

UPPSALA UNIVERSITET

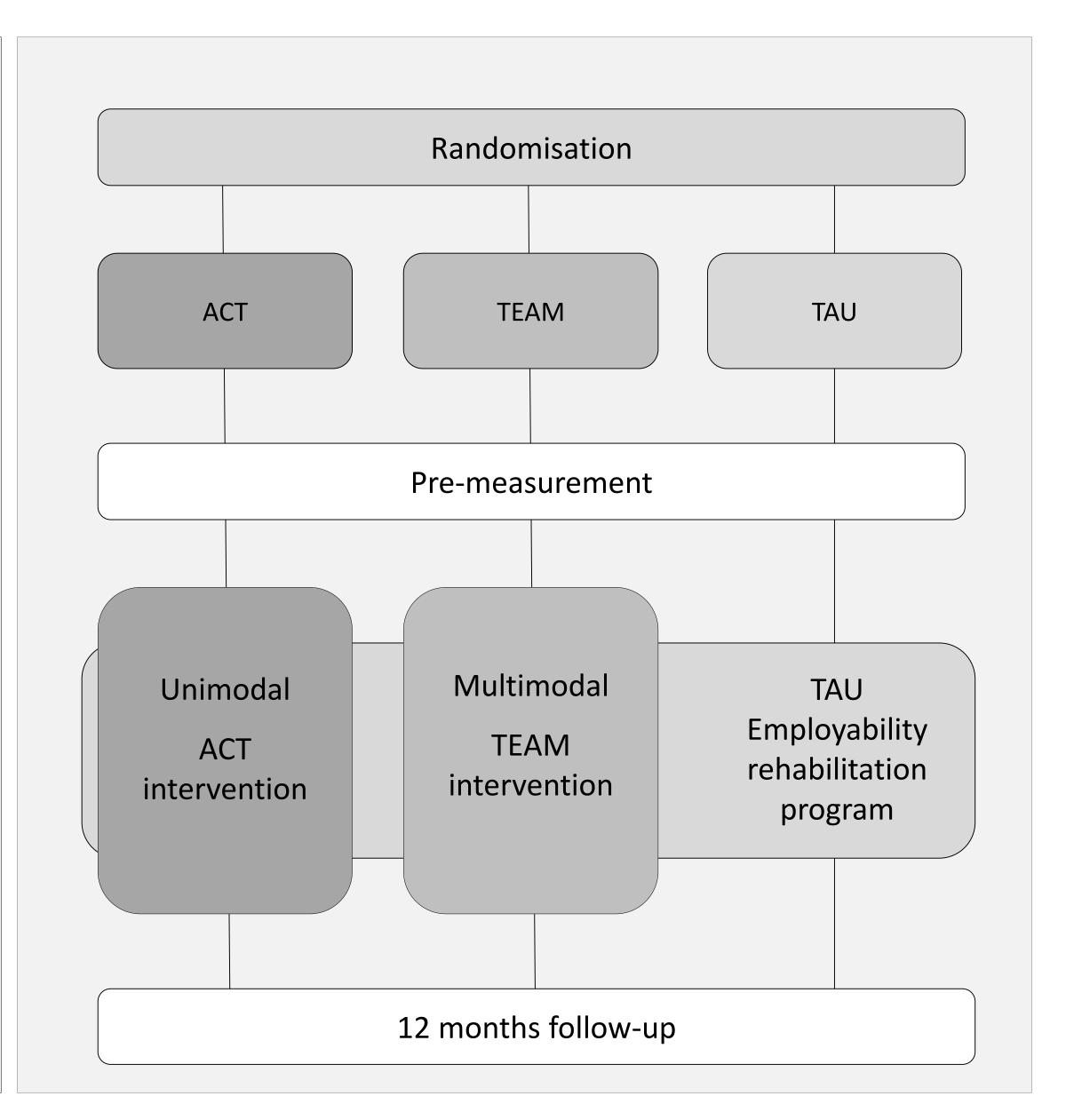
## Vitalis – A randomized intervention study aiming at Return To Work for women with long-term sick leave.

Linnea Molin\*, Anna Finnes\*\*, Piret Kams\*, Carina Lundeen\*, Per Lytsy\*\*\*, Ingrid Anderzén\*\*\*

\*ArbetsRehab – Centre for Rehabilitation and Return to Work, Department of Occupational and Environmental Medicine, Uppsala University Hospital. \*\*Department of Clinical Neuroscience, Karolinska Institutet. \*\*\*Uppsala University Hospital, and Department of Public Health and Caring Sciences, Uppsala University. Mail: linnea.molin@akademiska.se

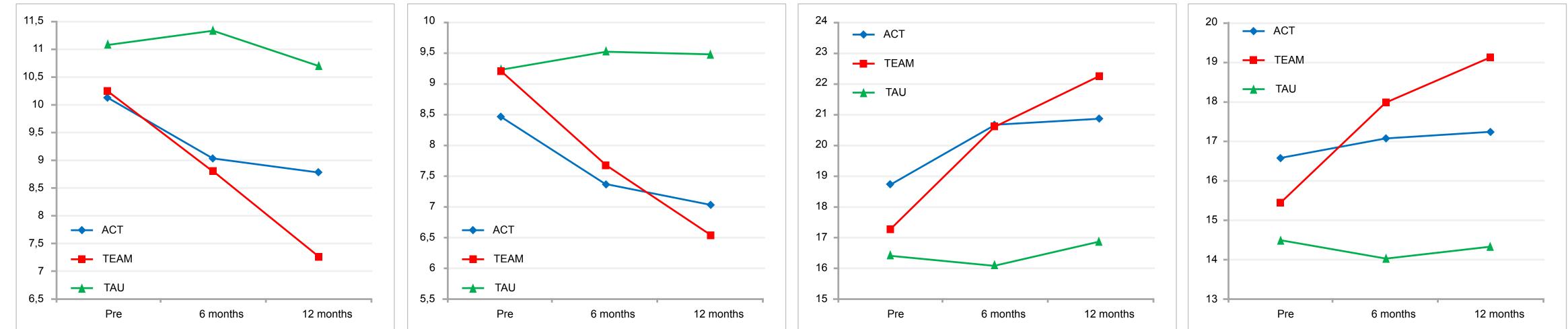
**Objectives:** The main purpose of the study was to evaluate the effect of three different rehabilitation models with the main goal to increase Return To Work (RTW).

**Design:** Vitalis was a randomized controlled intervention study that addressed women on long-term sick leave due to mental illness and/or pain. In total 308 persons were randomly assigned to one of the following groups:



- 1) Individualized psychotherapy according to Acceptance and Commitment Therapy (ACT), 2) Multimodal assessment followed by a treatment plan which could but did not have to include ACT psychotherapy (TEAM), or 3) Treatment as usual (TAU).
- Outcomes, measured at a 12 months follow-up, included return to the health insurance, number of reimbursed days by health insurance during first year and self-reported assessments concerning different aspects of health.

*Group characteristics:* Mean age: 48.5 (SD 8.3, range 25-64) years. Mean years on sick leave: 7.5 (3.2)



**Figure 1**: Mean scores on HAD – anxiety symptoms.

**Figure 2**: Mean scores on HAD – depression symptoms.

**Figure 3**: Mean scores on GHQ – general health.

**Figure 4**: Mean scores on SWLS – satisfaction with life.

**Results**: At one year follow-up no significant differences were found between the groups concerning the percentage of individuals returning to the health insurance system. Neither was there any significant difference in the number of reimbursed days between the interventions and TAU at the one year follow-up. There were significant interaction effects concerning self-rated anxiety and depression (ACT & TEAM<TAU), general health and satisfaction with life (TEAM only) and pain (ACT only) compared to TAU. These significant results indicated an improvement for the treatment groups.

**Conclusion**: In this study the interventions seem to have improved different aspects of health in the participants, although there are no clear effects concerning RTW. RTW after a long absence can be viewed as a process-oriented activity with a number of coordinating actors – it is a complex multidimensional topic in need of further research.

**Future and ongoing research questions:** Predictors for return to work, motivation, self efficacy and return to work, further analyses of return to work and health.

This study received financial support from REHSAM and was carried out in collaboration between the Uppsala University Hospital, the National

