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# Restart – return to work after long-term sickness absence

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## Conclusion

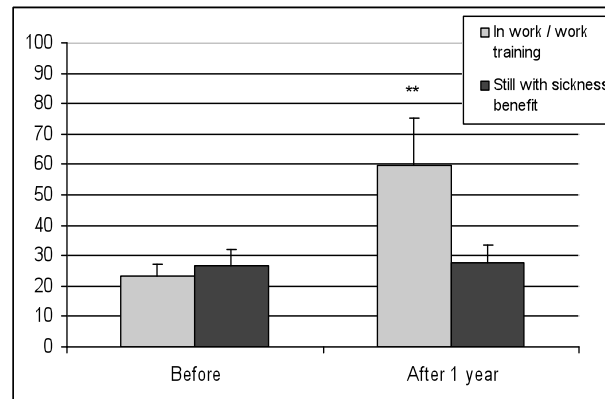
Motivational support together with close collaboration with the health insurance office and employment office seems to be an effective rehabilitation strategy for persons with long-term sick absence due to diffuse health problems.

In addition, returning to work seems to be an important contributor to a better self perceived health for this group.

## Background

Work rehabilitation for patients with long term sick absence due to diffuse health problems is acknowledged to be difficult.

The objective of this study was to test if a combination of motivational support, additional parallel supportive activities and close work collaboration could help participants to return to a regular job or other work rehabilitation activities within a year.



Self perceived Health prior and one year after intervention by returning to work/being in work training or not., \*\* p<0.01

## Study group

Thirty people (28 female/2 male) with long-term sickness absence (mean 6 years, range 2-17 years) were recruited from the health insurance office.

Participants were frequently diagnosed with psychiatric disease, stress related problems or pain disorders.

Self perceived health<sup>§</sup> (25.5; SD 19.4) and sleep quality<sup>§</sup> (28.5; SD 26.2) were very low prior intervention.

§ Assessed on 100 mm VAS-scale

## Intervention

Participants met with a consultant for 3 hours at 3 different occasions during a period of 3 months. Each participant was confronted, using a cognitive approach, about their health, social situation and willingness to change their situation. Parallel rehabilitation activities, such as CBT and physiotherapy were considered. At the end of the intervention each participant had developed their own action plan which was communicated to all collaborators in order to establish mutual understandings and expectations on work related goals.

## Results

After one year 27% of participants were in full or part time employment; 13% were still in rehabilitation activities (CBT, physiotherapy) but with a relatively good prognosis to return to work.

Self perceived health and sleep quality improved significantly for the total group, a finding attributed to the group who returned to work.

Mean MADRAS<sup>¶</sup> score was significantly reduced for total group (18.0 to 13.9 points, p<0.05).

¶ Montgomery Asberg Depression Rating Scale