

**IWH Research Alert**  
**March 13, 2020**

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**\*Dobson KG, Gilbert-Ouimet M, Mustard C, and Smith PM. Body mass index trajectories among the Canadian workforce and their association with work environment trajectories over 17 years. Occupational and Environmental Medicine. 2020; [Epub ahead of print].**

<https://doi.org/10.1136/oemed-2019-106023>

Abstract: OBJECTIVE: To determine the number of latent body mass index (BMI) trajectories from 1994 to 2010 among working Canadians and their association with concurrent trajectories in work environment exposures. METHODS: Data of employed individuals from the longitudinal Canadian National Population Health Survey were used. Group-based trajectory modelling was used to determine the number of latent BMI trajectories and concurrent psychosocial work environment trajectories. A multinomial logistic regression of BMI trajectory membership on trajectories in work environment dimensions (skill discretion, decision latitude, psychological demands, job insecurity, social support, physical exertion) was then explored. RESULTS: Four latent BMI trajectories corresponding to normal, overweight, obese and very obese BMI values were found. Each trajectory saw an increase in BMI (~2-4 kg/m<sup>2</sup>) over the 17-year period. A higher decision authority trajectory was associated with

lower odds of belonging to the overweight and obese trajectories when compared with the normal weight trajectory. A decreasing physical exertion trajectory was associated with higher odds of belonging to the very obese trajectory when compared with the normal weight trajectory. CONCLUSIONS: Four BMI trajectories are present in the Canadian workforce; all trajectories saw increased body weight over time. Declining physical exertion and lower decision authority in the work environment over time is associated with increased likelihood of being in overweight and obese trajectories

**\*Gourdeau J, Fingold A, Colantonio A, Mansfield E, and Stergiou-Kita M. Workplace accommodations following work-related mild traumatic brain injury: what works? Disability and Rehabilitation. 2020; 42(4):552-561.**

<https://doi.org/10.1080/09638288.2018.1503733>

Abstract: Background: Individuals who have experienced a work-related mild traumatic brain injury face a variety of challenges when returning to work. Research has demonstrated that the implementation of workplace accommodations can reduce the incidence of workplace disability. Few studies investigate work-related mild traumatic brain injury from injured workers' perspectives, and none examine workplace accommodations in detail. Purpose: This study explores the types of accommodations that individuals receive, and the factors that influence how they are provided and to whom. Materials and methods: This study is a qualitative secondary data analysis of 12 telephone interviews. ATLAS.ti software was used to facilitate coding and thematic analysis was used to analyze the data. Results: This study makes explicit various accommodations identified as being useful or required by individuals on return to work. Participants identified a gradual return to work, and modified duties, among other accommodations. Components of the workplace social and structural environment, and the occupational context influenced how accommodations were provided and to whom. Conclusions: Obtaining appropriate support is of great importance to injured employees, their employers, insurers, and healthcare providers. Stakeholders should be aware of how to successfully identify and access appropriate workplace accommodations to support injured workers on return to work. Implications for rehabilitation Return to Work Accommodations \* Workplace accommodations reduce the

incidence of workplace disability. \* Workplace accommodations can be formal or informal. \* Participants identified a gradual return to work, modified duties, self-directed compensatory strategies, and allowances for medical appointments, among other accommodations, as being useful or required. \* Stakeholders, including healthcare providers involved in rehabilitation, should be aware of how to successfully identify and implement these accommodations to ensure injured workers are supported on return to work

**\*Tait CA, L'Abbe MR, Smith PM, Watson T, Kornas K, and Rosella LC. Adherence to predefined dietary patterns and risk of developing type 2 diabetes in the Canadian adult population. Canadian Journal of Diabetes. 2020; 44(2):175-183.**

<https://doi.org/10.1016/j.jcjd.2019.06.002>

Abstract: OBJECTIVE: Diet quality indices are increasingly being used in epidemiologic research. However, no studies have addressed whether adherence to Canadian dietary guidelines is longitudinally associated with decreased risk of type 2 diabetes in a population-based sample. The objective of this study is to examine the association between the Healthy Eating Index (HEI) and incident type 2 diabetes in the Canadian population. METHODS: We used data from Ontario respondents to the 2004 Canadian Community Health Survey linked to health administrative data (n=4,755). Adherence to the HEI was analyzed with a 24-hour dietary recall. Type 2 diabetes was ascertained through the Ontario Diabetes Database, and tracked up to 12.1 years from baseline. Cox proportional hazards models were used to estimate type 2 diabetes risk as a function of HEI score. Given obesity's potential role as a mediator, we explored the effects of removing body mass index from the final model. RESULTS: High HEI adherence was not associated with a reduction in diabetes risk overall (hazard ratio [HR], 0.97; 95% confidence interval, 0.62 to 1.50), nor in separate strata of men (HR, 0.94) or women (HR, 1.03). Additional adjustment for body mass index attenuated the multivariable adjusted hazard ratios toward the null. CONCLUSIONS: This is the first study to prospectively explore the relationship between adherence to the dietary recommendations of the HEI and diabetes risk in a representative, population-based sample. Our analyses challenge previous findings and highlight the utility of linked

data to evaluate the role of healthy dietary patterns in relation to population-level morbidity

**Bokor-Billmann T, Langan EA, and Billmann F. The reporting of race and/or ethnicity in the medical literature: a retrospective bibliometric analysis confirmed room for improvement. Journal of Clinical Epidemiology. 2020; 119:1-6.**

<https://doi.org/10.1016/j.jclinepi.2019.11.005>

Abstract: OBJECTIVES: Although the collection of race and/or ethnicity data is an important way to identify and address inequalities in health care provision and disparities in access to treatment, studies examining the extent to which race and/or ethnicity data are reported in the medical literature, and the quality of these data, are lacking. Therefore, we sought to objectively determine the quality of reporting of race and/or ethnicity in original medical research papers. STUDY DESIGN AND SETTING: A retrospective bibliometric analysis was used. Two independent investigators analyzed original articles investigating race/ethnicity, published between 2007 and 2018, in the 10 top-ranking academic journals in each of the following categories: general medicine, surgery, and oncology. RESULTS: A total of 995 original articles were included in our analysis. Only 45 studies (4.52%) provided a formal definition of race/ethnicity, and 8.94% identified the investigator responsible for the classification. While race/ethnicity was a key part of study design in 31.86% of the included investigations, the method used to classify individuals into racial/ethnic groups was described in only 10.25% of articles. In terms of terminology, we identified 81 different race/ethnicity classifications, but these were often imprecise and open to interpretation. CONCLUSION: There is significant room for improvement in the collection, reporting, and publishing of data describing ethnicity and/or race in the medical literature

**Gao Y, Cai Y, Yang K, Liu M, Shi S, Chen J, et al. Methodological and reporting quality in non-Cochrane systematic review updates could be improved: a comparative study. Journal of Clinical Epidemiology. 2020; 119:36-46.**

<https://doi.org/10.1016/j.jclinepi.2019.11.012>

Abstract: OBJECTIVES: The aim of the study was to compare the methodological and reporting quality of updated systematic reviews

(SRs) and original SRs. **STUDY DESIGN AND SETTING:** We included 30 pairs of non-Cochrane updated and original SRs, identified from a search of PubMed and Embase.com. We used Assessment of Multiple Systematic Reviews-2 (AMSTAR-2) to assess methodological quality and Preferred Reporting Items of Systematic reviews and Meta-Analyses (PRISMA) for reporting quality. Stratified analyses were conducted to compare the differences between updated SRs and original SRs and explore factors that might affect the degree of quality change. **RESULTS:** Of the 60 non-Cochrane SRs, only two (3.3%) were of low quality, the remaining 58 (96.7%) were of critical low quality. There were no statistically significant differences in methodological quality between the updated SRs and original SRs, although the compliance rates of eight items of updated SRs were higher than that of original SRs. Updated SRs showed an improvement on 15 PRISMA items, but no items with statistically significant differences. The differences in fully reported AMSTAR-2 and PRISMA items between original SRs and updated SRs were also not statistically significant after adjusting for multiple review characteristics. **CONCLUSION:** The methodological and reporting quality of updated SRs were not improved compared with original SRs, although the quality could be further improved for both updated SRs and original SRs

**De Greef V. Analysis of barriers and facilitators of existing programs in Belgium for the purpose of implementing individual placement and support (IPS). *Psychiatric Rehabilitation Journal*. 2020; 43(1):18-23.**

<https://doi.org/10.1037/prj0000371>

**Abstract:** **OBJECTIVE:** The goal was to build a strategy before implementing individual placement and support (IPS) in the country, leveraging existing facilitators and mitigating, as much as possible, identified barriers. **METHODS:** A qualitative study called "group analysis" was conducted: Over 2 days, two groups of stakeholders were invited for a whole-day workshop to collect information on facilitators and barriers faced by existing programs. **RESULTS:** Many perceived facilitators were related to some guidelines or key principles of the IPS model. Main barriers were lack of long-time job support, lack of funding, lack of communication between stakeholders, social or financial insecurity of the beneficiary, denial of



their own disease, high hiring selectivity, and on-the-job requirements by employers looking to maintain a competitive workforce. The four points of divergence between participants in relation with IPS were (a) the (dis)advantages of internships and trainings compared to standard work contracts, (b) the risk associated with the communication of a medical diagnosis and the disclosure issue, (c) the best time to start a job search or to return to work, and (d) whether priority should be given to the search for an adapted job or the adaptation of existing jobs to the specific needs of the beneficiaries. CONCLUSION: The IPS model appears as a potential solution to many issues faced by stakeholders in Belgium in charge of helping people with moderate to severe mental illness to find a job. A stronger legal framework could help to achieve the integration of such model. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

**Folgo AR and Iennaco JD. Staff perceptions of risk factors for violence and aggression in ambulatory care. Work. 2020; 65(2):435-445.**

<https://doi.org/10.3233/WOR-203096>

Abstract: BACKGROUND: Management of violent acts of patients and their visitors in psychiatric and hospital settings has been studied. However, violence has not yet been addressed in the ambulatory care environment. OBJECTIVE: To identify potential risk factors for patient and visitor violence [PVV] and staff perceptions of the impact of these risk factors in ambulatory care. METHODS: A review of psychiatric inpatient research was conducted examining violence and aggression including risk factors for PVV. Identified risk factors for violence were incorporated into a survey tool and distributed to staff in a community clinic asking for their perception of the impact of these risk factors on aggression in their work environment. RESULTS: Risk factors for violence and aggression were categorized as static or dynamic or as related to characteristics of staff or the environment of care. All of the risk factors were identified as possible contributors to PVV by the staff while items related to substance abuse and the clinic environment were selected by the staff as "highly likely" to contribute to PVV in their setting. CONCLUSIONS: Continued research is needed in this area to better

understand risk factors for PVV and develop appropriate safety interventions and crisis training for ambulatory care settings

**Hejduk I, Jan Olak A, Karwowski W, Tomczyk P, Fazlagic J, Gac P, et al. Safety knowledge and safe practices at work: a study of Polish industrial enterprises. Work. 2020; 65(2):349-359.**

<https://doi.org/10.3233/WOR-203087>

Abstract: BACKGROUND: Knowledge management is a central resource in achieving the goals of occupational safety efforts. OBJECTIVE: The main objective of this study was to investigate the relationships between the implicit (tacit) and explicit (formal) safety knowledge of employees and their effects on employee propensity to follow safe practices at work. METHODS: A survey with seven safety constructs: 1) tacit safety knowledge, 2) explicit safety knowledge, 3) attitudes toward safety: psychological aspects, 4) attitudes toward safety: emotional aspects, 5) safety culture: behavioral aspects, 6) safety culture: psychological aspects, and 7) propensity to follow safety regulations and safe work practices (safety at work), was designed and used for data collection. A total of 468 production workers from three manufacturing companies located in southeastern Poland provided valid responses to the self-administered survey. Structural equation modeling was used to analyze the collected data. RESULTS: The results support the hypothesized relationships among tacit and explicit knowledge of safety requirements, procedures, and practices, and the propensity of employees to follow work practices at work through the mediating variables of safety culture (with behavioral and psychological factors) and attitudes toward safety (with psychological, emotional, and behavioral factors). CONCLUSIONS: While both tacit and explicit safety knowledge affect safe practices, tacit knowledge has an important influence on the use of explicit safety knowledge at work

**Landsbergis P, Johanning E, Stillo M, Jain R, and Davis M. Occupational risk factors for musculoskeletal disorders among railroad maintenance-of-way workers. American Journal of Industrial Medicine. 2020; [Epub ahead of print].**

<https://doi.org/10.1002/ajim.23099> [open access]

Abstract: BACKGROUND: Our objective was to examine occupational risk factors for musculoskeletal disorders of the neck,

back, and knee among railroad maintenance-of-way (MOW) workers. METHODS: Four thousand eight-hundred sixteen active, retired, and disabled members of the Brotherhood of Maintenance of Way Employees Division (BMWED) completed a survey. We computed adjusted prevalence ratios (aPRs) using Poisson regression for neck, back, and knee musculoskeletal symptoms by work exposures, adjusted for age, region, race/ethnicity, smoking, and potential second job and spare time vehicle vibration exposure. RESULTS: Among active male BMWED members, we found associations between use of high-vibration vehicles and neck pain (aPR = 1.47, 95% confidence interval (CI): 1.07-2.03) and knee pain (aPR = 1.38, 95% CI: 1.04-1.82) for more than 1.9 years (vs 0) of full-time equivalent use; but not back pain. Back pain radiating below the knee (sciatica indicator) was associated with high-vibration vehicle use greater than 0.4 and less than 1.9 years (aPR = 1.58, 95% CI: 1.15-2.18). We also found significant associations between often or always lifting, pushing, pulling, or bending on the job (vs seldom or never) and neck pain (aPR = 2.43, 95% CI: 1.20-4.90), back pain (aPR = 1.94, 95% CI: 1.24-3.03), the sciatica indicator (aPR = 5.18, 95% CI: 1.28-20.95), and knee pain (aPR = 2.84, 95% CI: 1.47-5.51), along with positive gradients in the outcome by exposure time. CONCLUSIONS: Biomechanical work exposures, including force and nonneutral postures, were associated with neck, lower back, and knee pain. Whole-body vibration, as measured by the duration of use of high-vibration vehicles, was associated with neck pain, knee pain, and sciatica. Prevention programs should address occupational risk factors for musculoskeletal disorders among MOW workers

**Lee DJ, Koru-Sengul T, Hernandez MN, Caban-Martinez AJ, McClure LA, Mackinnon JA, et al. Cancer risk among career male and female Florida firefighters: evidence from the Florida Firefighter Cancer Registry (1981-2014). American Journal of Industrial Medicine. 2020; 63(4):285-299.**

<https://doi.org/10.1002/ajim.23086>

Abstract: BACKGROUND: Firefighters are at increased risk for select cancers. However, many studies are limited by relatively small samples, with virtually no data on the cancer experience of female firefighters. This study examines cancer risk in over 100,000 career Florida firefighters including 5000 + females assessed over a 34-year



period. METHODS: Florida firefighter employment records (n = 109 009) were linked with Florida Cancer Data System registry data (1981-2014; ~3.3 million records), identifying 3760 male and 168 female-linked primary cancers. Gender-specific age and calendar year-adjusted odds ratios (aOR) and 95% confidence intervals for firefighters vs non-firefighters were calculated. RESULTS: Male firefighters were at increased risk of melanoma (aOR = 1.56; 1.39-1.76), prostate (1.36; 1.27-1.46), testicular (1.66; 1.34-2.06), thyroid (2.17; 1.78-2.66) and late-stage colon cancer (1.19; 1.00-1.41). Female firefighters showed significantly elevated risk of brain (2.54; 1.19-5.42) and thyroid (2.42; 1.56-3.74) cancers and an elevated risk of melanoma that approached statistical significance (1.68; 0.97-2.90). Among male firefighters there was additional evidence of increased cancer risk younger than the age of 50 vs 50 years and older for thyroid (2.55; 1.96-3.31 vs 1.69; 1.22-2.34), prostate (1.88; 1.49-2.36 vs 1.36; 1.26-1.47), testicular (1.60; 1.28-2.01 vs 1.47; 0.73-2.94), and melanoma (1.87; 1.55-2.26 vs 1.42; 1.22-1.66) cancers. CONCLUSION: Male career firefighters in Florida are at increased risk for five cancers with typically stronger associations in those diagnosed younger than the age of 50, while there was evidence for increased thyroid and brain cancer, and possibly melanoma risk in female firefighters. Larger cohorts with adequate female representation, along with the collection of well-characterized exposure histories, are needed to more precisely examine cancer risk in this occupational group

**Leslie M, Strauser DR, McMahon B, Greco C, and Rumrill PD, Jr. The workplace discrimination experiences of individuals with cancer in the Americans with Disabilities Act Amendments Act era. Journal of Occupational Rehabilitation. 2020; 30(1):115-124. <https://doi.org/10.1007/s10926-019-09851-4>**

Abstract: Background The purpose of this study was to investigate the patterns in allegations of workplace discrimination filed by individuals with cancer. Objective The goal of the research was to describe discrimination, both actual and perceived, that has occurred against individuals with cancer in comparison to a group of individuals with other general disabilities (GENDIS) through analyses of the United States Equal Employment Opportunity Commission (EEOC) Integrated Mission System (IMS) database. Methods An ex post

facto, causal comparative quantitative design was used to examine Americans with Disabilities Act Amendments Act (ADAAA) Title I complaints received by the EEOC from people with cancer from 2009 through 2016 (n = 10,848) in comparison to the GENDIS group over the same time period (n = 13,338). Results Results revealed statistically significant differences in the patterns of issues alleged by the two groups. When compared to the GENDIS group, the cancer group was significantly older and had proportionally more individuals who identified as Asian than the GENDIS group. People with cancer were more likely to allege discrimination in the areas of unlawful discharge, demotion, wages, layoff, benefits, and referrals. They were less likely to allege discrimination in areas of reasonable accommodation, hiring, and suspension. Also, the cancer group was more likely than the GENDIS group to file allegations against smaller employers and employers in the Southeast region of the United States, while employers in the Mid-Atlantic and Rocky Mountain regions were less likely to be named in allegations by people with cancer. The cancer group was also significantly more likely than the GENDIS group to find that EEOC investigations of their allegations resulted in merit-based case resolution, that is, discrimination had indeed occurred. Owing to the large sample size, some of these between-group differences were small in magnitude. Conclusion The workplace discrimination experiences of people with cancer are substantially different from those of people with other disabilities

**Martin CJ, Jin C, Bertke SJ, Yiin JH, and Pinkerton LE. Increased overall and cause-specific mortality associated with disability among workers' compensation claimants with low back injuries. American Journal of Industrial Medicine. 2020; 63(3):209-217.**

<https://doi.org/10.1002/ajim.23083>

Abstract: BACKGROUND: Mortality tends to be higher among people who do not work than among workers, but the impact of work-related disability on mortality has not been well studied. METHODS: The vital status through 2015 was ascertained for 14 219 workers with an accepted workers' compensation claim in West Virginia for a low back injury in 1998 or 1999. Mortality among the cohort compared with the West Virginia general population was assessed using standard life table techniques. Associations of mortality and disability-related factors within the cohort were evaluated using Cox proportional

hazards regression. RESULTS: Compared to the general population, mortality from accidental poisoning was significantly elevated among the overall cohort and lost-time claimants. Most deaths from accidental poisoning in the cohort were due to drug overdoses involving opioids. Mortality from intentional self-harm was also significantly elevated among lost-time claimants. In internal analyses, overall mortality and mortality from cancer, heart disease, intentional self-harm, and drug overdoses involving opioids was significantly associated with lost time. Overall mortality and mortality from drug overdoses involving opioids were also significantly associated with amount of lost time, permanent partial disability, and percent permanent disability. Heart disease mortality was also significantly associated with the amount of lost time. CONCLUSIONS: The results suggest that disability itself may impact mortality risks. If confirmed, these results reinforce the importance of return to work and other efforts to reduce disability

**Novy DM, Nelson DV, Koyyalagunta D, Cata JP, Gupta P, and Gupta K. Pain, opioid therapy, and survival: a needed discussion. Pain. 2020; 161(3):496-501.**

<https://doi.org/10.1097/j.pain.0000000000001736>

**Park S, Lee W, and Lee JH. Can workplace rest breaks prevent work-related injuries related to long working hours? Journal of Occupational & Environmental Medicine. 2020; 62(3):179-184.**

<https://doi.org/10.1097/JOM.0000000000001772>

Abstract: OBJECTIVE: This study examined the relationship between long working hours, rest breaks, and work-related injuries.

METHODS: A total of 25,439 employees were examined from the 4th Korean Working Conditions Survey. Rest breaks were divided into two groups and working hours were divided into four groups. Multiple logistic regression was conducted to estimate the relationship between long working hours, rest breaks, and work-related injuries.

RESULTS: Work-related injuries were significantly associated with long working hours. Stratified by rest breaks, the risk of work-related injuries increased with increasing working hours in a dose-response pattern among those with insufficient rest breaks, while the risk was not significant among those with sufficient rest breaks.

CONCLUSION: It is important to provide sufficient rest breaks to prevent work-related injuries among workers with long working hours

**Rotter G, Noeres K, Fernholz I, Willich SN, Schmidt A, and Berghofer A. Musculoskeletal disorders and complaints in professional musicians: a systematic review of prevalence, risk factors, and clinical treatment effects. International Archives of Occupational and Environmental Health. 2020; 93(2):149-187. <https://doi.org/10.1007/s00420-019-01467-8> [open access]**

Abstract: PURPOSE: Musicians' practice and performance routines reportedly lead to musculoskeletal complaints and disorders (MCD) that impact their wellbeing and performance abilities. This systematic review aims to assess the prevalence, risk factors, prevention and effectiveness of treatments for MCD in professional musicians and consider the methodological quality of the included studies.

METHODS: A systematic literature search was performed in December 2017 using electronic databases and supplemented by a hand search. Case-control studies, cohort studies, cross-sectional studies, interventional studies and case reports investigating the prevalence, risk factors, prevention or treatment effects of MCD in professional musicians or music students (age  $\geq$  16 years) were included. Quality assessments of the included studies were performed using an adapted version of the "Study Quality Assessment Tools" from the National Heart, Lung, and Blood Institute. RESULTS: One case-control study, 6 cohort studies, 62 cross-sectional studies, 12 interventional studies and 28 case reports were included and assessed for methodological quality. The study designs, terminology, and outcomes were heterogeneous, as the analyses mostly did not control for major confounders, and the definition of exposure was often vague. Therefore, evidence that being a professional musician is a risk factor for MCD as well as the causal relationship between these factors remains low despite the fact that a large number of studies have been performed.

CONCLUSIONS: Studies with high internal and external validity regarding the prevalence, risk factors and effectiveness of the prevention or treatment of MCD in professional musicians are still missing. Further high-quality observational and interventional studies are required

**Wels J. The role of labour unions in explaining workers' mental and physical health in Great Britain. a longitudinal approach. Social Science and Medicine. 2020; 247:112796.**

<https://doi.org/10.1016/j.socscimed.2020.112796>

Abstract: OBJECTIVES: To assess whether there are mental and physical health benefits of being employed in a workplace where there is a union or staff association recognized by the management or being a member of such a union. METHODS: Using four waves [W2 (2010-11), W4 (2012-13), W6 (2014-15), W8 (2016-18)] from Understanding Society (UKHLS), we use a propensity score matching method and apply a latent growth modeling on the original dataset and on the matched dataset to estimate the impact of change in union presence and union membership between wave 2 and wave 4 for the employed population on the change in mental health (Mental Component Summary - MCS) and physical health (Physical Component Summary - PCS), after controlling for socioeconomic characteristics, age and sector of activity. RESULTS: Collective negotiation within the workplace plays a statistically significant role in supporting workers' mental and, to a greater degree, physical health. Being unionized does not add up significant physical health benefits but a slight positive effect on mental health is observed. CONCLUSION: About 50 per cent of the employed population is not represented by a labour union at company level and this has negative effects on health. A major health policy issue is also about promoting collective negotiation at the workplace and more research is needed about the impact of implementing such type of negotiation. The study shows the benefits of using a longitudinal approach when analysing the impact of union presence and union membership on workers' health

**Wormgoor MEA, Indahl A, Andersen E, and Egeland J. Effectiveness of briefer coping-focused psychotherapy for common mental complaints on work-participation and mental health: a pragmatic randomized trial with 2-year follow-up. Journal of Occupational Rehabilitation. 2020; 30(1):22-39.**

<https://doi.org/10.1007/s10926-019-09841-6>

Abstract: Purpose The aim of this study was to assess short and long-term effectiveness of brief coping-focused psychotherapy (Brief-PsT) compared with short-term psychotherapy (Short-PsT) on work-



participation (WP) and mental health. Both treatments were preceded by group education. Methods All participants were on, or at risk of, sick leave due to common mental complaints. Patients were selected for inclusion in this study based on levels of self-reported symptoms ('some' or 'seriously affected') of anxiety and depression. They were randomized to Brief-PsT (n = 141) or Short-PsT with a more extended focus (n = 143). Primary outcome was the transition of WP-state from baseline to 3 months follow-up. In addition, WP at 12 and 24 months follow-up were assessed. The secondary outcome, clinical recovery rate (CR-rate) was obtained from the Beck Depression and Beck Anxiety Inventories, at 2-year follow-up. In addition, self-reported mental health symptom severity, self-efficacy, subjective health complaints and life satisfaction were assessed. Results At 3 months follow-up, the increase in WP was significantly greater in Brief-PsT than in Short-PsT ( $p = 0.039$ ). At 3 months, 60% in Brief-PsT and 51% in Short-PsT was at work, partial or full. Thereafter, these differences diminished, 84% and 80% were at work at 2-year follow up. The 2-year follow-up of the secondary outcome measurements was completed by 53% in Brief-PsT and 57% in Short PsT. CR-rate was significantly greater in Brief-PsT compared with the Short-PsT (69% vs. 51%,  $p = 0.024$ ). Furthermore, there was a greater reduction in the number of subjective health complaints in Brief-PsT (4.0 vs. 1.9  $p = 0.012$ ). All other measurements favoured Brief-PsT as well, but did not reach statistical significance. Conclusions Brief coping-focused psychotherapy added to group education for persons with depression or anxiety complaints seemed more effective in enhancing early work participation compared with additional short-term psychotherapy of standard duration with more extended focus. Clinical recovery rate and decline of comorbid subjective health complaints at 2-year follow-up were also in favour of the brief coping-focused program

\*IWH authored publications.