DEPARTMENT OF SPORTS SCIENCE AND CLINICAL BIOMECHANICS

SDU

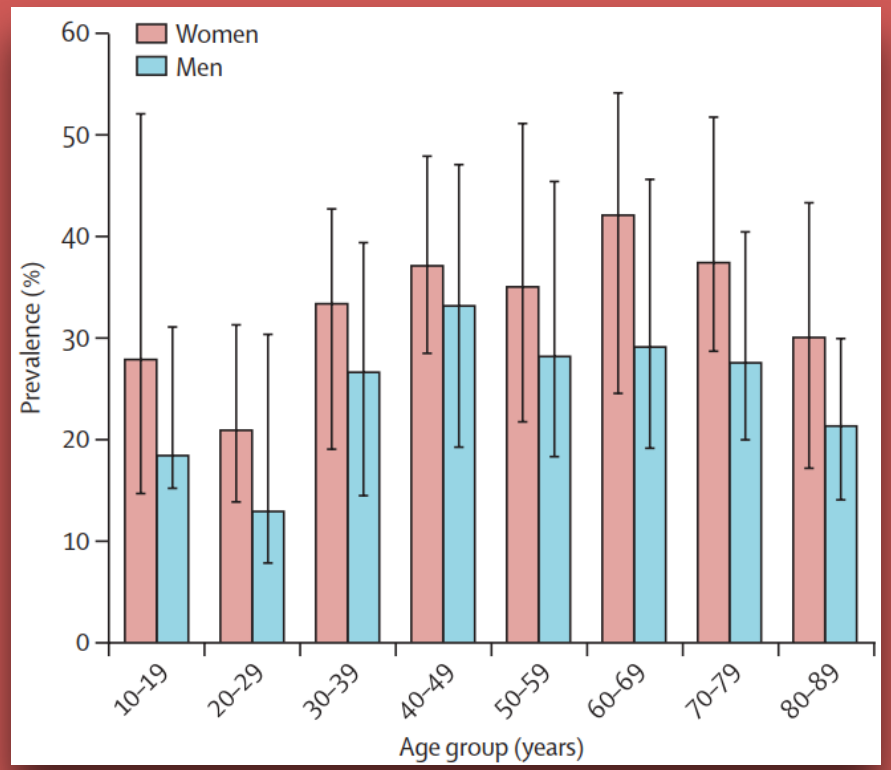
Hvorfor hænger arbejdsmarkedet og sundehedssystemet ikke (bedre) sammen?

Jan Hartvigsen
Professor PhD

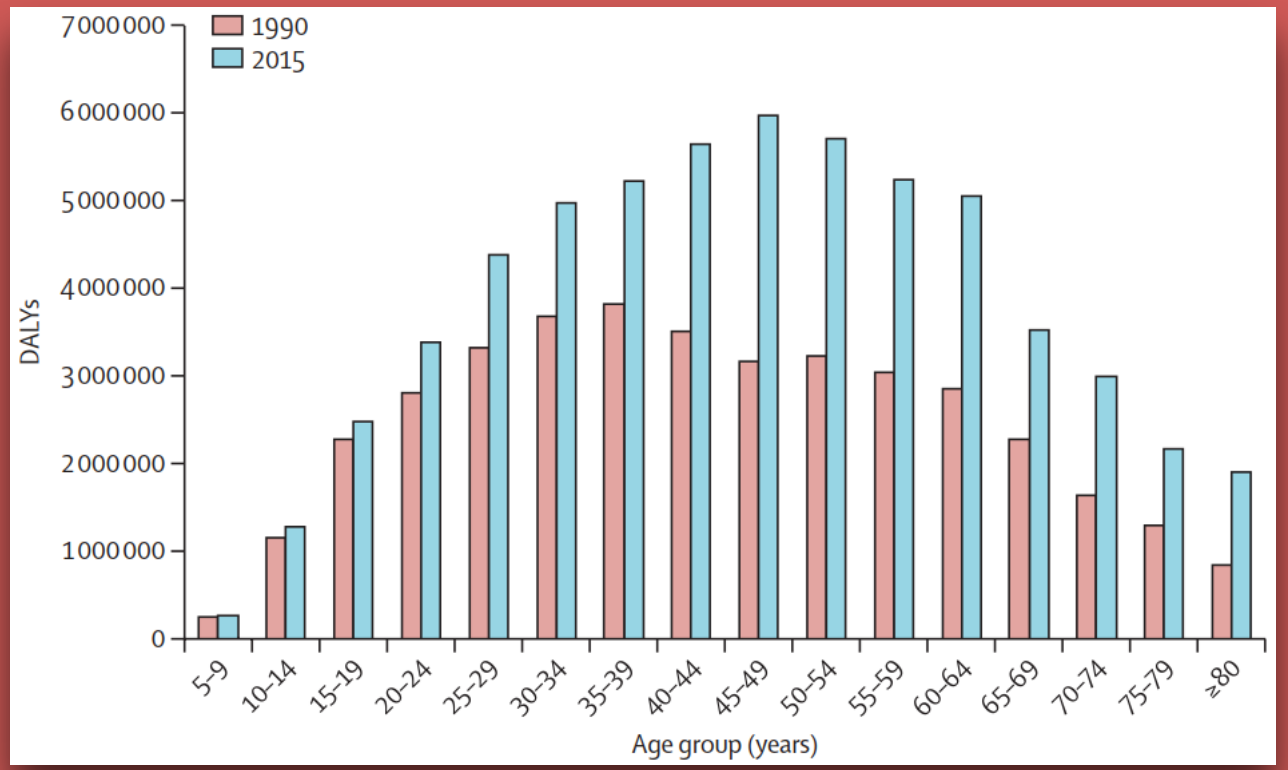
Center for MUSCLE AND JOINT Health

NKKB
KIROPRAKTORERNES VIDENSCENTER

Disability increased by > 50% past 25 years



Prevalence

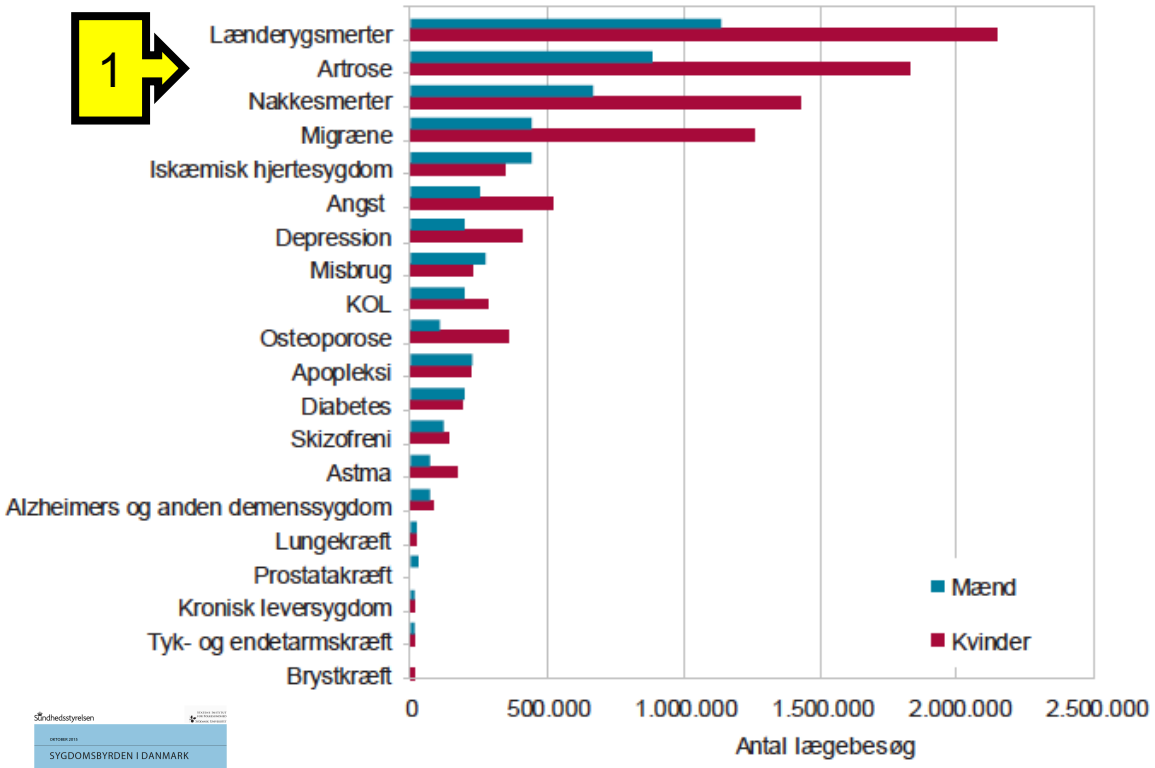


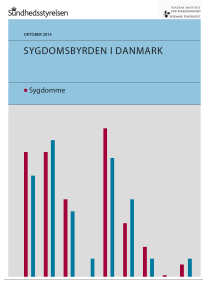
Disability

DEPARTMENT OF SPORTS SCIENCE AND CLINICAL BIOMECHANICS

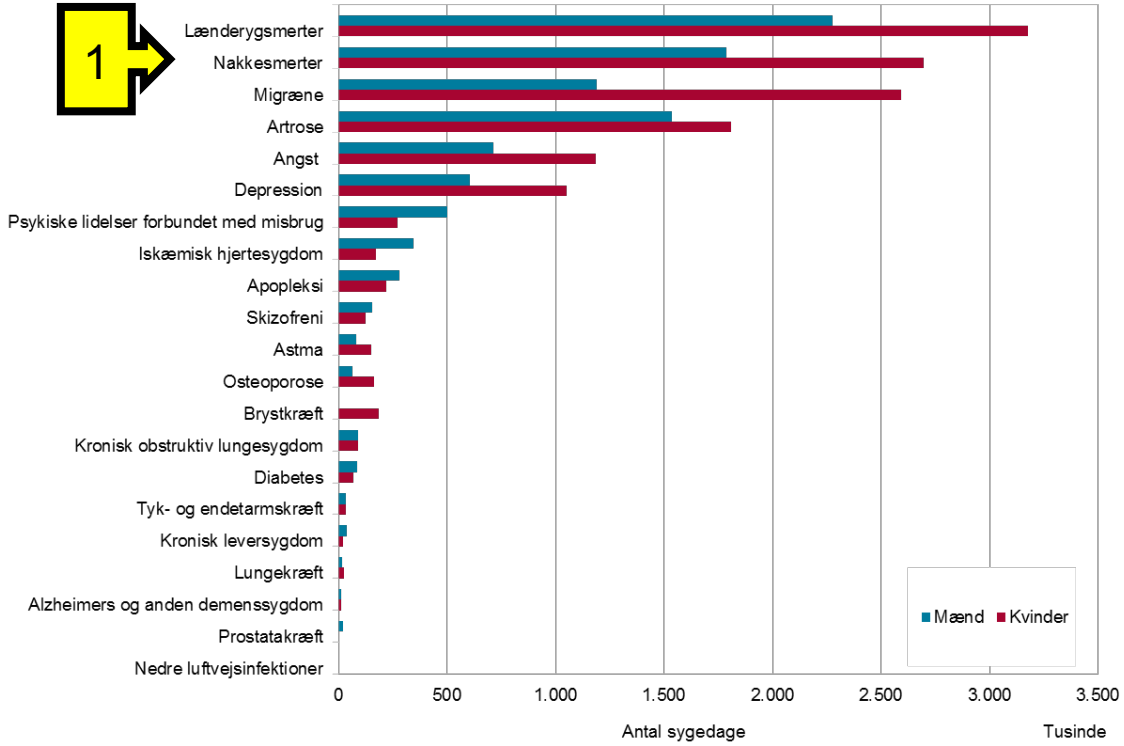
SDU

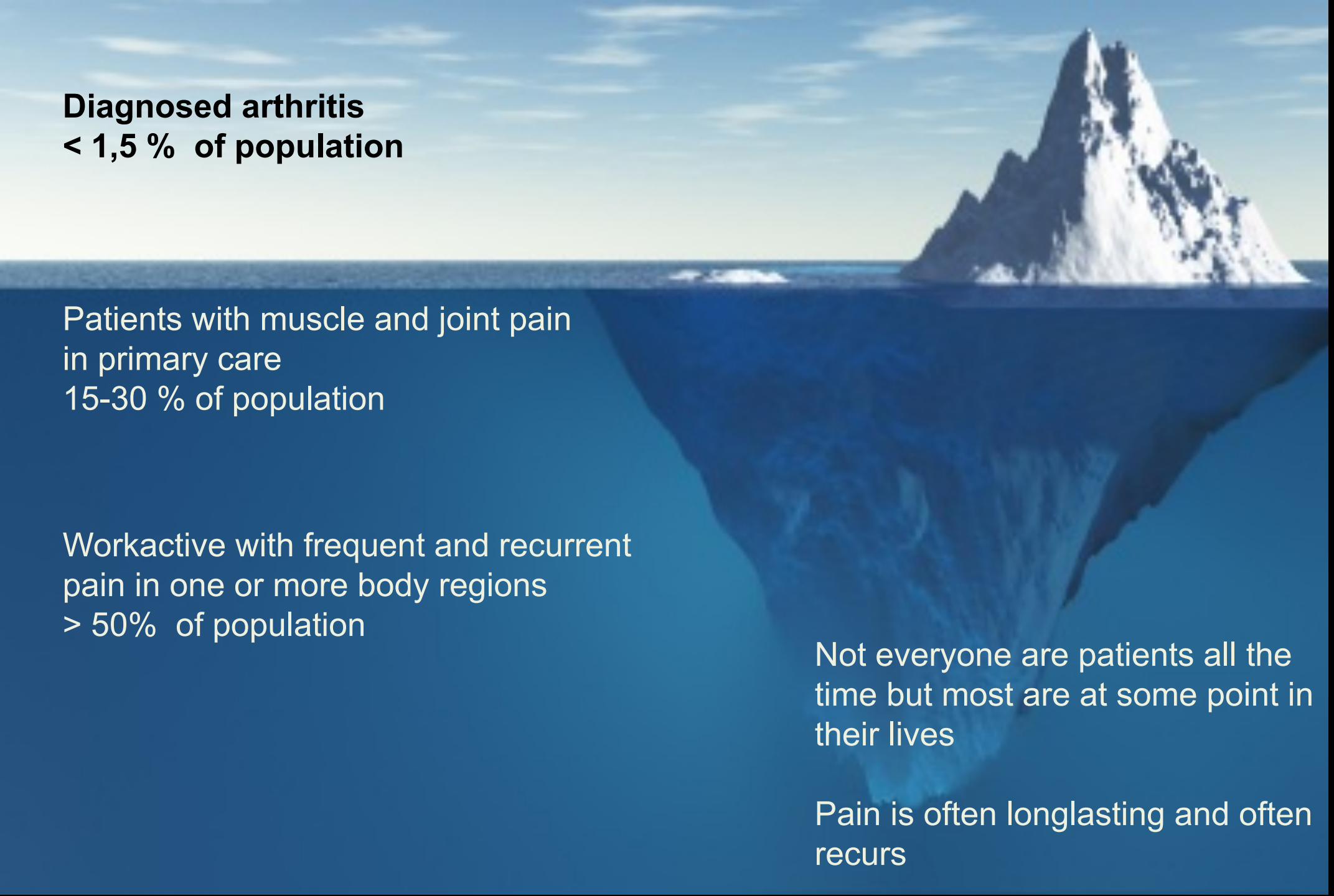
Konsultationer almen praksis





Antal sygedage





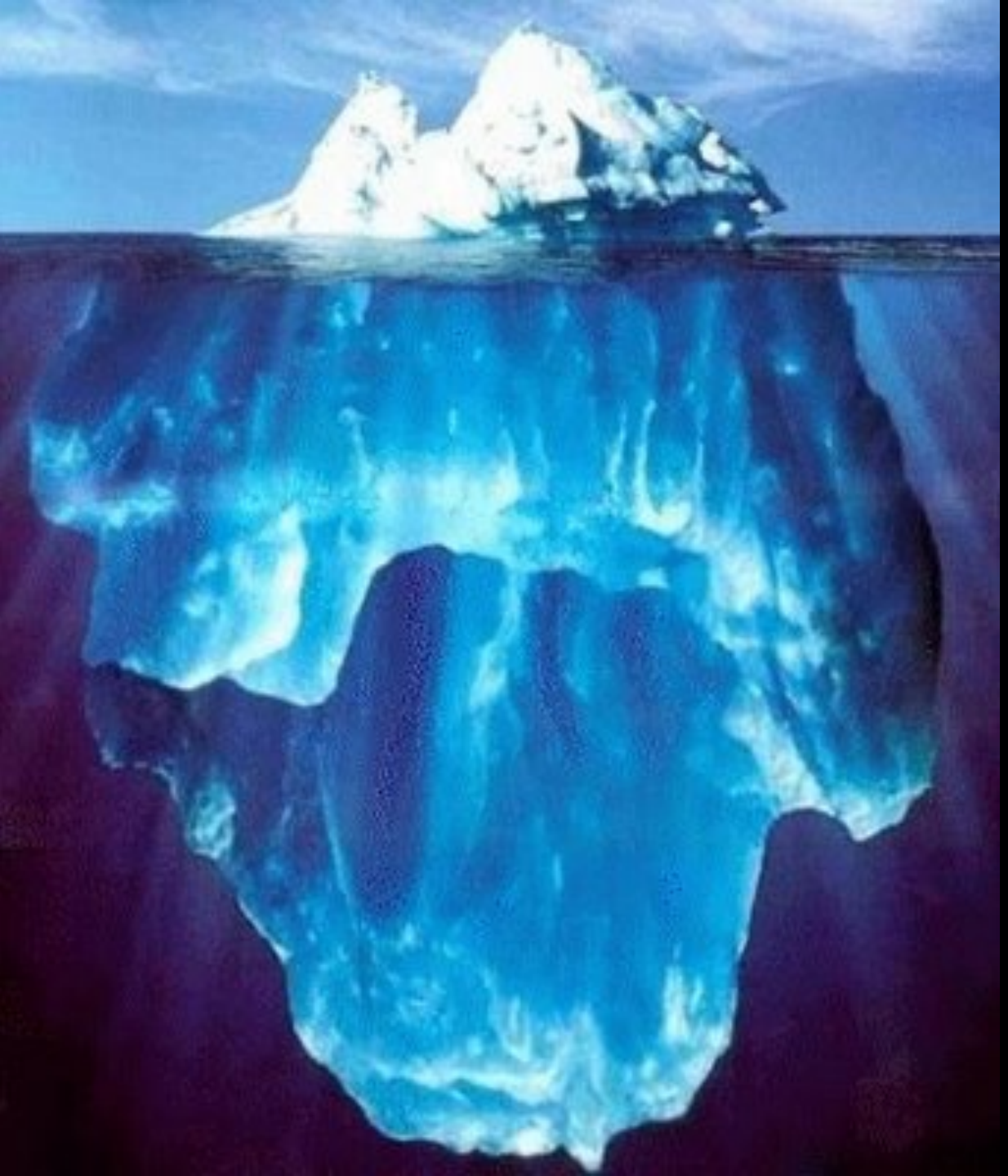
Diagnosed arthritis
< 1,5 % of population

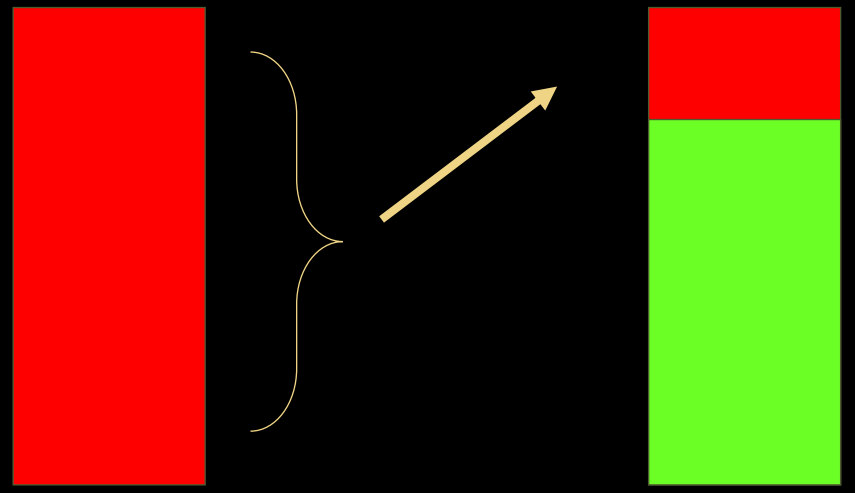
Patients with muscle and joint pain
in primary care
15-30 % of population

Workactive with frequent and recurrent
pain in one or more body regions
> 50% of population

Not everyone are patients all the time but most are at some point in their lives

Pain is often longlasting and often recurs





Absence from work

Presenteeism

Center for MUSCLE AND JOINT Health

Enormous difference between return to work rates in Europe!

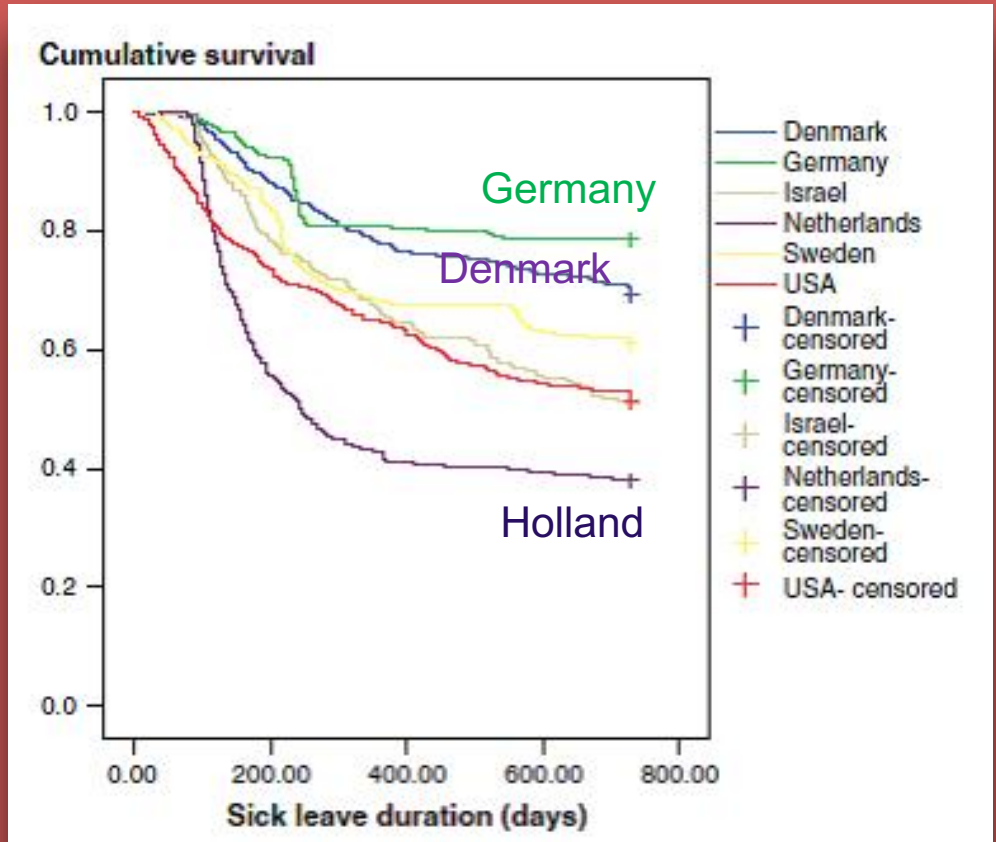


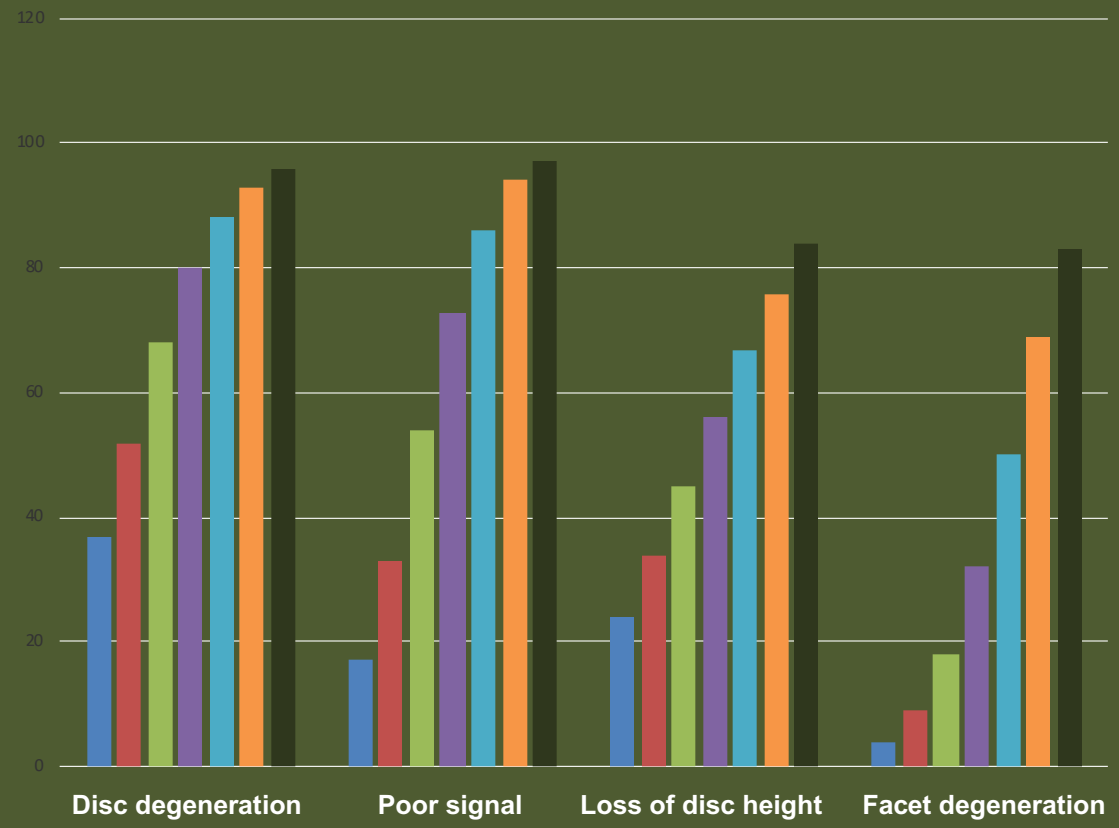
Fig. 1 Survival curves of work disability duration until sustainable RTW for workers in six countries sick listed 3–4 months due to LBP

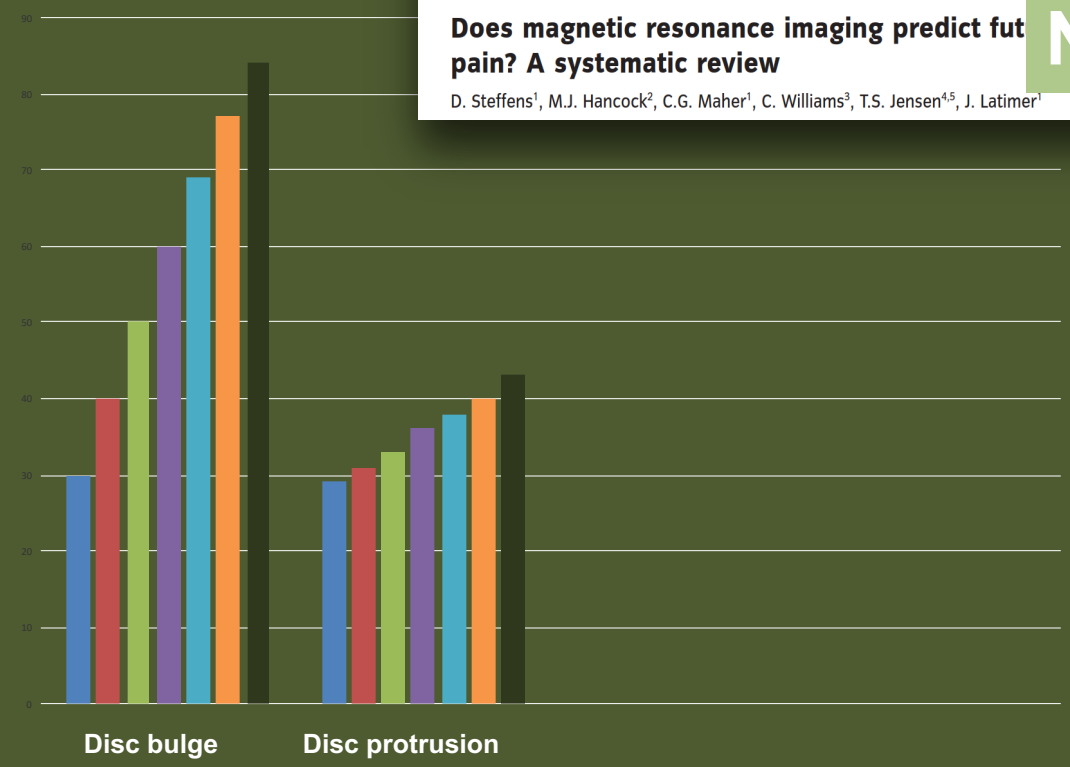
J Occup Rehabil (2009) 19:419–426
DOI 10.1007/s10926-009-9202-3

Can Cross Country Differences in Return-to-Work After Chronic Occupational Back Pain be Explained? An Exploratory Analysis on Disability Policies in a Six Country Cohort Study

J. R. Anema · A. J. M. Schellart · J. D. Cassidy · P. Loisel · T. J. Veerman · A. J. van der Beek

Diagnosis and LBP





Eur Spine J (2016) 25:1170–1187
DOI 10.1007/s00586-015-4195-4

REVIEW ARTICLE

Do MRI findings identify patients with low back pain or sciatica who respond better to particular interventions? A systematic review

Daniel Steffens[1,2] · Mark J. Hancock[3] · Leani S.M. Pereira[2] · Peter M. K
Jane Latimer[1] · Chris G. Maher[1]

No

EJP
European Journal of Pain

REVIEW ARTICLE

Does magnetic resonance imaging predict fut pain? A systematic review

D. Steffens[1], M.J. Hancock[2], C.G. Maher[1], C. Williams[3], T.S. Jensen[4,5], J. Latimer[1]

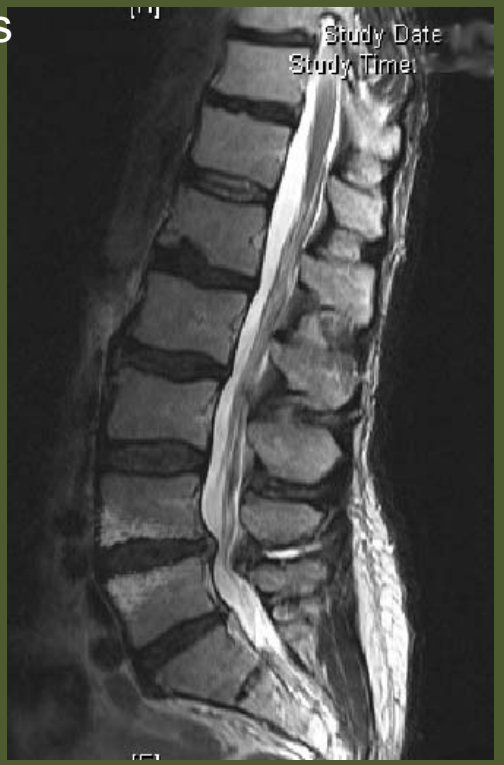
No

Brinjikji AM J Neuroradiol 2015

Diagnosis and LBP

As a clinician you want to find the small number with useful diagnoses

The problem of over-diagnosis and unnecessary, costly and harmful treatments and **keeping people of work**



Guideline message	In practice
Low back pain should be managed in primary care	Increasing presentations to emergency departments or medical specialist
Provide education and advice	Rarely provided
Remain active and stay at work	Many clinicians and patients advocate rest and absence from work
Only image if suspicious of a specific condition that would require different management	Although specific causes rare (<1% in high income countries), imaging rates are high
First choice of therapy should be non-pharmacological	Surveys of care show this approach usually not followed

Low back pain 2

Prevention and treatment of low back pain: evidence, challenges, and promising directions

*Nadine E Foster, Johannes R Anema, Dan Cherkin, Roger Chou, Steven P Cohen, Douglas P Gross, Paulo H Ferreira, Julie M Fritz, Bart W Koes, Wilco Peul, Judith A Turner, Chris G Maher, on behalf of the Lancet Low Back Pain Series Working Group**

THE LANCET

Patient beliefs about back pain imaging (N=300)

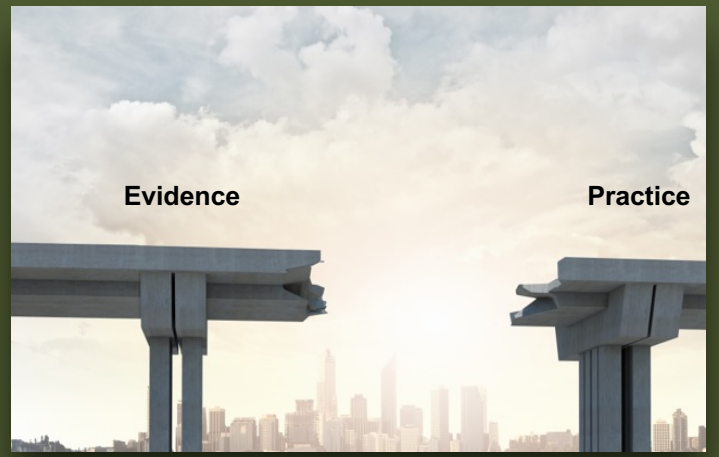
	Strongly agree	Agree
'X-rays or scans are necessary to get the best medical care for low back pain'	31.3%	23.0%
'Everyone with low back pain should have spine imaging (e.g. X-ray, CT or MRI)'	30.3%	17.7%

EJP
European Journal of Pain

ORIGINAL ARTICLE

Understanding patient beliefs regarding the use of imaging in the management of low back pain

H.J. Jenkins[1], M.J. Hancock[1], C.G. Maher[2], S.D. French[3], J.S. Magnussen[4]



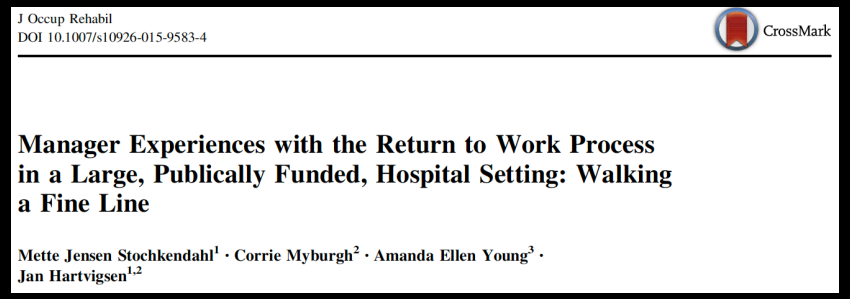
General practitioner about back pain (N=3,831)

	Interest in low back pain, n=599	No interest n=3232
Patients with acute low back pain should be prescribed complete bed rest until the pain goes away	17.8%	9.2%
Patients should not return to work until they are almost pain free	24.5%	15.8%
X-rays of the lumbar spine are useful in the work up of patients with acute low back pain	40.8%	29.1%
Encouragement of physical activity is important in recovery	95.7%	97.2%

SPINE Volume 34, Number 11, pp 1218–1226

Doctors With a Special Interest in Back Pain Have Poorer Knowledge About How to Treat Back Pain

Rachelle Buchbinder, PhD, FRACP,*† Margaret Staples, PhD,*† and Damien Jolley, MSc‡

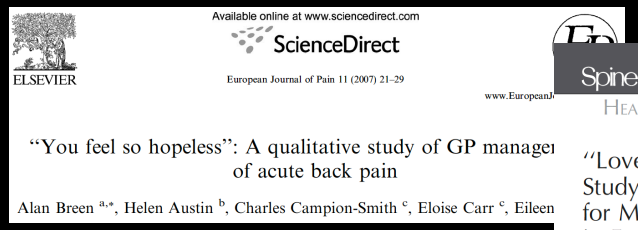


J Occup Rehabil
DOI 10.1007/s10926-015-9583-4

CrossMark

Manager Experiences with the Return to Work Process in a Large, Publically Funded, Hospital Setting: Walking a Fine Line

Mette Jensen Stochkendahl[1] · Corrie Myburgh[2] · Amanda Ellen Young[3] · Jan Hartvigsen[1,2]



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European Journal of Pain 11 (2007) 21–29
www.EuropeanJ

"You feel so hopeless": A qualitative study of GP manage
of acute back pain

Alan Breen [a,*], Helen Austin [b], Charles Campion-Smith [c], Eloise Carr [c], Eileen

Spine
SPINE Volume 40, Number 23, pp 1842–1850
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HEALTH SERVICES RESEARCH

"Lovely Pie in the Sky Plans": A Qualitative Study of Clinicians' Perspectives on Guidelines for Managing Low Back Pain in Primary Care in England

Felicity L. Bishop, PhD,*† Alexandra L. Dima, PhD,†‡ Jason Ngui, BM,† Paul Little, FMedSci,†
Rona Moss-Morris, PhD,§ Nadine E. Foster, DPhil,¶ and George T. Lewith, MRCGP†

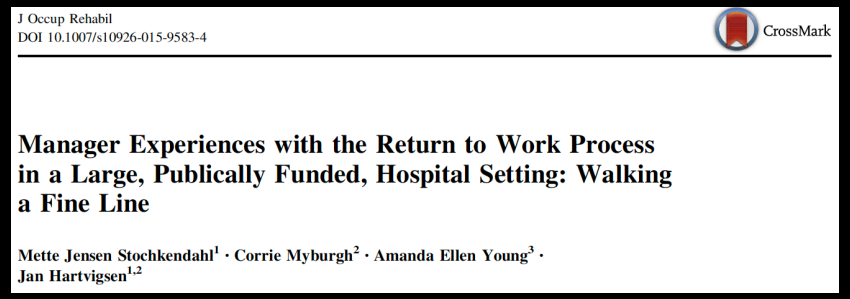
- **Koordinator og samarbejder**
- Dilemmaer vedrørende "tilbage til arbejdet" politikker
- Retten til at være syg og fraværende
- Holde maskineriet i gang

Vanskeligt at kommunikere med egen læge:

"En enkelt gang havde jeg en ansat, som var gået til lægen, og hvor lægen sagde, at det ville være lettere, hvis vi talte sammen. Men det er usædvanligt. Og de er generelt ikke lette at tale med"

Flere udfyldte mulighedserklæringer og bad medarbejderen tage den med til lægen:

"Jeg tror ikke at lægerne er helt opdaterede. Altså i relation til at have et varieret syn på tingene, et varieret syn på, at man kan udføre forskellige opgaver, vi skal forklare det meget, meget udførligt…….. vi skal virkelig pinde det ud for at få dem til at forstå det"



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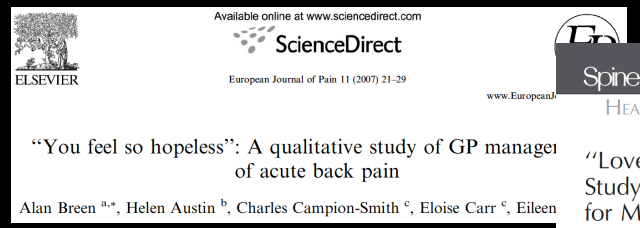

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Følelser:

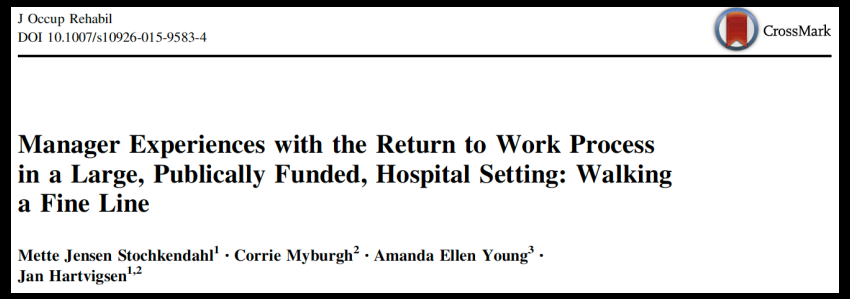
"Det kan være meget frustrerende"; "Et mareridt….."; "Jeg tror vi skal indse, at de behandlinger, vi har, er spild af tid"; "Du føler dig håbløs"

Læge-patient forhold:

"Vi bliver meget fokuserede på, hvad vi ved, og vi formoder, at patienten ved det samme, og det gør de selvfølgelig ikke, og deres opfattelse af tingene kan være fuldstændig forskellig fra vores og er måske helt ude af trit med virkeligheden"

Tid:

"Du er heldig, hvis du har 10 minutter i konsultationen til at få en fuld sygehistorie og lave en ordentlig undersøgelse. Det er svært"



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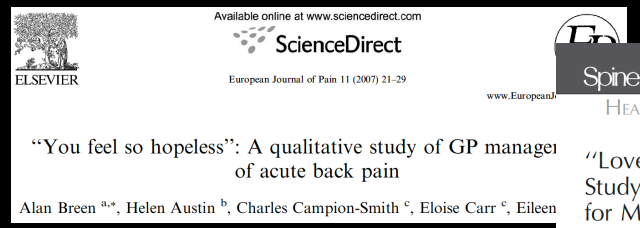

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Uenigheder:

"Nogle arbejdsgivere har en meget positiv attitude og vil gerne have medarbejderen tilbage i arbejde, men nogle af dem er håbløse, de har ikke noget imod at medarbejderen er sygemeldt, det er en dum holdning"

Ressourcer :

"Rygsmerter er ikke sexede";
"Jeg er opmærksom på, at der er guidelines, men at have dem foran mig og faktisk bruge dem, det har jeg ikke gjort"

Uddannelse:

"Det vil være nyttigt at vide, hvilke øvelser, der virker bedst";
"Det kunne være godt at have lærende konsultationer i små grupper"

Sundhedssystem:

"Retningslinjer er et luftkasten så længe de ikke bliver understøttet af systemet"

BMJ RESEARCH

Randomised controlled trial of integrated care to reduce disability from chronic low back pain in working and private life

Ludeke C Lambeek, researcher,[1] Willem van Mechelen, professor,[1] Dirk L Knol, statistician,[2] Patrick Loisel, professor,[3] Johannes R Anema, senior researcher[1]

BMJ RESEARCH

Effect of integrated care for sick listed patients with chronic low back pain: economic evaluation alongside a randomised controlled trial

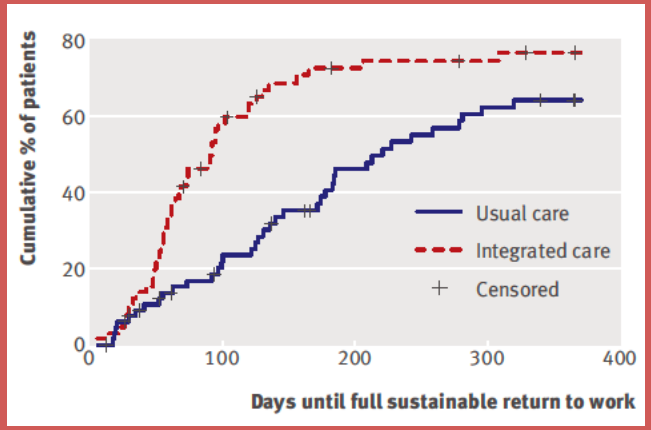
Ludeke C Lambeek, researcher,[1,2] Judith E Bosmans, senior researcher,[3] Barend J Van Royen, professor,[4,5] Maurits W Van Tulder, professor,[3] Willem Van Mechelen, professor,[1,2,6] Johannes R Anema, professor[1,2,6]

LBP > 12 uger
Henvist til hospital
Sygemeldte

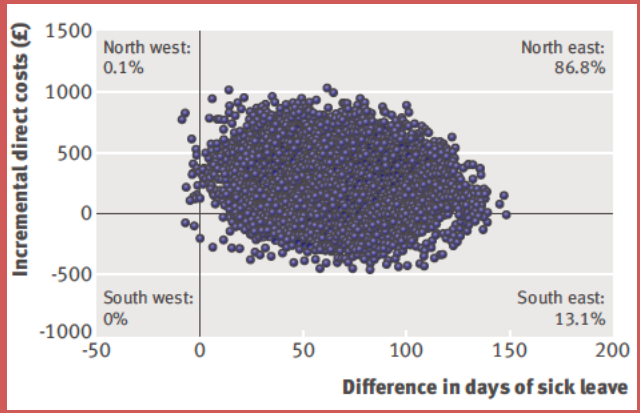
- Behandlingsplan fra arbejdsmediciner der også koordinerede samarbejde mellem andre behandlere og arbejdsplads
- Tilpasninger på arbejdspladsen
- Gradvis tilbagevenden til arbejde

Almindelig behandling
- Egen læge, speciallæge….
- Fysioterapeut, kiropraktor…

12 uger eller indtil tilbage i arbejde



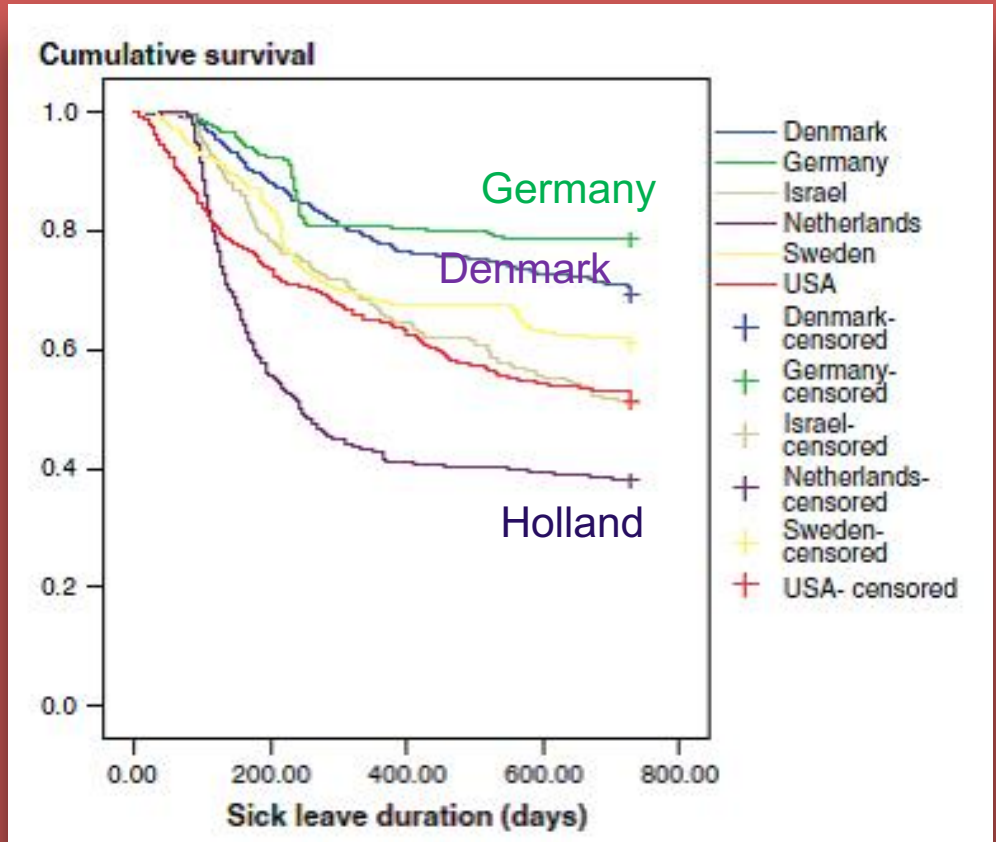
88 dage
208 dage



1 krone investeret
= 26 kroner sparet

Besparelse per sag
57.000 kr

Enormous difference between return to work rates in Europe!



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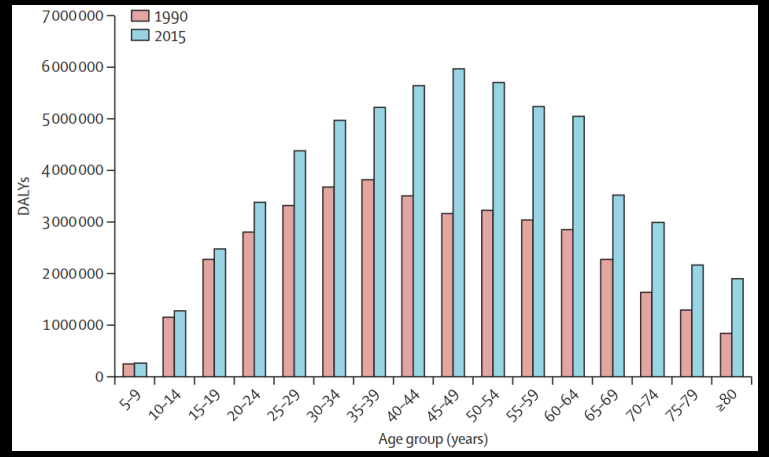
- Smerter og sygdomme i muskel og led er den hyppigste årsag til sygefravær i Danmark
- Sundhedssystemet er ikke optimalt designet til at håndtere disse borgere
- Fejlagtige opfattelser af årsager, undersøgelser, behandlinger og adfærd er udbredte både blandt sundhedspersonale og blandt medarbejdere
- Der er dårlig sammenhæng mellem indsatserne på arbejdspladser og i sundhedssystemet
- Der er begyndende evidens for, at en bedre sammenhæng kan være effektiv og spare penge
- Der er behov for, at sundhedssystemet og indsatser på arbejdspladser bliver mere sammenhængende



Tak!

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