Copenhagen stress treatment project

En undersøgelse af effekten af to stressbehandlingsprogrammer

Effekten umiddelbart efter behandling

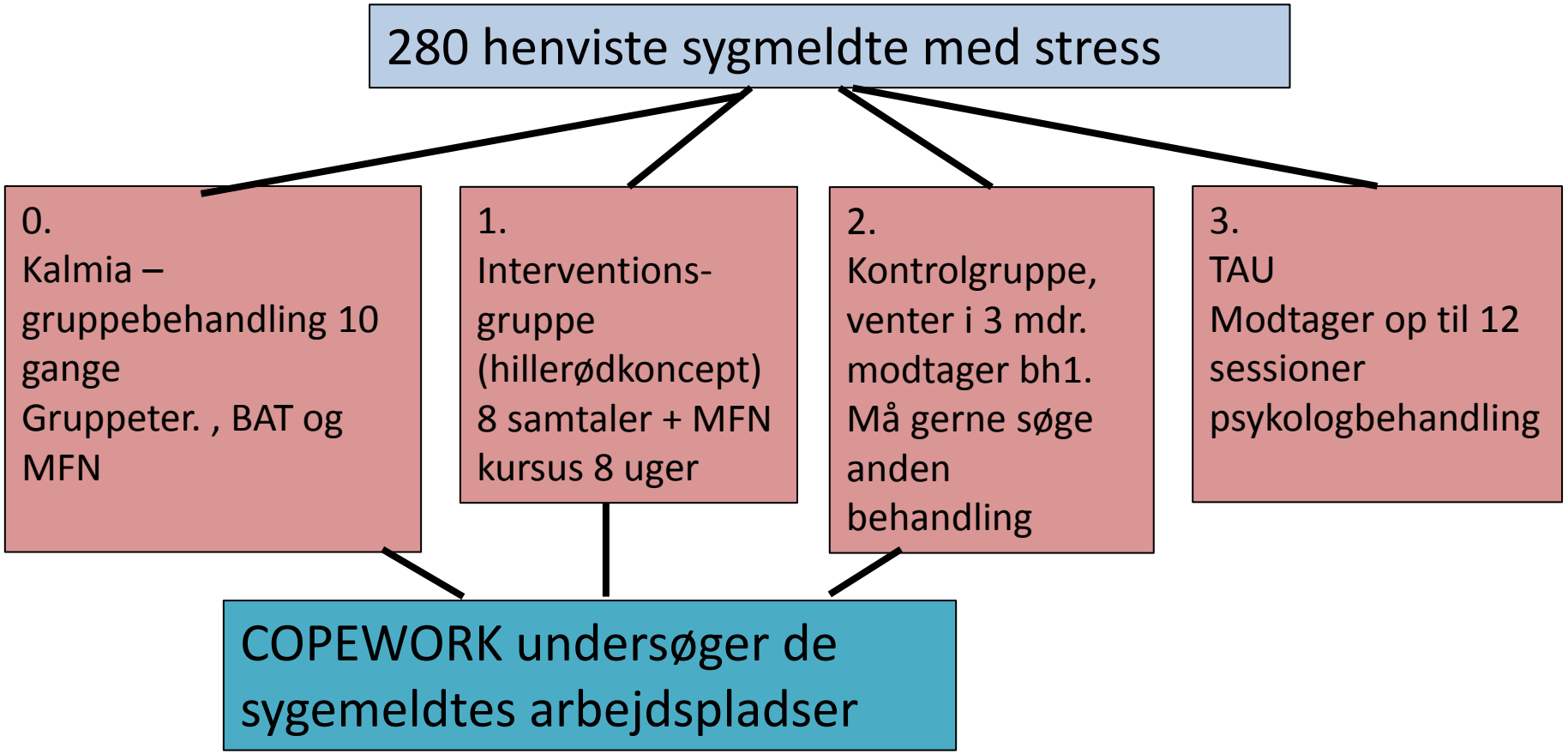
Indhold

Deltagere:

280 sygemeldte borgere, henvist fra praktiserende læger

Inklusionskriterier

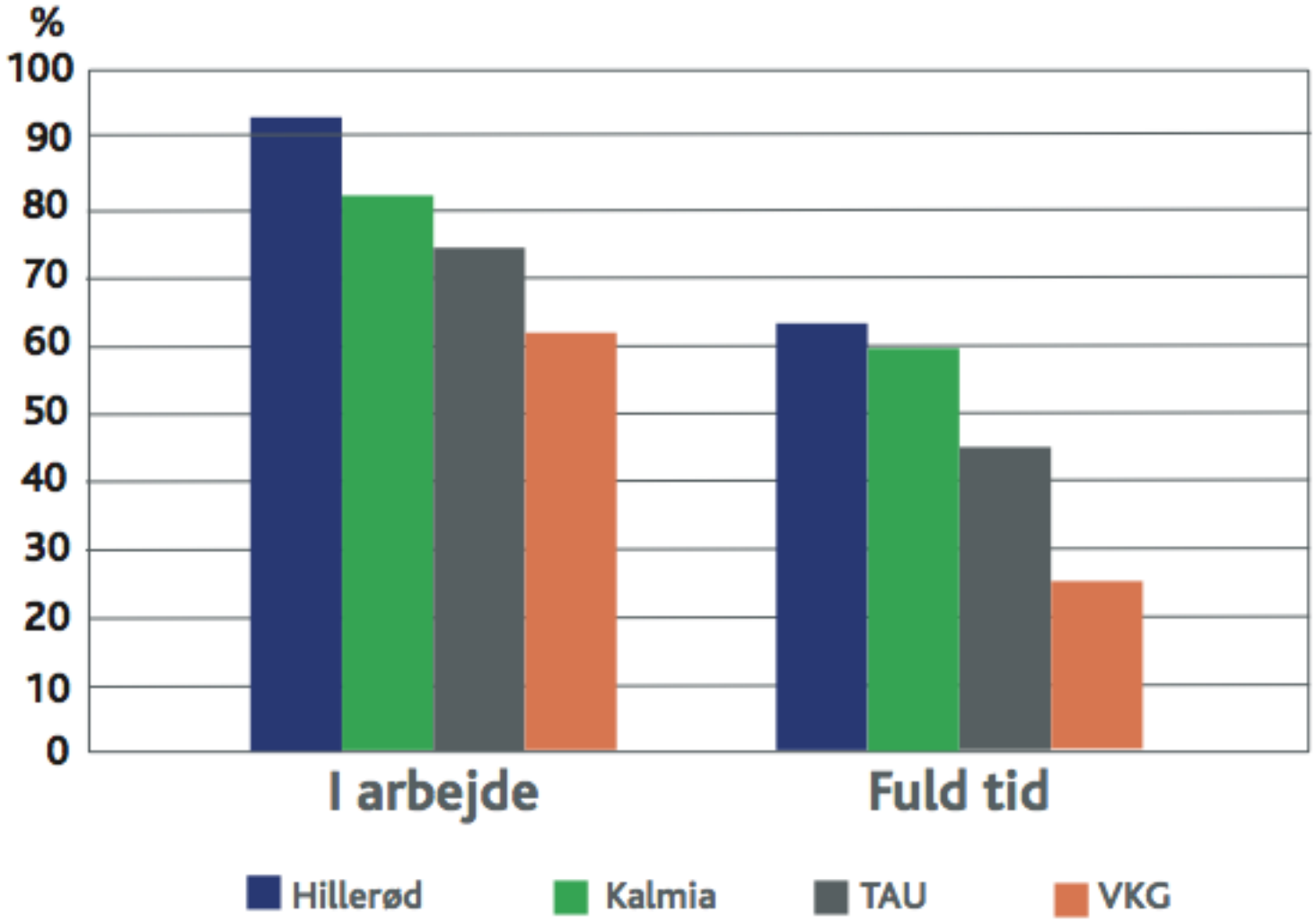
- Sygemeldt pga stress, deltidssygemeldte kan også deltage
- Er ansat på en arbejdsplads
- Væsentlig symptombelastning gennem måneder, er motiveret for at deltage i projektet


280 henviste sygmeldte med stress
0.
Kalmia – gruppebehandling 10 gange
Gruppeter. , BAT og MFN
1.
Interventions-gruppe (hillerødkoncept)
8 samtaler + MFN kursus 8 uger
2.
Kontrolgruppe, venter i 3 mdr. modtager bh1.
Må gerne søge anden behandling
3.
TAU
Modtager op til 12 sessioner psykologbehandling
COPEWORK undersøger de sygemeldtes arbejdspladser

Effektmål

- Hastigheden af tilbagevenden til arbejdet
- Sygefravær
- Arbejdsmarkedstilknytning efter 1 år
- Ændringer i symptomniveau (SCL 92 / WHO's MDI)
- For gruppe 1 og 2: ændringer i fysiologiske stress-markører (blodtryk, kortisol, hjertefrekvens, immunologisk tilstand, kolestorol, stofskifte, andre stressmarkører)

I arbejde / fuld tid



Resultater

- Hillerødmetoden og gruppebehandling: deltagerne kom hurtigere tilbage i arbejde end psykologbehandling og ventelistegruppen
- 6-7 gange større chance for at arbejde fuldtid efter behandling i Hillerød- og gruppebehandlingen sammenlignet med ventelistegruppen. Men også psykologbehandling signifikant ift. ventelistegruppen. (Hovedparten fra ventelistegruppen fik anden behandling som de selv opsøgte.)
- Symptomreduktion: alle 3 behandlingsgrupper havde signifikant fald i symptomer sammenlignet med ventelistegruppen
- Fysiologisk retter deltagerne sig
- Efter et og tre år havde forskelle udlignet sig ift. at være i job igen.

COPEWORK

COPESTRESS Workplace Study

Yun Ladegaard, Bo Netterstrøm & Roy Langer

- En undersøgelse af hvad der sker på arbejdspladser når en medarbejder sygemeldes med stress

Bispebjerg Hospital
Arbejds- & Miljømedicinsk Afdeling.

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Effects of a Multidisciplinary Stress Treatment Programme on Patient Return to Work Rate and Symptom Reduction: Results from a Randomised, Wait-List Controlled Trial

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Key Words
Stress treatment · Mindfulness-based stress reduction · Intervention · Sick leave · Return to work · Randomised controlled trial · Occupational medicine

Abstract
Background: To evaluate the efficacy of a multidisciplinary stress treatment programme. ***Methods:*** General practitioners referred 198 employed patients on sick leave with symptoms of persistent work-related stress. Using a waitlisted randomised controlled trial design, the participants were randomly divided into the following three groups: the intervention group (IG, 69 participants); treatment-as-usual control group (TAUCG, 71 participants), which received 12 consultations with a psychologist, and the waitlisted control group (WLCG, 58 participants). The stress treatment intervention consisted of nine 1-hour sessions conducted over 3 months. The goals of the sessions were the following: (1) identifying relevant stressors; (2) changing the participant's coping strategies; (3) adjusting the participant's workload and tasks, and (4) improving workplace dialogue. Each participant also attended a mindfulness-based stress reduction (MBSR) course for 2 h a week over 8 weeks. ***Results:*** The IG and TAUCG showed significantly greater symptom level (Symptom Check List 92) reductions compared to the WLCG. Regarding the return to work (RTW) rate, 67% of participants in the IG returned to full-time work after treatment, which was a significantly higher rate than in the TAUCG (36%) and WLCG (24%). Significantly more participants in the IG (97%) increased their working hours during treatment compared with the participants in the control groups, TAUCG (71%) and WLCG (64%). ***Conclusions:*** The stress treatment programme – a combination of work place-focused psychotherapy and MBSR – significantly reduced stress symptom levels and increased RTW rates compared with the WLCG and TAUCG.

Introduction

Occupational health research has reported a relationship between the prevalence of mental disorders, such as depression, anxiety, adjustment disorders, and other stress-related conditions, in addition to long-term sick leave and increased occupational stress across many developed, industrialised countries [1, 2]. Prolonged stress can have serious implications for an individual's health, quality of life, and occupational function [3]. Furthermore, this stress is associated with a loss in productivity (the so-called 'presenteeism' [4] effect (i.e. on-the-job

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Original Research

The effects of a group based stress treatment program (the Kalmia concept) targeting stress reduction and return to work. A randomized, wait-list controlled trial.

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Key words: Group -based, stress therapy, return to work, intervention, randomized controlled trial

Abstract

Objective: The aim of this study was to evaluate the effects of a group based multidisciplinary stress treatment program on reductions in symptom levels and the return to work (RTW) rate.
Methods: General practitioners referred 199 patients with persistent work related stress symptoms to the project. The inclusion criteria included being employed and being on sick leave. Using a randomized wait- list control design, the participants were randomized into three groups: the intervention group (IG, 70 participants) was treated using the Stress Therapy Concept of Kalmia, which consists of an integrative approach of group psychotherapy for 2.5 hours per week and Basic Body Awareness Therapy (BBAT) with mindfulness meditation for 1.5 hours per week, which runs in a parallel process supplemented with workplace dialogue; the treatment-as-usual control group (TAUCG, 71 participants), who received 12 consultations with a psychologist; and the wait-listed control group (WLCG, 58 participants). Treatment in the IG and the TAUCG lasted 10 and 12 weeks, respectively.
Results :Reductions in symptom levels (as measured by scores on the SCL92) were significantly larger in the IG (Cohen's d= 0.73) and TAUCG compared to the WLCG . Further, the prevalence of depression declined significantly in the IG and the TAUCG compared to the WLCG. Regarding the RTW rate, 66% of the participants in the IG had returned to full time work after three months. This rate was significantly greater than the percentage in the TAUCG (36%) and the WLCG (24%).
Conclusion : The stress treatment program significantly reduced symptom levels and increased the RTW rate in the IG compared to the TAUCG and the WLCG.

INTRODUCTION

Interventions to alleviate job stress have multiplied rapidly over the last two decades [1,2]. The results of the interventions are difficult to compare, as they are characterized by great heterogeneity in terms of 1) *intervention type and form* (information only, workshops, advice and training, treatment/therapy, one treatment component vs. multimodal, practitioner's professional background, individual vs. group therapy), 2) *the volume of the intervention* (number of sessions/consultations), 3) *intervention level* (individual, organizational or both), 4) *recruitment of participants* (general practitioner (GP), workplaces, union social workers, direct inquiry) and 5) *outcome variables* (psychological, physiological, and/or organizational).

Focusing on reviews that only include studies in which the interventions were generally directed at members of the working population, we found two reviews, specifically, van der Klink, et al. [3] and Richardson and Rothstein [2], which provided results from meta-analyses of the effects of the included studies. In the meta-analysis by van der Klink, et al., all experimental or quasi-experimental design studies involving a no-treatment control group were included, whereas Richardson and Rothstein only included randomized control studies (RCT) studies in their meta-analysis. As there was heterogeneity in the included studies, effect

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Research Article

Prognostic Factors of Returning to Work after Sick Leave due to Work-Related Common Mental Disorders: A One- and Three-Year Follow-Up Study

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Academic Editor: Stavroula Leka

The aim of this paper was to assess the prognostic factors of return to work (RTW) after one and three years among people on sick leave due to occupational stress. *Methods*. The study population comprised 223 completers on sick leave, who participated in a stress treatment program. Self-reported psychosocial work environment, life events during the past year, severity of the condition, occupational position, employment sector, marital status, and medication were assessed at baseline. RTW was assessed with data from a national compensation database (DREAM). *Results*. Self-reported high demands, low decision authority, low reward, low support from leaders and colleagues, bullying, high global symptom index, length of sick leave at baseline, and stressful negative life events during the year before baseline were associated with no RTW after one year. Low work ability and full-time sick leave at inclusion were predictors after three years too. Being single was associated with no RTW after three years. The type of treatment, occupational position, gender, age, and degree of depression were not associated with RTW after one or three years. *Conclusion*. The impact of the psychosocial work environment as predictor for RTW disappeared over time and only the severity of the condition was a predictor for RTW in the long run.

1. Introduction

Work-related common mental disorders such as stress account for a significant portion of sick leave in modern society. Stress conditions are associated with great personal suffering as well as economic problems due to sick leave [1]. Additionally, sick leave is a major risk factor for early withdrawal from the labor market [2] with reports of only 50% of people on sick leave for more than six months for mental health disorders return to work (RTW) [3]. These findings have led to growing interest in the evaluation of stress management interventions and their effect on RTW [4, 5].

A number of reviews and meta-analyses including a Cochrane review have reviewed randomized controlled trials of stress treatment programs and concluded that they are more effective at symptom reduction than no treatment. It was also determined that cognitive behavioral therapy, CBT, is particularly more effective than other therapies in reducing symptoms [6–9]. However, findings for the impact of CBT on RTW are inconsistent and do not support a significant impact of CBT on RTW [6].

The inconsistent findings for RTW as an outcome may be due to considerable heterogeneity in jurisdictional contexts such as national differences in labor market regulations and official sick leave policies, which hamper the ability to compare study findings from different countries [10, 11]. There can also be considerable heterogeneity in the individuals included in studies of RTW with regard to the course of stress development and reasons for being stressed including both private and work-related stressors and coping with stress. Many studies on the effect of stress treatment programs have included volunteers from a certain workplace or organization but have not used sick leave as inclusion criteria. This too may lead to inconclusive findings for RTW outcomes as participants may not be sufficiently impaired at inclusion to show improvement [5, 12–14].

Stressbehandling – rådgivningsguide for almen praksis

Af Marianne Borritz, Bo Netterstrøm og Nanna Eller

Stress er tiltaget gennem de senere år og er en hyppig henvendelsesårsag i almen praksis. Sygemelding eller ikke, hvordan vi bedst håndterer situationen, og hvornår andre aktører skal på banen, er spørgsmål der kræver afklaring. I denne og en efterfølgende artikel gennemgås de nyeste danske erfaringer vedrørende stressbehandling.

Biografi
Marianne Borritz er afdelingslæge, speciallæge i arbejdsmedicin. Hun har skrevet ph.d.-afhandling om psykisk arbejdsmiljø og udbrændthed. Har deltaget i behandlingsprojektet Copestress. Bo Netterstrøm er speciallæge i arbejdsmedicin, overlæge og leder af behandlingsprojektet Copestress. Nanna Eller er overlæge og speciallæge i arbejdsmedicin. Alle tre arbejder på Arbejds- og Miljømedicinsk Afdeling, Bispebjerg Hospital

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I alt 268 sygemeldte borgere – med arbejdsrelateret stress – deltog i et stressbehandlingsprojekt ved Arbejds- og Miljømedicinsk Afdeling, Bispebjerg Hospital, i perioden 2010-2011. Nærværende artikel beskriver de kliniske erfaringer fra projektet i forhold til problemstillingen »den stressede patient«. Den efterfølgende artikel beskriver samtalebehandlingen fra samme projekt.

Stressede borgere i Danmark tilbydes en lang række former for behandling både i privat og offentligt regi baseret på behandlernes egne erfaringer og uden en egentlig efterprøvning af de anvendte metoder. Derfor udgav Sundhedsstyrelsen i 2007 en pjece med behandlingsvejledning for stressede patienter til praktiserende læger (1) og en borgerpjece om stress (2). Pjecerne baserede sig bl.a. på en hollandsk vejledning (3) og erfaringer fra Stressklinikken i Hillerød (4), men var i høj grad baseret på *common sense* fra almen praksis og diskussioner i Sundhedsstyrelsens projektgruppe.

Der er imidlertid i de seneste år gennemført en række randomiserede undersøgelser af effekten af forskellige behandlingsmetoder over for personer med stresssymptomer. Resultaterne fra undersøgelser, hvor effektmålet var sygefravær og tilbagevenden til arbejdet, samledes i 2010 i en hvidbog fra Det Nationale Forskningscenter for Arbejdsmiljø

Stressbehandling 2

Inspiration til lægens rådgivende samtale med stresspatienter – længerevarende forløb

Af Berit Just, Pernille Hulvej og Bo Netterstrøm

Stress er tiltaget gennem de senere år og er hyppig henvendelsesårsag i almen praksis. Spørgsmål om sygemelding eller ikke, hvordan vi håndterer situationen, og hvornår andre aktører skal på banen, er spørgsmål, der kræver afklaring. Dette er den anden af to artikler, der gennemgår de nyeste danske erfaringer vedrørende stressbehandling.

Ugeskrift

På Arbejds- og Miljømedicinsk Afdeling, Bispebjerg Hospital, er projektet Copestress netop afsluttet. Projektet fokuserede på behandling af i øvrigt raske personer, som var sygemeldt pga. arbejdsrelateret stress. Projektet fokuserede på tilbagevenden til arbejdet og inddrog kliniske erfaringer fra tidligere projekter. I nærværende artikel gives de erfaringer videre, som, vi skønner, kan inspirere, når lægen har gennemført en udredende og afklarende samtale. Samtaleforløbet blev gennemført af fire læger og fire psykologer og er beskrevet i den foregående artikel. Efter en visiterende samtale med læge og psykolog fulgte otte stresshåndteringssamtaler med en behandler. Desuden fulgte deltagerne sideløbende et kursus over otte gange i mindfulness-meditation.

De foreløbige resultater viser, at chancen for at vende tilbage på arbejde i løbet af behandlingsperioden var signifikant større for de patienter, der fik samtalebehandling i forhold til ventelistegruppen, ligesom en reduktion i sygefraværslængden også kunne påvises.

Den rådgivende samtale med stresspatienter i almen praksis

Når den stressede patient møder i praksis, er det ofte kulminationen af et længerevarende forløb med stresssymptomer. For nogle stresspatienter vil en enkelt samtale med egen læge være tilstrækkelig til, at patienten kommer videre og håndterer situationen på egen hånd. Men i mange tilfælde vil det være nødvendigt med en fortsættelse i en form,

Biografi
Bo Netterstrøm er overlæge på Arbejds- og Miljømedicinsk Afdeling, Bispebjerg Hospital og har siden behandlingen af COPEstress-patienter skrevet disputats om psykosociale påvirkninger i arbejdet og iskæmisk hjertesygdom 1993, leder af Stresskliniken i Hillerød 2002-2010 samt medstifter af Stresscentret Kalmia i Hørsholm 2008.
Berit Just er cand. psych., privatpraktiserende erhvervspsykolog og har medvirket i COPEstress.
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- Rapporter på dansk: **www.copestress.dk**

Hillerødmetoden

8 samtaler med læge eller psykolog (tværfaglig tilgang)

8 ugers MFN kursus (MBSR)

Krav / udfordringer **Ressourcer**

Krav / udfordringer

Kvantitet

Følelsesmæssigt

Komplekst

Ydre og indre krav

Ressourcer

Fx

Søvn

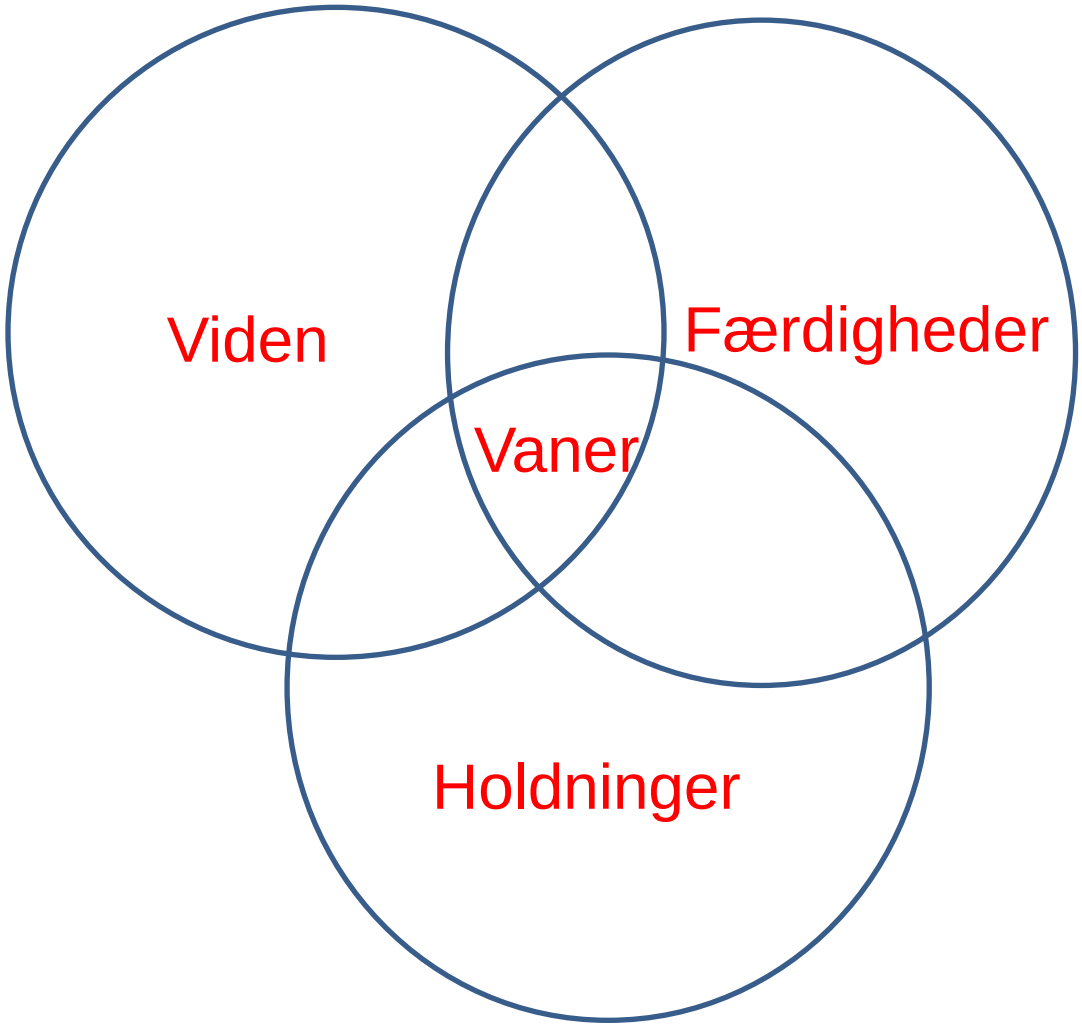
Energi

Netværk

Motion

Hillerødmetoden

- Helhedsorienteret:
- krop/psyke
- arbejdsliv og privatliv
- individ og organisation (brobygning til arbejdsplads via møde)
- problemløsende terapi
- multiteoretisk
- behandlingen/elementer tilpasses klienten (ikke to er ens)
- evidens bag elementer i behandlingen
- hjemmeopgaver hver gang
- værktøjer/øvelser
- psykoedukation
- motion
- journal til klient


Viden
Færdigheder
Vaner
Holdninger

Hvorved adskiller COPESTRESS sig fra mange andre behandlingsformer

- ***Problemløsende terapi / PST***
- **Læge ved forsamtale**
- **Psykiatrisk back up**
- **Journal sendes til den stressede**
- **Tilbagemelding til egen læge**
- **Brobygning til arbejdsplads**
- **Tværfaglige konferencer**
- **Mindfulness**
- **Ikke manualstyret**
- **Motion**
- **Hjemmeopgave**
- **Symptommåling undervejs**