THE SHERBROOKE MODEL: IMPLEMENTATION AND EVALUATION IN THE NETHERLANDS

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The impact of chronic back pain on society is enormous in terms of cost and disability. Chronic back pain is related to a complex mix of medical, psychosocial and occupational factors. It is assumed that intervention on only one of these factors can not be expected to have a large impact in secondary prevention. An occupational & clinical back pain management program was evaluated in a randomised population based clinical trial in Sherbrooke Canada (Loisel et al 1997). This back pain management program was developed on the basis of the report of the Quebec taskforce on Spinal disorders (Spitzer et al. 1987). We adjusted the Sherbrooke back pain management program & its interventions to the Dutch situation. In the next years it will be implemented and evaluated in a number of occupational health services (OHS) and companies.

Main research questions:

- What is the effectiveness of the Sherbrooke model adjusted to the Dutch situation on work absenteeism and functional status?
- What is the contribution of the occupational and clinical intervention separately to the effectiveness?

Methods

Inclusion: We will first recruit participating OHS, Occupational Physicians (OP's), ergonomists /occupational health nurses and companies. All companies are eligible for participation if they have more than 50 employees. Patients who consult their OP for low back pain are eligible for participation if sick leave duration is at least 2 weeks and less than 6 weeks. Additional selection criteria include: non specific back pain. A total of 200 patients will be enrolled.
Interventions: The occupational intervention consists of an occupational medicine intervention by the OP and worksite intervention by an ergonomists/occupational health nurse according to the participative approach. The clinical intervention is a back school intervention based on graded activity including a cognitive behavioural program.
Study design: Randomised clinical trial. First randomisation –occupational intervention- is performed at the level of the OP. Second randomisation – clinical intervention- is performed at the level of the patient. The randomisation process results in 4 groups of patients: occupational intervention only, clinical intervention only and full intervention that combines clinical and occupational intervention are compared to usual care.
Outcome assessments: Outcomes are assessed at 9, 26, 52 week after inclusion. Primary outcome measures are: duration of absence from regular/any work, Functional status (RDQ), Pain intensity. Secondary outcome measures are: Tampa Scale for Kinesiophobia (TSK), Pain Coping Questionnaire, Euroqol, OP's/patients satisfaction. Also a process and a cost-effectiveness analysis is included.

Preliminary results

- 7 OHS, 49 OP's and 25 ergonomists/occupational health nurses have agreed to participate in this study.
- Also 27 companies agreed to participate with a source population of 44.422 employees.
- All OP's and ergonomists/occupational health nurses were recently trained in the occupational medicine and participative work adjustment protocol, respectively.
- Inclusion of patients has started in October 2000. First results will be expected in 2002

Discussion:

- Adjustment of the interventions and research protocol to the Dutch situation
- Difficulties & barriers in recruiting companies