

Comments on
“The Bergen experiments”
by Astrid Grasdal

Philippe Askenazy

Paris School of Economics, Cepremap

- Standard employment policies to improve transition from non-employment status to employment:
 - Financial incentives, reforms of pension systems
 - Training, increasing human capital
- But health status is a barrier to return to work. Ageing should make it even more acute.
- => health programs including rehabilitation and behavioral training could be an efficient employment policy AND an efficient public health policy

Musculo-skeletal disorders MSDs

- MSDs are the main occupational illnesses in most European and North-American countries
- => large human and economic costs: about 1 or 2% of GDP
- => Extensive multi-disciplinary research focuses on causes, prevention and return to work
- Causes :
 - individual factors: behavior, age, gender
 - collective factors: workplace organization (e.g. Brenner and Farris, 2004) and lack of specific training

Bergen experiments

- **A careful experimental design**
 - Light or in-depth individual rehabilitation and behavioral training
 - Quality: a quite large sample (500)
 - Quality: short and medium run study
 - Quality: 2 phases
 - Quality: randomized assignment
- **Bergen II** shows significant positive results for participants with poor prognosis.
- => **double outcome**: improved return to work and less pain

Consistent with previous experiments based on smaller samples.

- E.g. Effectiveness of Back Pain interventions

Therapy	Acute LBP (<4/6 wks)	Sub-acute LBP (4/6-12 wks)	Chronic LBP (>12 wks)
Modified work	+ reduction of time off work, if embedded in good occupational management	+ reduction of time off work, if embedded in good occupational management	-
Lumbar supports (such as back belts, corsets)	+ no effect	+ no effect	+ no effect
Exercise therapy in general	++ no effect	+/- absenteeism	++ slightly effective in pain reduction and function improvement
Back schools	-	-	+ pain and functional status
Behavioural treatment	-	-	++ moderate effect on pain, small effect on functional status
Multidisciplinary bio-psychosocial rehabilitation	-	+ return to work, subjective disability and functional status	++ <u>Intensive</u> (>100 hrs) therapy improves function and pain
Physical conditioning including a cognitive behavioural approach	-	-	++ reduction of the number of sick days

++ high-quality evidence.
 + moderate quality evidence.
 - no studies or inconclusive results.

Source : Bilbao European Agency, 2007, *Work-related MSDs: back to work report*

Still

- Methodological questions: small sample and robustness?

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- Economic and policy questions:
- Cost-effectiveness of these programs?
- More efficient than standard tools (incentives and vocational training)?

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- May explain why such programs have not been generalized