

Health and Rehabilitation in a Psychosocial Context A Ten Year Perspective

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av
Per-Olof Kaiser

Fakultetsopponent:
Professor Lars Borgquist
Allmänmedicin, Institutionen för hälsa och samhälle
Linköpings universitet, Linköping

This thesis is based on the following papers:

- I. Kaiser P-O, Mattsson B, Marklund S, Wimo A. The impact of psychosocial 'markers' on the outcome of rehabilitation. *Disability and Rehabilitation* 2001;23(10):430-35.
- II. Kaiser P-O, Mattsson B, Marklund S, Wimo A. Sense of coherence and vocational rehabilitation of persons with chronic musculoskeletal disorders – gender aspects. *Journal of Men's Health and Gender* 2006;3(4):373–78.
- III. Kaiser P-O. Localized and generalized disorders of the locomotor system — psychosocial and gender aspects – A ten year follow-up of rehabilitation. *Disability and Rehabilitation*. In press
- IV. Kaiser P-O, Marklund S, Wimo A, Mattsson B. Health and disability pension - An intersection of disease, psychosocial stress and gender. Long-term follow-up of persons with impairment of the locomotor system. Accepted *Work* March 2007.



GÖTEBORG UNIVERSITY

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Per-Olof Kaiser

Department of Public Health and Community Medicine/Primary Health Care

Abstract

This thesis is a retrospective- and prospective study of 372 long-term sick listed individuals with diseases of the locomotor system who underwent vocational rehabilitation conducted by the Social Insurance Office in the County of Västernorrland during the 1990s. The outcome of commercial rehabilitation services financed by the Insurance was evaluated in terms of return to work, sickness benefit and disability pension after 1, 3, and 10 years in relation to demographic data, Sense of Coherence, Perceived Health and a created index of potential psychosocial stress labelled Psychosocial Marker.

In Paper I, the Psychosocial Marker was introduced and the probands were followed up after 3 years. For men problems related to alcohol abuse dominated and for women problems related to their private life. Only one third of the markers were related to problems in working life. At the follow-up time the risk for a full disability pension was 2.5 (ns.) for men and 4.3 (sign.) for women who had a Psychosocial Marker.

In Paper II, outcome for the study group was evaluated in relation to Sense of Coherence and Perceived Health. After three years, men who were granted disability pension had significantly lower Sense of Coherence compared with women whereas both men and women had a significantly lower Perceived Health. The differences were interpreted in terms of lower mental health and coping ability for men and a higher social acceptance for disability pension in combination with less income reduction for women.

In Paper III, the study group was divided into two diagnostic groups: one with a localized disorder of the low back and one with a generalized disorder in terms of cervical neck pain and/or a general pain syndrome. Men with a generalized disorder were found to be more often single and had a lower Sense of Coherence and women more often had a Psychosocial Marker and worse Perceived Health. At the 10-year follow-up, women with a generalized disorder more often had any kind of sickness benefit and/or disability pension.

In Paper IV, the study group was evaluated against all previously studied variables. After 10 years 52% of the men and 57% of the women were granted any kind of disability pension. Age above middle for the group and a low Perceived Health increased the risk for a full disability pension after 3 and 10 years for both men and women. Of the men, 82% with low Perceived Health and of the women, 82% with a Psychosocial Marker or low Perceived Health were on any kind of sickness benefit 10 years after rehabilitation. Altogether high age and low Perceived Health were the most important factors.

Conclusion: Outcome of rehabilitation is related to psychosocial factors in terms of Psychosocial Marker, Sense of Coherence and Perceived Health together with diagnosis, gender and age.

Keywords: Rehabilitation, psychosocial, Sense of Coherence, Perceived Health, long-term follow-up.