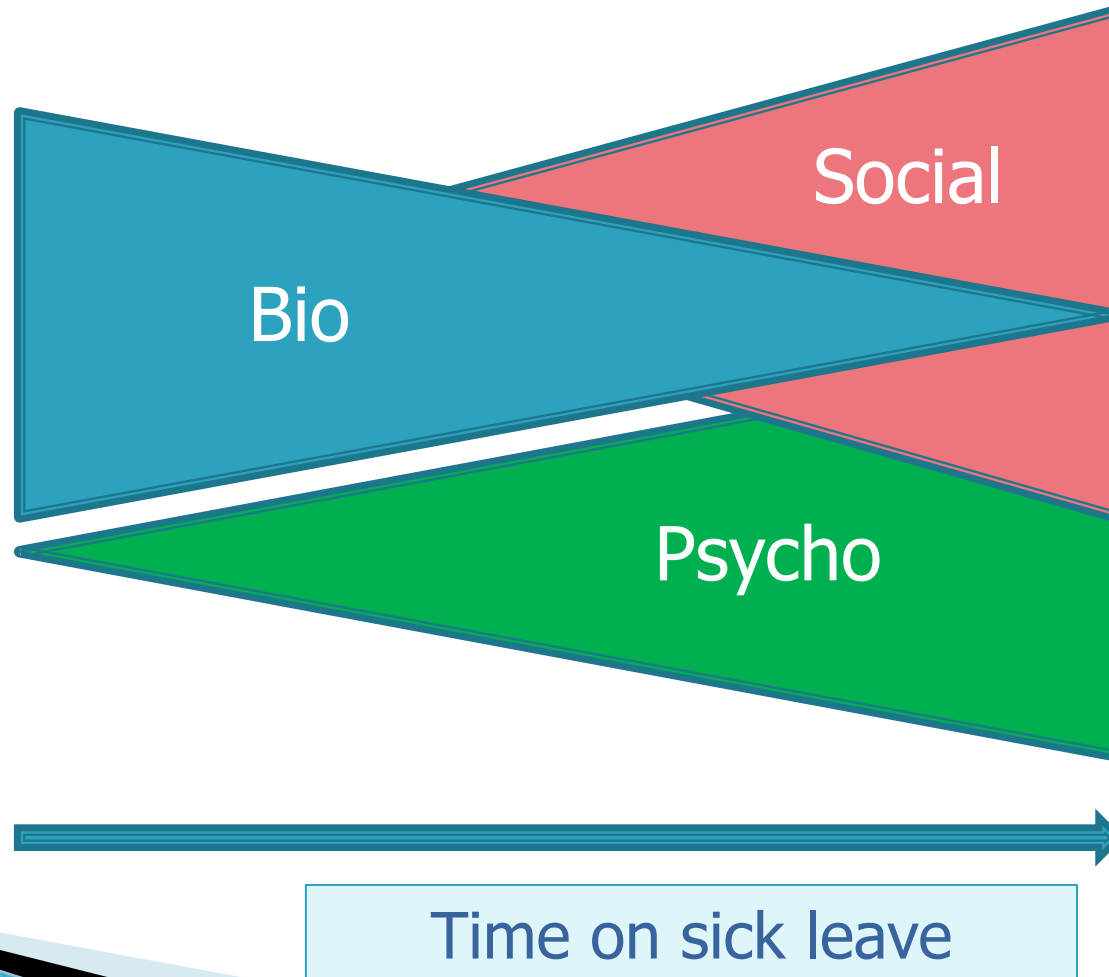
	N days off work			
Patients group	Intervention	Control	OR	p
Low-risk (n=221)	0.4 (1.2)	3.0 (11.9)	7.06	< 0.0001
Medium-risk (n=394)	4.1 (15.8)	18.4 (47.2)	5.17	< 0.0001
High-risk (n=236)	9.9 (35.4)	10.6 (18.2)	1.46	< 0.0001

*(Table data drawn from Hill JC et al  
Lancet 2011)*


# Low back pain : a multidimensional reality (Waddell 1987)

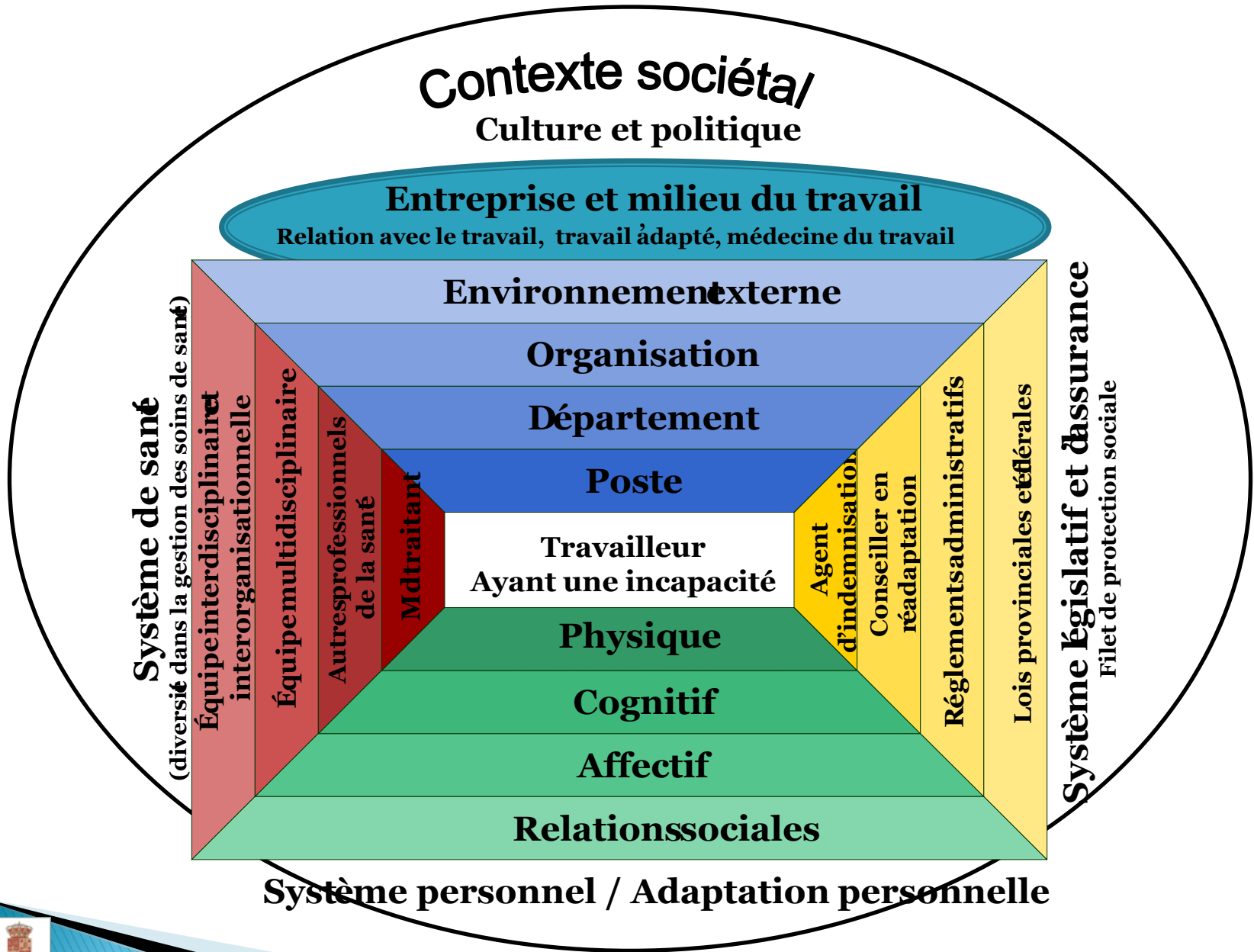


# The work disability paradigm



# 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





# 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” ) :

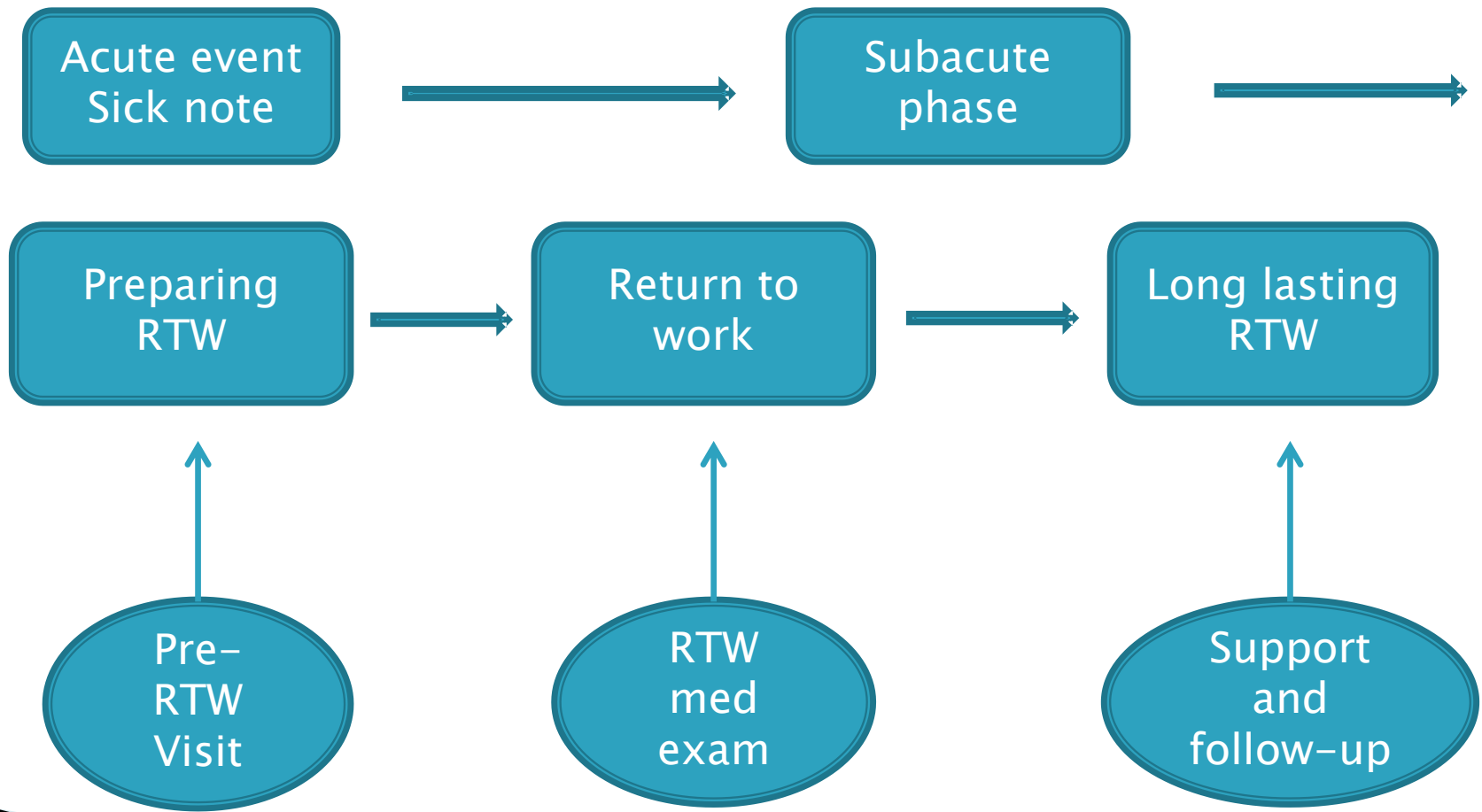
- ▶ Heavy physical work, exposure to mechanical risks factors at the workplace are possible barriers, especially if associated with
  - unavailability of light duties *[Fransen et al 2002]*
  - low level of work control
  - *[Detaille et al., 2009 ; Peters et al., 2007 ; Steenstra et al., 2005 ; Allebeck 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

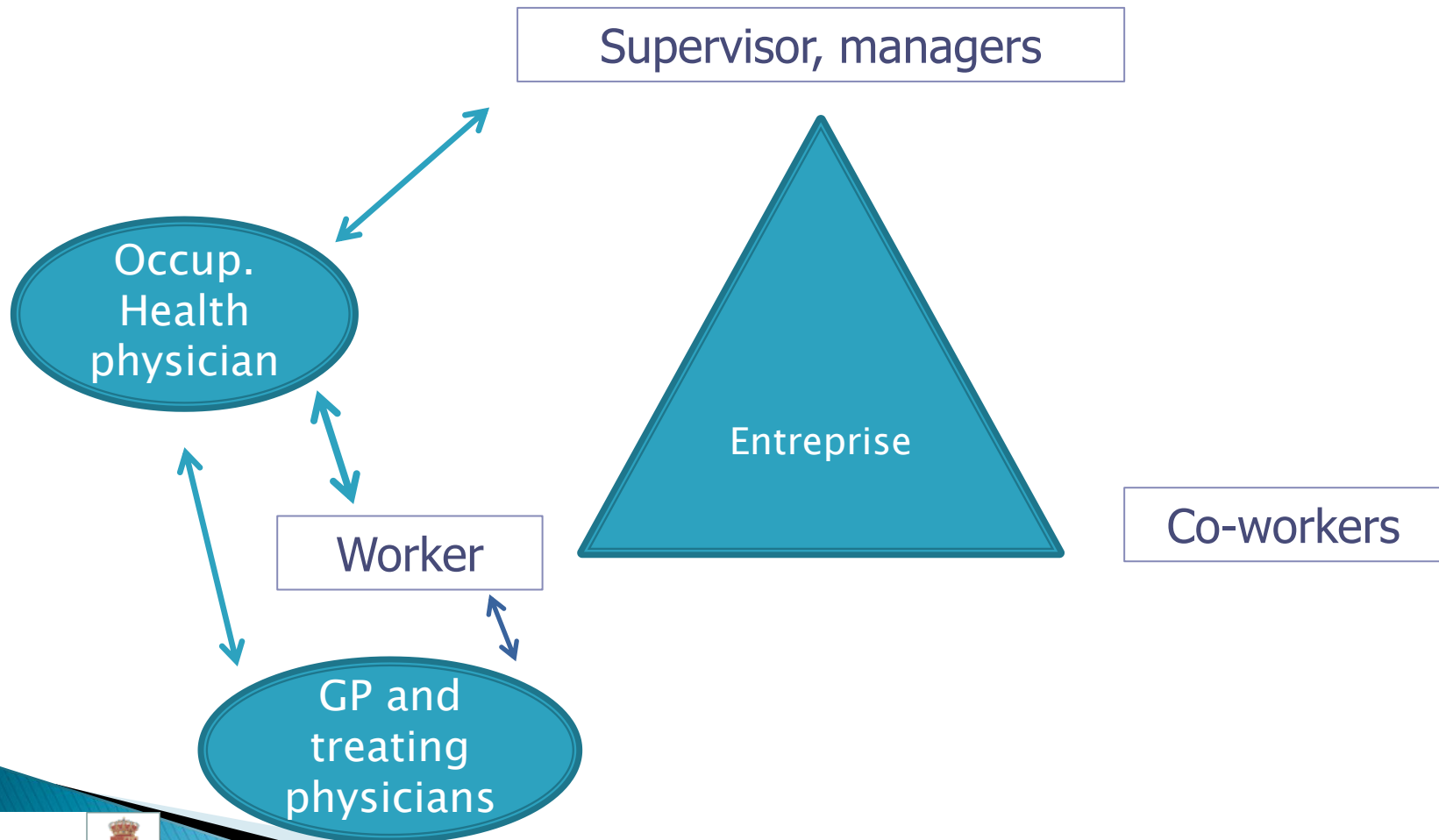


# What to do ? during the subacute phase

- ▶ 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



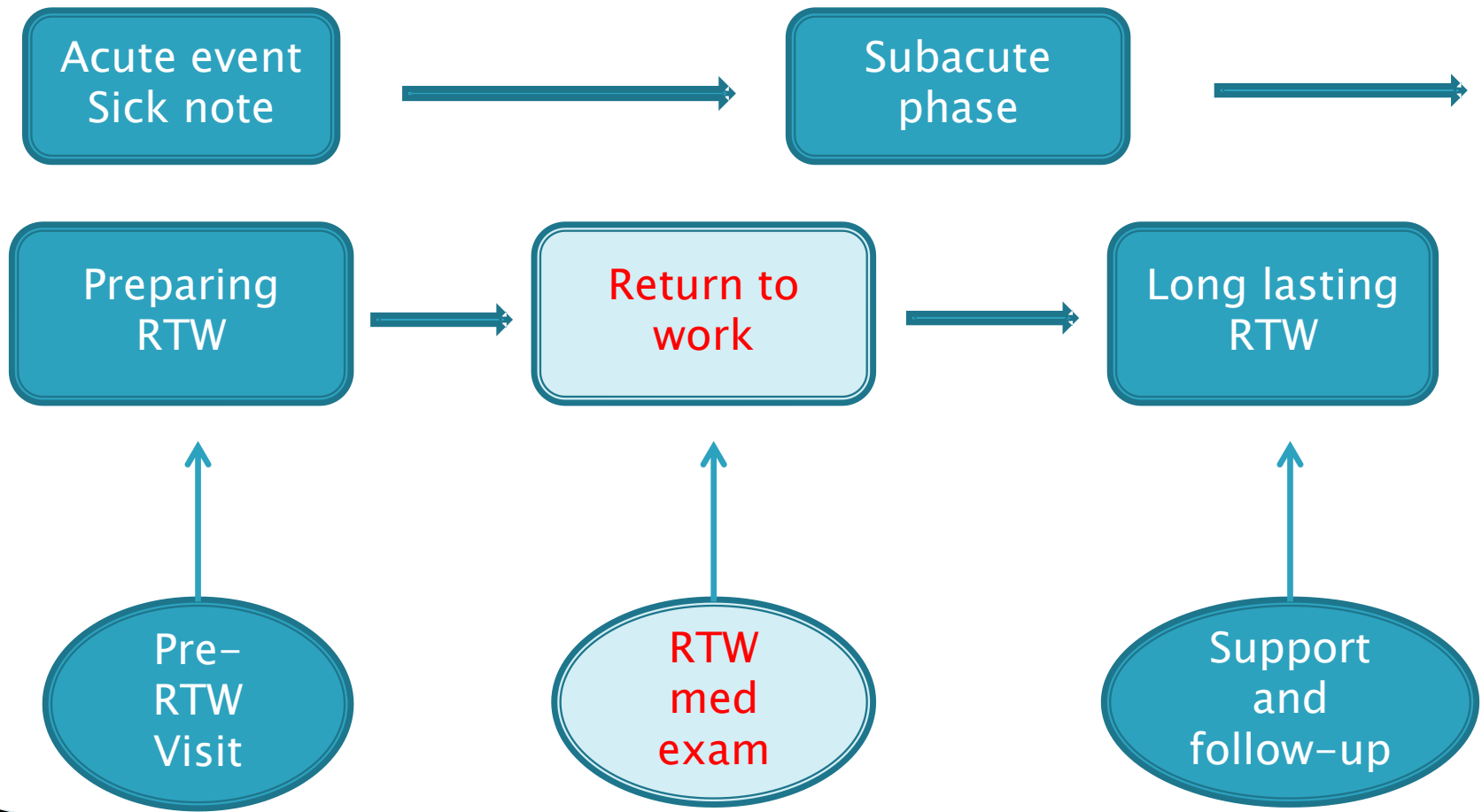
# What to do ?

## 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



# Conclusions

- ▶ 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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