Towards a shortened sick leave duration of employees sick-listed due to common mental disorders

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Interventional

Summary

ID

NL-OMON35550

Source
ToetsingOnline

Brief title
Recovery and return to work of sick-listed workers

Condition

- Other condition

Synonym
anxiety, burnout, emotional distress, Sick leave due to common mental disorders such as depression

Health condition

Veel voorkomende psychische problemen, zoals depressie, angst, burnout, overspanning

Research involving
Human

Sponsors and support

Primary sponsor: Universiteit van Tilburg
Source(s) of monetary or material Support: ZonMw

Intervention

Keyword: Common mental disorders, Guideline adherence, Occupational medicine, Return to work

Outcome measures

Primary outcome

The primary outcome of the study is Return to work. Full return to work is defined as the number of days between the first day of sick-leave and the first day of full return to work, and as working the same number of hours as prior to the sick-leave, for at least 4 weeks. Partial return to work is defined as the number of days between the first day of sick-leave and the first day of work resumption, regardless of the number of hours per week.

Secondary outcome

Recovery of the worker, such as symptom reduction, functional recovery and emotional recovery.

Study description

Background summary

Sickness absence due to common mental disorders (CMD) such as anxiety, depression, burnout and distress is a problem in many Western countries. In the Netherlands, about one third of people receiving disability benefits do so because of mental health problems, the majority of which are common mental health problems, including emotional distress. Longer absences are associated with a reduced probability of eventual return to work, resulting in a weakened financial position, social isolation and exclusion from the labor market. Apart from these individual disadvantages, sickness absence forms an economic burden

on society. On average, employees on sick leave because of minor mental disorders or emotional distress were found to be absent from work for over 100 days before they fully or even partially returned to work. Considering the scope of the problem, it is surprising that only very few international studies have been conducted on sick leave due to mental disorders, as opposed to physical problems.

In 2000, the Netherlands Society of Occupation Medicine (NVAB) published a practice guideline entitled: The management of workers with common mental health problems by occupation physicians', and in 2007, this guideline was revised (see: http://nvab.artsennet.nl/Artikel-3/Psychische-Problemen.htm). The guideline promotes a more active role of the occupational physician (OP) facilitating work resumption. The guideline consists of four consecutive steps: (1) problem orientation and diagnosis; (2) intervention, which includes enhancing problem solving and using cognitive behavioural techniques, provinding information, and communication between OP and GP if problems sustain or worsen; and (3) relaps prevention (4) evaluation (with worker, supervisor, other involved professionals) and closure.
A previous study found that Dutch OPs have a positive attitude towards the guideline and intend to apply it in practice, but that actual compliance with the guideline appeared to be minimal. A retrospective study showed that closer adherence to this guideline was associated with a shortened sick leave duration.

Study objective

The objective of this study is to investigate:
•Why do Dutch occupational physicians currently adhere only minimally to the guideline, and how can these barriers overcome? (phase 1)
•Does adherence to this guideline lead to a shortened sick leave duration of the workers? (phase 2)

Study design

Multi centre two armed cluster randomized controlled trial with randomization on the level of the OPs.
First, 66 OPs are included in the study. They are randomised to either the experimental group (N=32) or the control group (N=34). Prior to the start of the study, OPs, companies and participating workers all sign an informed consent. This trial has a longitudinal design, with 4 measurements. Participants will be asked to complete 4 questionnaires over the course of 1 year, i.e. at baseline (T0), then after 3 (T1), 6 (T2) and 12 (T3) months. Only if (additional) written permission from the participant has been obtained, his/her superior at work will be send a brief questionnaire, and guideline adherence of the OP will be checked in the participant*s medical file.

Intervention

OPs in the experimental group receive additional training in appropriate guideline use for 1 year. It is expected that after this training, OPs of the experimental group will adhere the guideline more closely when treating workers with CMD. OPs from the control group do not receive any additional training and will provide care as usual.

Study burden and risks

Concerning the consultation by the OP no risk are expected. It concerns an existing evidence based guideline recommended by the NVAB. For participation in the study, sick listed workers fill out 4 questionnaires over the course of one year. The questions are about aspects related to the sick-leave situation such as symptoms, workability, job characteristics, coping, self-efficacy, remoralisation, and social support. Workers* participation in the study is entirely voluntary and they can withdraw from the study whenever they want, without any consequences.

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

1) A common mental disorder, i.e. anxiety, depression, burnout, emotional distress is the primary reason for new sickleave, 2) Dutch speaking, 3) counseled by an occupational physician participating in this study, 4) a new sick leave episode.

Exclusion criteria

Acute crisis or suicidality.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)

Primary purpose: Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	07-02-2012
Enrollment:	250
Type:	Actual

Ethics review

Approved WMO Date:	13-12-2011
Application type:	First submission
Review commission:	METC Brabant (Tilburg)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
ISRCTN	ISRCTN86605310
CCMO	NL38433.008.11