

Guidelines on work-related aspects of health, in Occupational Health and in General Healthcare



Carel Hulshof

- Coronel Institute of Occupational Health, AMC
- Netherlands Society of Occupational Medicine



GIN 2011 Seoul, Panel session 4



Two main topics in Occupational Health (Care)



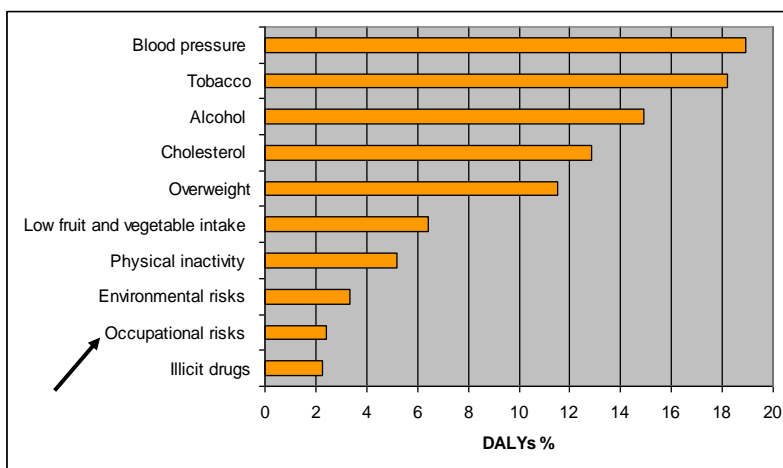
- Prevention of occupational and work-related diseases
- Management of consequences of diseases for work



GIN 2011 Seoul, Panel session 4



Burden of disease attributable to 10 selected risk factors (WHO Euro 2007)



GIN 2011 Seoul, Panel session 4



'Blind spot' for work in general/primary healthcare

Worldwide occupational risk factors are responsible for:

- 37% of back pain
- 16% of hearing loss
- 13% of COPD
- 11% of asthma
- 9% of lung cancer
- 8% of injuries

(WHO, Global burden of disease, 2002)



GIN 2011 Seoul, Panel session 4





Paradigm shift! (GPA 2007)

The Labour Approach

Occupational Health

Employees with labour contract
Employer's responsibility
Only at the workplace
Only work-related health issues
Negotiation between workers
and employers

The Public Health Approach

Workers' Health

All workers
Responsibility of everybody
Beyond the workplace
All health determinants
Wider social dialogue with
stakeholders: insurance, health
and environment authorities
Health protection not subject to
collective negotiation



GIN 2011 Seoul, Panel session 4



What determines workers' health?

- **Working environment**
 - *mechanical*
 - *physical*
 - *chemical*
 - *biological*
 - *ergonomic*
 - *psycho-social risks*
- **Social factors**
 - *occupational status, employment conditions*
 - *income*
 - *inequities in gender, race, age, etc.*
- **Work-related health practices**
 - *individual risk-taking behaviour*
 - *physical exercise, sedentary work*
 - *diet and nutrition*
 - *unhealthy habits – smoking, alcohol*
- **Access to health services**
 - *preventive occupational health services*
 - *specialized curative care and rehabilitation*
 - *health and accident insurance*



GIN 2011 Seoul, Panel session 4



Quality of Healthcare

Country Rankings	
1.00-2.33	
2.34-4.66	
4.67-7.00	



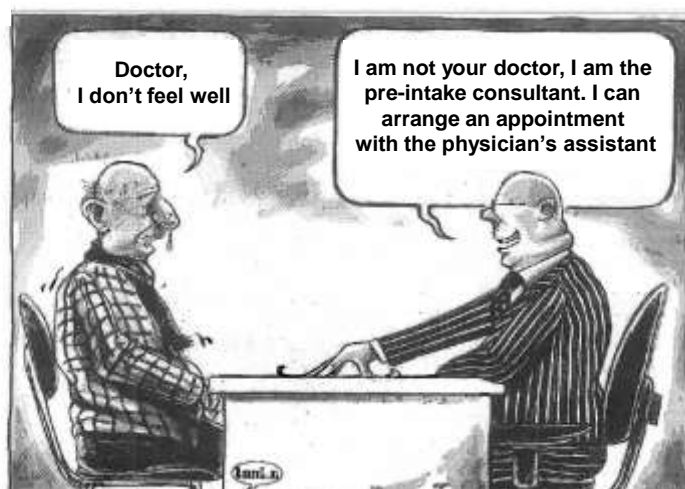
	AUS	CAN	GER	NETH	NZ	UK	US
OVERALL RANKING (2010)	3	6	4	1	5	2	7
Quality Care	4	7	5	2	1	3	6
Effective Care	2	7	6	3	5	1	4
Safe Care	6	5	3	1	4	2	7
Coordinated Care	4	5	7	2	1	3	6
Patient-Centered Care	2	5	3	6	1	7	4
Access	6.5	5	3	1	4	2	6.5
Cost-Related Problem	6	3.5	3.5	2	5	1	7
Timeliness of Care	6	7	2	1	3	4	5
Efficiency	2	6	5	3	4	1	7
Equity	4	5	3	1	6	2	7
→ Long, Healthy, Productive Lives	1	2	3	4	5	6	7
Health Expenditures/Capita, 2007	\$3,357	\$3,895	\$3,588	\$5,837	\$2,454	\$2,992	\$7,290

Note: * Ratios. Expenditures shown in US PPP (purchasing power parity).

Source: Calculated by The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Senior Adults; 2009 International Health Policy Survey of Primary Care Physicians; Commonwealth Fund Commission on a High Performance Health System National Scorecard and Organization for Economic Cooperation and Development, OECD Health Data, 2009 (Paris: OECD, Nov. 2009).

The trustbuster of anonymity

[David Shore. The trust prescription for health care. Chicago, Health Administration Press, 2005]



GIN 2011 Seoul, Panel session 4



Attention for quality is needed

- Dominating focus in OHS on sickness absence and disability management; preventive activities have been reduced substantially.
 - Commercialisation of OHS and growing influence of 'third parties' on work of OP's
 - many professionals in OHS are dissatisfied and OHS in general don't have a good reputation
- ➔ Enhancement of professional quality by development of practice guidelines: NVAB took initiative in 1997



GIN 2011 Seoul, Panel session 4



Quality Assurance of Occupational Physicians

- Education and Training, CME, re-registration,
- Medical audit / peer assessment
- Accountmanagement, customer survey
- (contribution to) scientific evaluation research
- Protocols, best practices etc.
- *Evidence based practice (EBM)*
- *Evidence-based practice guidelines*



GIN 2011 Seoul, Panel session 4



Why Evidence-Based Practice ?



Decision-making not always straight-forward



GIN 2011 Seoul, Panel session 4



Guideline development, the process

Initiation/Preparation

1. selection of topic
2. analysis of bottlenecks
3. project plan & project team

6. draft phase → draft guideline
7. commentary phase

8. practice (pilot) test guideline → practitioners

Development

4. formulation specific questions
5. research phase (lit. + focus gr.)
 - evidence reports
 - other considerations
 - formulation recommendations

Application

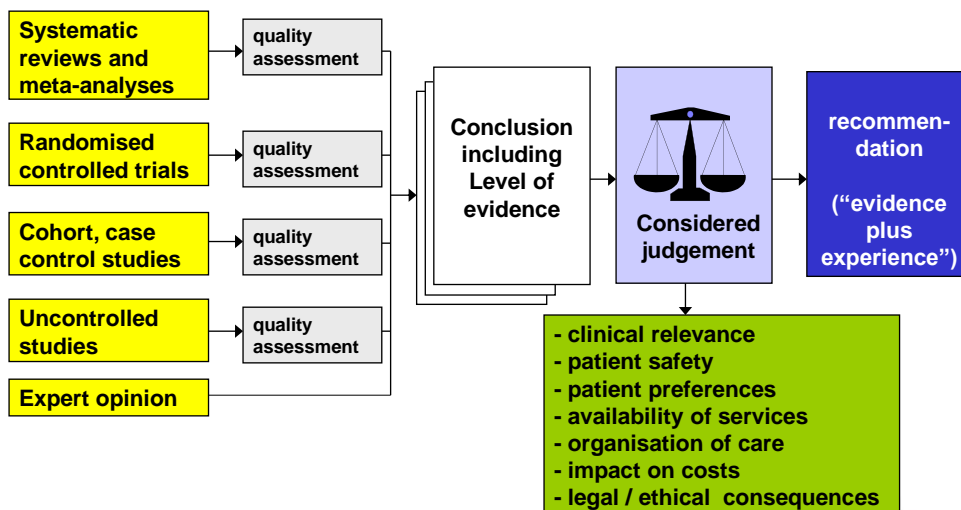
9. autorisation
10. publication
11. support with implementation



GIN 2011 Seoul, Panel session 4



Evidence-based guideline development



GIN 2011 Seoul, Panel session 4



NVAB-guidelines for occupational physicians

Published:

- Low back pain
- Mental health disorders
- Visual acuity of VDU-workers
- Workers in sheltered workshops
- Upper limb disorders (RSI)
- Work-related asthma / COPD
- Contact dermatitis
- Noise-induced hearing loss
- Ischemic Heart disorders
- Pregnancy and Work
- Influenza
- Cancer and Work

In preparation:

- Prevention of weight gain
- Latex allergy
- OSAS
- Diabetes and Work



GIN 2011 Seoul, Panel session 4



Richtlijnen/Leidraden

PERONE

- Psychische problemen (11/08 2007)
- Depressie en burnout: aanpak en OMO (11/08 2007)
- Overspanning/SSB (11/08 11/08 2007)
- Overspanning: handleiding OMO, NMG, NMG versie 11/08 2007

in behandeling

BEWEGINGSAPPARAAT

- Regelgeving (11/08 2008)
- Waarom pijn, schouder of nek (11/08 2007, ook beschikbaar in het Engels)
- Practice Guidelines Complex of Arm, Schouder en Nek (11/08 2007, Layer 1 en 2 en 3 en 4)
- Hulpmiddelen nPOD: Carpal Tunnel Syndrome: aanpak van het probleem voor de bedrijfsarts (11/08 2008)
- Hulpmiddelen nPOD: Complex Regionaal Pijn syndroom: aanpak van het probleem voor de bedrijfsarts
- Hulpmiddelen nPOD: Repetitive Upper Limb syndroom: aanpak van het probleem voor de bedrijfsarts
- Hulpmiddelen nPOD: Mergel: aanpak van het probleem voor de bedrijfsarts

LUCHTWEGEN

- Akkoord COPD (11/08 2007) (nederlands) COPD: aanpak van het probleem voor de bedrijfsarts
- Hulpmiddelen nPOD: Obstructieve slaapapnoeesyndroom (OSAS): in het algemeen: aanpak van het probleem voor de bedrijfsarts

in behandeling

- Stofwisselingsstoornissen en Merl (11/08, versie 11/08 2007)

NIET

- Contactlocatie: preventie in behandeling (11/08 2008)

INTRODUCTIE NVAB-RICHTLIJNEN

NVAB is multidisciplinaire richtlijnen

Beleef het overzicht van multidisciplinaire richtlijnen waarin NVAB-leden de factor arbeid corrigeren.

direct naar relevante websites

gaan naar internationale richtlijnen en medische databases:

- BMJ Clinical Evidence
- Cochrane Occupational Health Field

My health at work: Evidence based guidelines

Home Register for updates FAQ Contact us Website survey Useful links

The NHS Plus Project

Business benefit

NHS Plus Provider accreditation

The Occupational Health Clinical Effectiveness Unit – Evidence based OH practice

- Occupational guidelines
- Evidence based guidelines
- Evidence based guidelines: Dirty work
- Guidelines for managers and advisers
- Guidelines under development
- Labor allergy: occupational aspects of management
- National Audits – Documents online

What's new?

- Latest alerts on occupational aspects of management
- National Audits – Documents online
- Guidelines under development
- Regional Champions for Clinical Standards

Department of Health Guidance: Health Checklists for Tuberculosis, Hepatitis B, Hepatitis C and HIV for new healthcare workers – Certification for Occupational Health Practitioners

Evidence based guidelines

Subject	Title	Sponsoring/funding body
Work and health	This leaflet is based on the evidence review of rehabilitation for the management of common health problems undertaken by Professionals	TSG

UK guidelines in Occupational Health

NHS Plus guidelines (RCP/FOM), UK

- Low back pain
- Workplace interventions for common mental health problems
- Occupational asthma
- Return to work following elective surgical procedures
- Chronic fatigue syndrome
- Latex allergy
- Pregnancy (shiftwork, material handling)
- Identification and management of infected food handlers
- Upper limb disorders
- Dermatitis and fitness for work



GIN 2011 Seoul, Panel session 4



Evidence and context

Conclusion NL	Shift work and night work → increased risk of preterm birth	
	A1	<i>Mozurkewich 2004</i>
	B	<i>Zhu 2004</i>
	→ <i>recommendation: no night work after 20st week of pregnancy</i>	
Recommendation UK	There is insufficient evidence of a risk to pregnant women to make recommendations to restrict shift work, including rotating shifts or night/evening	
	A1	<i>Bonzini 2007</i>



GIN 2011 Seoul, Panel session 4



Is Work Good for your Health and Wellbeing? (Waddell & Burton, 2006)

YES:

- Strong evidence: Work is generally good for physical and mental health and wellbeing
- Reverses the adverse health effects of unemployment
- Beneficial effects depend on the nature and quality of work and its social context
- Jobs should be safe and accommodating
- Moving off benefits without entry in to work associated with deterioration in health and wellbeing



GIN 2011 Seoul, Panel session 4



As a cure for worrying, work is better than whisky...

(Thomas A. Edison, 1847-1931)



GIN 2011 Seoul, Panel session 4



Relatie tussen ervaren gezondheid en werk

(bron: Schuring et al. 2007)

Percentage of persons with good perceived health (%)



The figure shows that in all groups the proportion of people in good health was consistently higher among those who were employed or became employed than among people who were not employed or left the workforce.

- ◆ (Re)employed (n=183)
- Continuously employed (n=30763)
- Left workforce to take care of household (n=232)
- ◆ Continuously unemployed (n=850)
- Left workforce due to unemployment (n=463)
- ◆ Left workforce due to retirement (n=538)



Healthcare professionals statement (UK)



Healthcare Professionals' Consensus Statement
Statement of Health and Work

"Work which is appropriate to an individual's knowledge, skills and circumstances and undertaken in a safe, healthy and supportive working environment, promotes good physical and mental health, helps to prevent ill health and can play an active part in helping people recover from illness, disability and long-term health conditions."



Healthcare Professionals' Consensus Statement
Signatories:

Association of UK University Hospitals, Queen Mary, University of London, Barts and the London School of Medicine and Dental College of HealthProfessionals

"We, the undersigned, will work with government, other healthcare workers, the voluntary sector, employers and Trade Unions, to promote and develop ways of supporting individuals to achieve the socio-economic and health benefits of work.

This pledge includes a commitment to continue to educate the healthcare community, employers and people of working age about the benefits that work can provide; and, as appropriate, to do all we can to help people enter, stay in or return to work."

"This pledge includes a commitment to continue to educate the healthcare community, employers and people of working age about the benefits that work can provide and, as appropriate, to do all we can to help people enter, stay in or return to work."

amc
HvETE
Professional Organisations in Occupational Safety and Health

nvab
Occupational Administration Association



Integration of work-related aspects in clinical practice guidelines

- In 2004, NVAB and CBO published 1st outline ('Blueprint') how to integrate work-related aspects in clinical guidelines
- Guidance based on answering three questions:
 - *are work-related disorders or disability related to the subject of this guideline? ("doctor, can I work with this?")*
 - *are work-related interventions possible and effective?*
 - *what is the role of occupational health care?*



GIN 2011 Seoul, Panel session 4



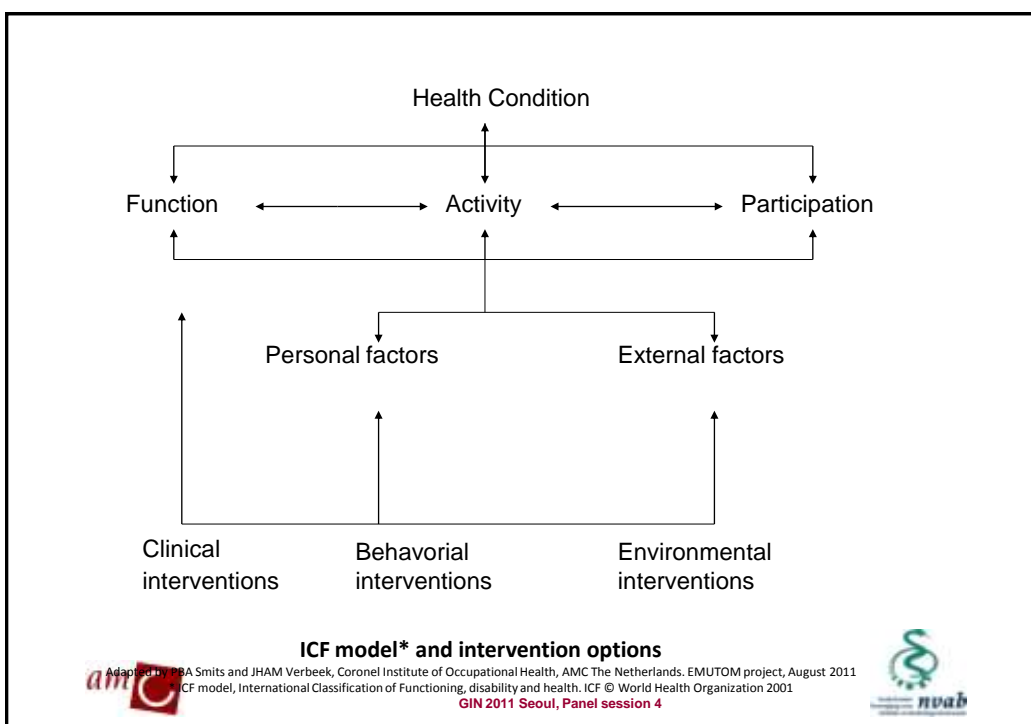
To be eligible for funding of multidisciplinary clinical guideline development, ZonMw has included in its latest programme (KKCZ) as obligatory requirements:

- patient participation
- inclusion of work-related aspects



GIN 2011 Seoul, Panel session 4





Revised 'Blueprint' for guideline development organisations*

- ❑ **Step 1 Preparation**
 - Work-related aspects relevant? if Yes:
 - ▶ contact NVAB/NVVG
 - ▶ formulate clinical questions
- ❑ **Step 2 Development**
 - ▶ specific literature search strategies
 - ▶ define conclusions
- ❑ **Step 3 Consultation stakeholders**
 - ▶ employers, employees, social insurance org etc.
- ❑ **Step 4 Autorisation**
 - ▶ by existing procedures of involved organisations
- ❑ **Step 5 Publication/dissemination**
 - ▶ text about work-related aspects and implementation strategy
- ❑ **Step 6 Implementation**
 - ▶ role of relevant organisations: OHS, employers/employees etc
- ❑ **Step 7 Evaluation/revision**
 - ▶ establish indicators for use in practice and evaluate



*by VGI, NVAB, and CBO with a grant from ZonMw

GIN 2011 Seoul, Panel session 4



Involvement NVAB in many multidisciplinary guidelines

- Carpal tunnel syndrome
- COPD
- Alcohol abuse
- Inflammatory bowel diseases
- Whiplash
- Obesity
- Cystic fibrosis
- Early interventions after disasters
- Obstructive sleep apnoea syndrome
- Atopic dermatitis
- Herniated lumbar disk
- Somatoform disorders
- Problematic use of drugs
- Multiple sclerosis
- Ankle injury
- Oncologic rehabilitation
- Urine incontinence
- Needle stick injuries
- Lyme's disease
- Low back pain
- Anxiety disorder
- Depressive disorder
- Chronic fatigue syndrome
- Cardiovascular risk management
- Heart failure
- Adjustment disorder/burnout
- Complex regional pain syndrome
- Chronic rhino sinusitis
- Sub fertility
- Rheumatic arthritis
- Domestic violence
- Treatment smoking addiction
- Complaints of arm, neck, shoulder
- Lower extremity amputation



GIN 2011 Seoul, Panel session 4



NICE

SHORT REPORT

Occupational health advice in NICE guidelines

A. Bakker¹ and H. Piekema²

Background: Evidence shows a consistent interest for studying working conditions. Working medical advice is highly recommended in managing chronic diseases. The National Institute for Health and Clinical Excellence (NICE) provides guidance on treating ill health and preventing public health. NICE has published 2500 guidelines. There are three versions of each guideline including full (complete) version, NICE summary of recommendations and public version.

Aim: To evaluate the availability of occupational health advice within relevant NICE guidelines.

Methods: Guidelines were selected on the basis of the impact of the disease and its treatment on work ability. All relevant guidelines were reviewed for occupational health advice. The findings were categorized in five main domains: impact of the disease on work, impact of work on the disease, rehabilitation, fitness to work and modifications.

Results: Thirty-one published guidelines met the inclusion criteria. Advice on rehabilitation is most frequently referred to with 12 (39%) full, 9 (29%) NICE and 4 (13%) public version guidelines offering advice on this domain. Advice on return to work is the least frequent. The public versions of guidelines rarely offer advice on the medical domain. Occupational health professionals are referred to medical history in one guideline only. The occupational health professionals have contributed to the development of two guidelines.

'Occupational health professionals and organizations should participate more actively in developing NICE guidelines to integrate work-related issues and occupational health advice into NICE guidelines'

Intro

Sickness

British

medical

history

at an

event, in

(11%) who were

disposed to offer

advice on return-

ing to or returning

to work due to lack of adequate

guidance [2].

work. All relevant guidelines were reviewed between July 2005 and February 2008 for occupational health advice. The findings were categorized in five main domains in



Discussion

- Qualitative evaluation → promising results but also barriers and lessons to be learned
- Attention for work-related aspects before the start!
- Chair of the guideline group should be well-informed about purpose and way to deal with it
- Lack of available high-level evidence on work-related interventions cannot be solved immediately; → Cochrane Occupational Safety & Health Review Group may help us



GIN 2011 Seoul, Panel session 4



The screenshot shows the website for the Occupational Safety and Health Review Group. The page is titled "Occupational Safety and Health Review Group" and includes a "Welcome" section. The text in the welcome section discusses the group's role in providing evidence on the effects of specific preventive measures. There is a search bar on the right side of the page, and a sidebar on the left with various navigation links. The page also features a "Current issues" section with a list of articles and a "The Cochrane Library" logo at the bottom.

Achievements of COSHRG

- Almost doubled the number of review titles on occupational health outcomes in Cochrane Library
 - www.thecochranelibrary.org
 - also published in major journals (BMJ, AJPM, SJWEH)
- Development of review methodology
 - inclusion of randomised controlled trials, non-randomised cohort studies and interrupted time series
- Still increasing global network of review authors and stakeholders
 - both experts (NIOSH, FIOH) and practitioners involved
 - funding from Finland, Australia, the Netherlands
- Database with 1000 occupational health intervention studies
 - <http://osh.cochrane.org>
- Search strategy for Medline:
 - how to best locate OH intervention studies in Medline
- Training material and courses



GIN 2011 Seoul, Panel session 4



In the Cochrane Library

Full Systematic Reviews on occupational health (N=45)

- *Reviews published before the start of COHF (N=30)*
 - Smoking cessation, Screening for lung cancer, Vocational rehabilitation for schizophrenia, Back pain and return to work
- *New Reviews published after start of COHF/COSHRG (N=15)*
 - Hearing protection, Stress management, Prevention of injuries in Construction and Agriculture, Return to work in Depressed Workers, Voice disorders, Pre-employment examinations

Reviews in progress (N = 20)

- Alcohol testing, hearing loss prevention, return to work in cancer survivors, shift work, HIV and work,



GIN 2011 Seoul, Panel session 4



Occupational Safety and Health Review Group

Search strategies

Our aim is to help users of research evidence (especially those with difficult queries) by providing tools to search for evidence in the literature. This is why we have developed special search strategies for the retrieval of literature (books) on occupational health and safety.

These strategies can be used in combination with specific terms describing the condition or intervention that one is interested in. For example, when the full text below takes you directly to the search results in PubMed, add your own search terms (e.g. AND asthma) at the end of the search string.

A. Optimal combination of terms for sensitive and specific searches:

With a sensitive search strategy you will find more results than you don't need (which is a specific search strategy you would not use). But with a specific search strategy you will find fewer results than you need.

[Link to PubMed with most sensitive search to retrieving studies on occupational health interventions](#)

[Link to PubMed with most specific search to retrieving studies on occupational health interventions](#)

Link to PubMed with most sensitive search to retrieving studies on occupational health interventions

Link to PubMed with most specific search to retrieving studies on occupational health interventions


Sometimes evidence on a more aggregated or general level



How can we help employees with chronic diseases to stay at work?
A review based on an empowerment perspective

Int Arch Occup Environ Health. 2006 Nov;80(2):87-97.







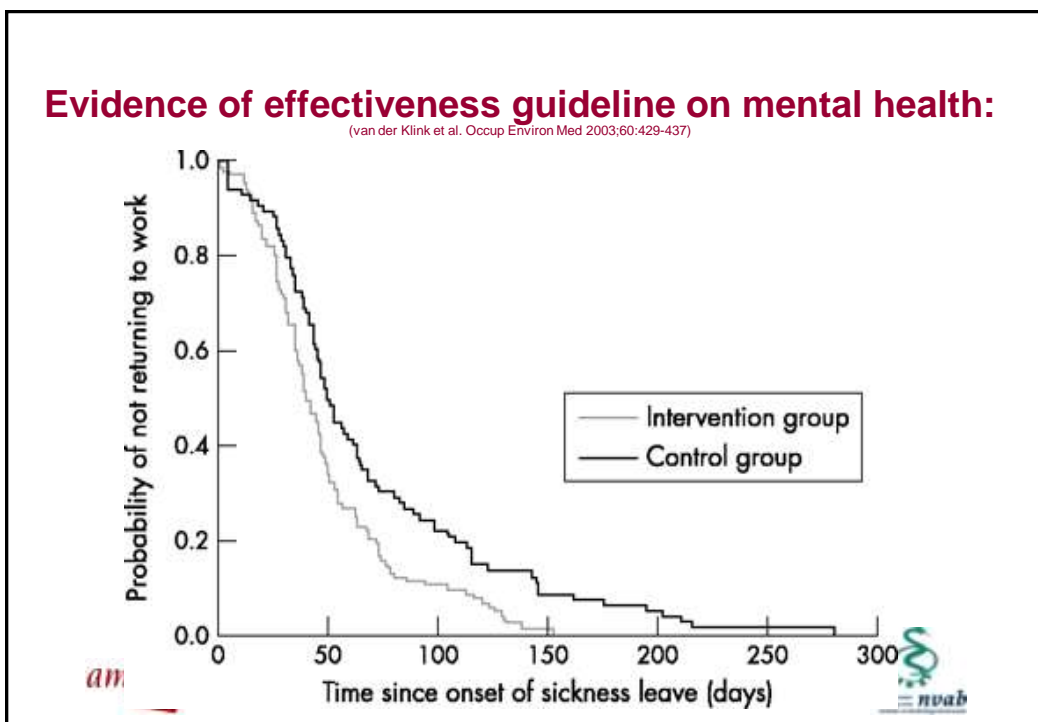
2010:Update

ISCHEMISCHE HARTZIEKTEN

Werkterugkeerskundige protocollen

**Guideline for Occupational Physicians:
management of workers with ischemic heart diseases**

am  GIN 2011 Seoul, Panel session 4 



Conclusions

- Evidence-based guidelines can improve quality of occupational health daily practice
- Growing number of guidelines with information on work-related aspects
- Implementation is 'frappez toujours': training, medical audit, feedback etc
- Guideline development supports the emancipation of a professional group



GIN 2011 Seoul, Panel session 4

