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Efficacy and cost-effectiveness of acceptance and commitment therapy and a workplace intervention for workers on sickness absence

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Background: Mental disorders including depression, anxiety, and adjustment problems are currently the most common reason for sickness absence in Sweden. Evidence-based clinical treatments such as Cognitive Behavioral Therapy have resulted in significant and sustained improvement in clinical symptoms. However, the effect on duration of sick leave is variable, even indicating these interventions might prolong sick leave. Combining workplace interventions and psychological interventions might have a potential to enhance return to work for individuals on sickness absence.

The aim of the present study was to compare the effects of a brief Acceptance and Commitment Treatment (ACT) intervention, a workplace intervention (WI), and ACT+WI with Treatment As Usual (TAU) on improved sickness absence, self-rated work ability, reduced mental health problems as well as cost effectiveness.

Methods: We designed a randomized controlled trial with adult participants (n=359, 78.4% females) on sickness absence from work due to mental health problems. Participants were allocated into one of four treatment groups: 1) ACT, 2) WI, 3) ACT and WI in combination and 4) Treatment as Usual (controls). Mixed-effects Model Repeated Measures analysis was used to evaluate possible differences in outcome between interventions at 12 months follow up. A cost-effectiveness analysis was conducted to investigate the clinical and economic impact of the three interventions in comparison to TAU. To evaluate this, costs of the different interventions and the costs for days on sick-leave during the follow-up year were combined. Health outcome used was the Quality-Adjusted Life Year (QALY), generated using EQ-5D data collected during the trial.

Results: Data from the 12-month follow-up will be presented including evaluations of the intervention outcomes in terms of sickness absence and mental health, as well as cost effectiveness.

Conclusions: Will be presented when data is analyzed.