

Interventions to improve occupational health in depressed people

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ICOH, March 19th 2012, Cancun, Mexico

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Background

- Depression negatively impacts ability to work
 - Absenteeism
 - Work functioning
 - Job loss
- Symptom reduction vs. enhancing occupational health
- Which interventions really work?



Interventions to improve occupational health

- Workplace interventions
 - Working hours
 - Job tasks
- Worker-directed interventions
 - Medication
 - Psychological interventions



Objective

To evaluate the effectiveness of interventions aimed at reducing work disability in depressed workers



Methods, inclusion criteria

Patients

- Workers
- Depressive disorder

Interventions

- Interventions aimed at the workplace
- Worker-directed interventions

Comparison (RCT or cluster RCT)

- No treatment
- Alternative treatment

Outcome

- Primary: Days of sickness absence
- Secondary: Employment status, work functioning, depression



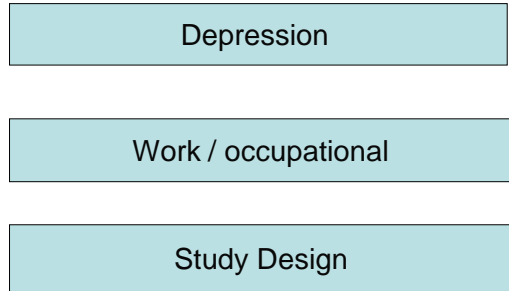
Methods, search strategy I

- Databases:
 - Cochrane
 - Medline
 - Embase
 - CINAHL
 - PsycINFO
 - OSH-ROM
 - NHS-EED
 - DARE
- Sensitive search strategy

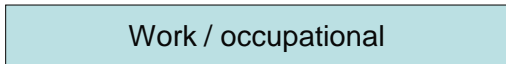


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Methods, search strategy II



Methods, search strategy III



exp Occupational Therapy OR exp Occupational Diseases OR exp Occupational Medicine OR exp Disability Evaluation OR exp WORK OR return to work.mp. OR occupational therap\$.mp OR occupational intervention\$.mp OR supported employment.mp. OR employment.mp. OR vocational rehabilitation.mp OR work capacity evaluation.mp. OR vocational guidance.mp. OR absenteeism.mp. OR occupational health services.mp. OR occupational health.mp. OR unemployed.mp. OR employed.mp. OR unemployment.mp. OR sick leave.mp OR sick\$ absence.mp OR retirement.mp. OR disability pension.mp. OR occupation\$.mp. OR job.mp. OR vocational.mp.

Methods, data collection

- Two authors:
 - Selection of studies
 - Assessment of quality
 - Data extraction
- Contacting authors



Methods, data synthesis

- Absenteeism: variations in reporting:
 - Days vs. hours
 - Number absent vs. worked
 - Different time-spans
- Transformation "days worked" into "days absent"
- Standardized Mean Differences:

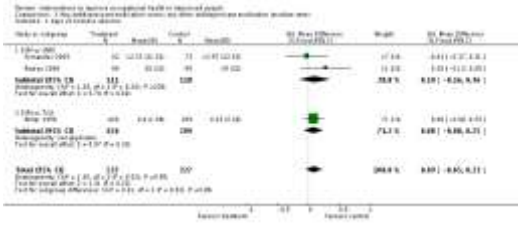
$$\frac{\text{Mean group 1} - \text{Mean group 2}}{\text{Pooled standard deviation both groups}}$$

Included studies

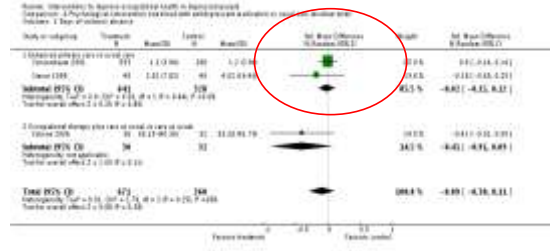
- 11 studies, all worker directed:
 - 10 clinical interventions (medication, psychological treatment, enhanced primary care)
 - 1 clinical and work focus: psychiatric intervention + occupational therapy



Results I: SSRI vs. other medication



Results II: enhanced vs. regular primary care



Results III

- Limited evidence based on 1 study:
Psychodynamic therapy + TCA medication > TCA alone
- No evidence of an effect based on 1 study:
Computerised cognitive behavioural therapy vs. general practitioner
Problem Solving by mental health nurses vs. general practitioner

What did it take?

- Title registration
- Protocol acceptance
- Sensitive search strategy
 - 6392 hits: scanned titles and abstracts
 - 100 full-text papers
 - 11 included studies
- Data extraction, contacting authors
- Meta analysis
- Review acceptance



Was it worth all the trouble?



Changing the world one tiny bit

“no depression treatment (among which Cymbalta) has been shown, to our knowledge, to directly influence the prevention of premature retirement nor the shortening of sick leave (3).”

3. Nieuwenhuijsen et al, Cochrane Database of Systematic Reviews 2008, issue 2, Art No CD006237

Recommendations

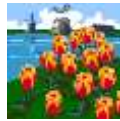
- Including occupational outcomes in clinical studies
- Need for intervention studies:
 - work-directed
 - Worker-directed but with work focus



- Need for standardised validated absenteeism measure



Questions?



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“ Researchers investigating occupational health interventions are responsible for reporting in a way that is suitable for Cochrane reviews”

