

Abstracts

007-2 SENSE OF COHERENCE IN THE ASSESSMENT OF WORK ABILITY AMONG PSYCHIATRIC PATIENTS AND RETURN TO WORK OUTCOMES

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Objective The aim of the study was to assess the predictive value and clinical significance of the sense of coherence (SOC) in the assessment of work ability in psychiatric patients with prolonged and complicated disability. SOC is a strong determinant of positive health and successful coping.

Methods Our cohort consists of 100 consecutive and consented patients whose work ability was assessed at the Outpatient Psychiatric Unit of the Helsinki University Hospital in 2010–2011. SOC was measured by Antonovsky's model using a short questionnaire SOC-13. After one year follow-up altogether 90 patients were reached for a phone interview. We studied how SOC associated with the diagnostic group and other functional measurements (such as Sheehan Disability Scale [SDS], Return to work Self Efficacy [RTW-SE] and Social and Occupational Functioning Assessment Scale [SOFAS]), and how SOC predicts return to work.

Results Patients with mood disorders (65%) showed the lowest (mean 45.9) and psychotic patients (6%) showed the highest SOC scores (mean 62.5), ($p < 0.0005$). SOC correlated with baseline RTW-SE ($B = 0.715$ and $p < 0.0005$), SDS ($B = -0.076$ and $p < 0.0005$ the scale being inverted) and SOFAS ($B = 0.193$ and $p = 0.005$). 28% of the patients had returned to competitive and 69% to any kind of working life activities as 31% were disable to work. SOC did not predict the return to competitive employment ($B = 0.0024$ and $p = 0.124$) but predicted the return to any working life activity ($B = 0.056$ and $p = 0.002$).

Conclusions SOC predicted work ability after one year of follow-up independent of psychiatric illness and was associated with common psychiatric functional measurements (SDS, RTW-SE, SOFAS). Psychological resources are worth measuring and focusing on in return to work practices.

007-3 WORK DISABILITY DURATION: A COMPARATIVE ANALYSIS OF CANADIAN PROVINCES

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Objectives This study assessed cross-jurisdictional differences in work disability duration in three Canadian provinces: British Columbia (BC), Manitoba (MB) and Ontario (ON) for the years 2007 to 2011.

Methods Comparable cohorts of injured workers in each of the three provinces were created using individual-level claims data. Comparisons were made based on number of total disability days paid per 1,000 standardised workers and summed to reflect the cumulative disability days paid post injury at six months, six months to one year and one year overall. Analysis was conducted by injury type (e.g. strain and non-strain), occupation (e.g.

registered nurses and labourers) and by sector (e.g. construction and health care).

Results The BC, MB and ON cohorts comprised of 258,247, 70,221 and 295,934 injured workers respectively. Across all injuries and all occupations the number of disability days paid per 1000 injured workers over one-year post injury was 37,449, 28,780 and 30,637 in BC, MB and ON. A greater number of days were paid for strain injuries (BC: 39,017; MB: 30,524; ON: 30,839) than non-strain injuries (BC: 34,997; MB: 25,460; ON: 30,334). By sector, number of disability days paid in health care was markedly lower in Ontario compared to BC and MB (BC: 42,608; MB: 39,893; ON: 23,557), while the number of days paid in construction was higher in ON and lowest in MB (BC: 43,759; MB: 35,268; ON: 51,446). In trends over time for all injuries and occupations, disability duration levels were constant in MB, increasing in BC, and decreasing in ON.

Conclusions Large differences in cumulative number of disability days paid were observed across jurisdictions and sector. Results indicate that jurisdiction has a marked effect on duration of work-disability by injury type and sector across Canadian provinces which may be related to differences in policies and approaches to work disability management.

007-4 WORK FUNCTIONING AFTER SICK LEAVE DUE TO COMMON MENTAL DISORDERS: THE EFFECT OF MULTIMORBIDITY

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Objective Common mental disorders are a major concern in working populations due to their high prevalence and as a barrier to remaining healthy and productive at work. Patients with common mental disorders often suffer from comorbidities, which may limit their functioning at work. We assessed the longitudinal impact of multimorbidity, defined as two or more co-occurring chronic health conditions, on work functioning among workers who had returned to work after sick leave due to a common mental disorder.

Methods Prospective cohort study of 156 workers followed for one year after return to work from sick leave due to a common mental disorder. A multimorbidity score was computed by counting severity-weighted chronic health conditions measured at baseline. Work functioning was measured at baseline and at 3, 6 and 12 months follow-up with the Work Role Functioning Questionnaire. Work functioning trajectories were identified using latent class growth analysis to investigate the effect of multimorbidity on the course of work functioning scores.

Results A total of 44% workers had multimorbidity. Four work functioning trajectories were identified: one (12% of the workers) showed increasing work functioning scores during follow-up, whereas the other three trajectories showed stable low, medium and high scores (23%, 41% and 25% workers, respectively).