

Amsterdam Satellite of Cochrane Work it's vision, its plans



Jan Hoving

Welcome!

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Amsterdam Satellite Cochrane Work



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The origins of the Amsterdam Satellite of Cochrane Work

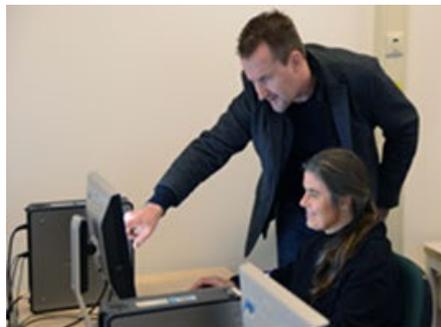


- Many Cochrane review authors for Cochrane Work in Netherlands, including Coronel Institute of Occupational Health/ Amsterdam UMC
- Collaboration Cochrane Work : opportunity to focus expertise on topic of *work participation* at new Satellite Cochrane Work located in Amsterdam



The origins of the Amsterdam Satellite of Cochrane Work

- Evidence Based Medicine (EBM) Program at AMC since 2009, Coronel Institute of Occupational health & Research center for Insurance Medicine



- Strong connection within AMC and Cochrane / GRADE / AMC PhD course systematic reviews (Dr. Miranda Langendam)



- Good library facilities and collaboration with AMC medical information specialists Joost Daams & Rene Spijker



The origins of the Amsterdam Satellite of Cochrane Work

- Cochrane Insurance Medicine (CIM), Knowledge translation



- Support for Cochrane Insurance Medicine field by Research Center for Insurance Medicine (KCVG)



- Research collaboration University of Basel, Prof. Regina Kunz, Professor of insurance medicine, SPINOZA



- Support Cochrane Netherlands



Good infrastructure and experience at Amsterdam UMC

Many Cochrane reviews done by reviewers in Amsterdam UMC & Coronel Institute



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Cochrane Database of Systematic Reviews

Interventions to improve return to work in depressed people

Cochrane Systematic Review - Intervention | Version published: 03 December 2014 [see what's new](#)
<https://doi.org/10.1002/14651858.CD006237.pub3>

Conclusions changed Used in 1 guideline [View article information](#)

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| Christina M van der Feltz-Cornelis | Ute Bültmann
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23 RCTs,
Very low – mod quality evidence
Small effect



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Cochrane Systematic Review - Intervention | Version published: 25 September 2015 [see what's new](#)
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15 RCTs,
low – mod quality evidence
Small effect



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✉ Frederieke G Schaafsma | Karyn Whelan | Allard J van der Beek | Ludeke C van der Es-Lambeek | Anneli Ojajarvi | Jos H Verbeek
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Abstract
Plain language summary

25 RCTs,
Very low – mod quality evidence
Small / uncertain effect

Many Cochrane reviews done by reviewers in Amsterdam UMC & Coronel Institute



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17 RCTs,
Very low quality evidence
Small / uncertain effect



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Cochrane Database of Systematic Reviews

Interventions to prevent injuries in construction workers

Cochrane Systematic Review - Intervention | Version published: 05 February 2018 [see what's new](#)
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| Monique HW Frings-Dresen | Roger Haslam | Jos H Verbeek

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Cochrane Database of Systematic Reviews

Non-pharmacological interventions for preventing job loss in workers with inflammatory arthritis

Cochrane Systematic Review - Intervention | Version published: 06 November 2014
<https://doi.org/10.1002/14651858.CD010208.pub2>

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✉ Jan L Hoving | Diane Lacaille | Donna M Urquhart | Timo J Hannu | Judith K Sluiter | Monique HW Frings-Dresen

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3 RCTs,
Very low quality evidence
Small effect

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Cochrane Database of Systematic Reviews

Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis

Cochrane Systematic Review - Intervention | Version published: 12 September 2017
<https://doi.org/10.1002/14651858.CD011867.pub2>

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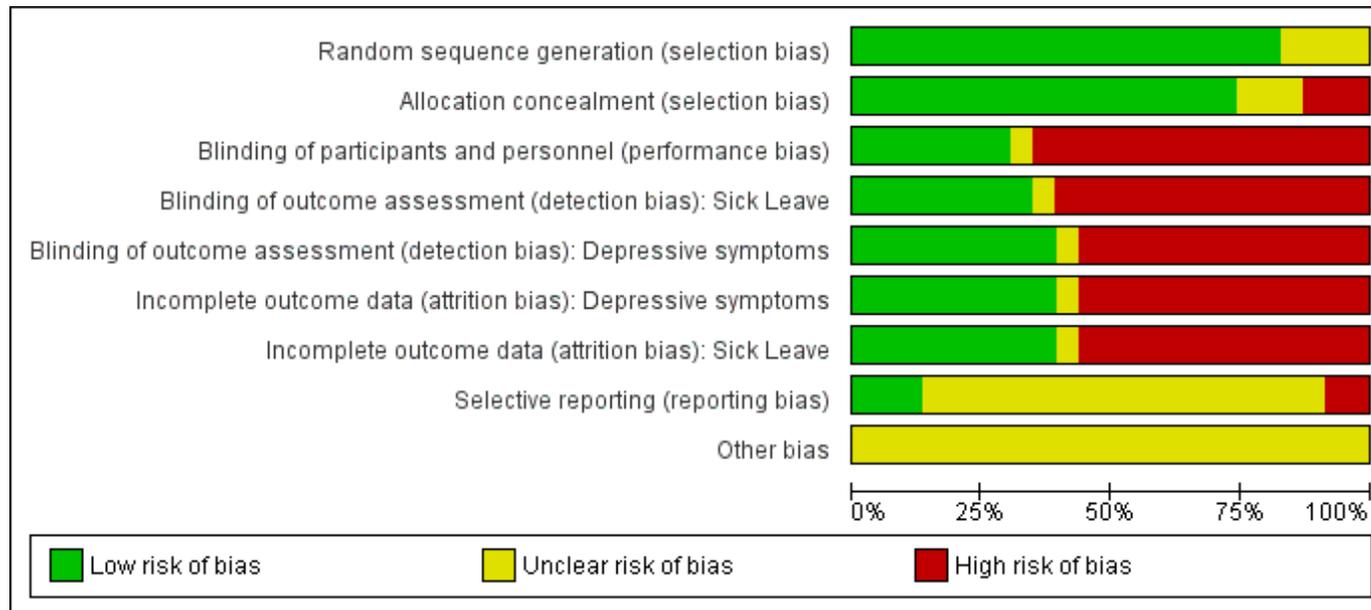
Yvonne B Suijkerbuijk | ✉ Frederieke G Schaafsma | Joost C van Mechelen | Anneli Ojajärvi | Marc Corbière
| Johannes R Anema

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48 RCTs,
Very low – Moderate quality evidence
Moderate - small effect

Challenges in Cochrane Systematic reviews: quality of RCTs

Risk of bias graph: review authors' judgements about each risk of bias item presented as percentages across all included studies.



Nieuwenhuijsen K, Faber B, Verbeek JH, Neumeyer-Gromen A, Hees HL, Verhoeven AC, van der Feltz-Cornelis CM, Bültmann U. Interventions to improve return to work in depressed people. Cochrane Database of Systematic Reviews 2014, 12. Art. No.: CD006237. DOI: <http://dx.doi.org/10.1002/14651858.CD006237.pub3>

Challenges: Multidisciplinary interventions in occupational health – often a mix of intervention components. [Example Cancer review – 5 trials \(15\)](#)

“The five included multidisciplinary interventions involved [vocational counselling, patient education, patient counselling, biofeedback-assisted behavioral training and/or physical exercises.](#) “

- Maguire 1983 - a nurse advised breast cancer patients on exercise, examined arm movements, checked exercises, and encouraged RTW and becoming socially active.
- Berglund 1994 - combined training of coping skills regarding RTW with psychical activity exercises while the Burgio 2006 study combined physical exercise with behavioural biofeedback.
- Hubbard 2013 - a case manager working in a multidisciplinary team referred cancer patients to physical, occupational or psychological support services.
- Tamminga 2013 - supported by oncology nurse or medical social worker working in a multidisciplinary team who provided them with vocational support, counselling, education and RTW advice.

de Boer AGEM, Taskila TK, Tamminga SJ, Feuerstein M, Frings-Dresen MHW, Verbeek JH. Interventions to enhance return-to-work for cancer patients. Cochrane Database of Systematic Reviews 2015, Issue 9. Art. No.: CD007569. DOI: 10.1002/14651858.CD007569.pub3.

Challenges in Cochrane Work Systematic reviews in WORK

Quality of the evidence ranges from **'very low'** to **'moderate'**

GRADE Working Group grades of evidence

High quality: Further research is very unlikely to change our confidence in the estimate of effect.

Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low quality: We are very uncertain about the estimate.



Challenges in Cochrane WORK Systematic reviews?

Problem?

- Low number of trials for different treatments comparisons in Cochrane Reviews
- Quality of many trials can be better
- Many different (or seemingly similar) intervention components reported
- Absence of a transparent framework for occupational health interventions
- Great variety in outcomes and instruments used to measure participation reported (presentation Margarita Ravinskaya)

Opportunities? Vision Amsterdam Satellite Cochrane Work

More trials, clearer interventions, more Cochrane Systematic reviews needed?

- Such as vocational rehabilitation, medical rehabilitation, return to work support, self-management for RTW,

But also, are we forgetting:

- What about Employers? National policies? Regulations?

Need to explore topics for reviews on incentives and employment support

- Incentives for employers to employ persons with disabilities
- Supported employment for other persons than severe mental disorders
- Financial incentives for persons with disabilities to seek employment

Vision Amsterdam Satellite Cochrane Work:

Research

1. To produce high quality Cochrane Systematic reviews on work participation
2. To motivate researchers and professionals to join our team and write a Cochrane review
3. Lead the field by establishing a Core Outcome Set on Work participation, to be used by trialists and reviewers worldwide
4. Create framework for interventions that improve work participation
5. Create high quality prognostic Cochrane systematic review on prognosis of Return to Work (in collaboration with Cochrane NL)
6. Explore new topics for reviews including on ‘incentives and employment support’

Vision Amsterdam Satellite Cochrane Work:

Training, education, knowledge translation

- Assist and train authors to develop high quality Cochrane reviews
- Provide Cochrane Workshops at conferences, symposia
- Teach PhD students in (Cochrane) systematic review methods
- Keep you updated with newsletters, Cochrane Corners
- Develop a Cochrane Review priority review list with our stakeholders
- Support knowledge translation to increase the impact of reviews in collaboration with Cochrane Insurance Medicine

In cooperation with Cochrane Insurance Medicine and Cochrane WORK

Interventions for obtaining and maintaining employment in adults with severe mental illness

Yvonne Suijkerbuijk^{1,3}, Jan Hoving^{1,3}, Frederieke Schaafsma^{2,3}

A practical question

What is the effectiveness of individual placement and support (supported employment) compared with other interventions taken to obtain and maintain a competitive job for an adult with a severe mental illness?

Case

A 28-year-old warehouse operator in the Netherlands lost his job after 6 months on sick leave due to a severe anxiety disorder. Financial problems and daily cannabis use accumulate over time, and the symptoms of mental stress increase. A few months later delusions occur, and a psychosis is diagnosed for which he receives inpatient treatment, including antipsychotic medication. After 6 months the patient is quite stable and wants to find a paid job. The vocational specialist of the mental health treatment facility team intends to start individual placement and support (IPS) and contacts the Dutch social security agency (SSA) for financial approval.* The SSA insurance physician wants to know if IPS is an effective intervention for finding and keeping a paid job for this young man with a severe mental illness. Searching the Cochrane library (<http://www.cochranelibrary.com>) using 'supported employment' as text words (in titles, abstracts or as keywords: see screenshot example in Fig. 1) he finds a recently published Cochrane review about vocational

rehabilitation in illness.¹

Background

People with severe or bipolar disorder working disability people still often severe mental illness or the before searching interventions for with ongoing supported employment integrate treatment. Receiving combining support or psychiatric

Summary of results

The aim of this review was to assess the effectiveness of interventions for adults with severe mental illness. The systematic review included 10 randomised controlled trials with comparison. Study diagnosed with number of participants and the number review. Through were compared facilitating comparison. The results were participants. The pants with psychiatric were classified into

In samenwerking met Cochrane Insurance Medicine en Cochrane Work

Oefentherapie effectief bij chronischevermoeidheidssyndroom

Jan Hoving (AMC, KCVG), Frederieke Schaafsma (VUmc, KCVG), Jos Verbeek (FIOH), Rob Kok (UWV).

Praktijkvraag

Is oefentherapie effectief bij mensen met het chronische- vermoeidheidssyndroom ten aanzien van vermoeidheid en fysiek functioneren?

Context

Als verzekeringsarts of bedrijfsarts wilt u beoordelen of er nog behandel mogelijkheden zijn bij cliënten die al maanden of jaren (toenemende) vermoeidheidsklachten hebben en uiteindelijk de diagnose chronischevermoeidheidssyndroom krijgen. De multidisciplinaire richtlijn *Diagnose, behandeling, begeleiding en beoordeling van patiënten met het chronischevermoeidheidssyndroom (CVS)* uit 2013 geeft aan dat de eerste voorkeur van behandeling cognitieve gedragstherapie (CGT) is, en Graded Exercise Therapy (GET) de tweede keuze. Recent heeft u ook de zeebkist gelezen in TBV van december 2017 over dit onderwerp en u vraagt zich af wat de meest recente Cochrane review uit 2017 over de effectiviteit van oefentherapie als behandeling voor CVS hierover zegt.¹

Samenvatting methode en belangrijkste resultaten

De PICO was als volgt: heeft oefentherapie (I) in vergelijking met alleen gebruikelijke zorg (C) een positief effect op vermoeidheid (O) bij volwassen patiënten met medisch onverklaarde moeheidsklachten gedurende meer dan 6 maanden (P) en heeft deze therapie schadelijke bijwerkingen (O)? De auteurs van de review keken ook of in de studies relevante uitkomsten zoals fysiek functioneren en slaapproblemen waren gemeten. De interventies definieerden de auteurs als aerobe oefentherapie met een van

Direct na behandeling lieten 7 trials een verbetering zien op de uitkomst moeheid en de grootte van het effect wisselde van een 14% tot 25% lagere score op verschillende vermoeidheidsschalen. Bij mensen met CVS resulteerde oefentherapie in vergelijking met *care as usual* in minder moeheid en de kwaliteit van het bewijs hiervoor was laag tot gemiddeld afhankelijk van het aantal studies die de zelfde vermoeidheidsschaal gebruikten. Oefentherapie liet ook een positief effect zien op fysiek functioneren, slaapproblemen en zelf ervaren gezondheid direct na afronden behandeling. Een klein aantal deelnemers rapporteerde bijwerkingen zoals verminderde mobiliteit of toename van CVS-symptomen in zowel de oefentherapiegroep als de controlegroep. Voor de resultaten na een tot twee jaar follow-up waren 2 studies met 351 patiënten beschikbaar. Het effect op moeheid en fysiek functioneren was voor oefentherapie (GET) en CGT even gunstig. Het aantal geïncludeerde patiënten in deze studies was te laag om mogelijke bijwerkingen van deze therapie te kunnen vaststellen.

Conclusie

De auteurs concluderen dat er bewijs van lage tot middelmatige kwaliteit is dat oefentherapie effectief is voor het verminderen van moeheid en het verbeteren van fysiek functioneren. Deze effectiviteit ligt in dezelfde orde van grootte als CGT. Er is geen bewijs dat oefentherapie uitkomsten verslechtert of dat er andere schadelijke bijwerkingen zijn. Verder onderzoek is nodig om type, duur en intensiteit van de meest effectieve oefentherapie vast te kunnen stellen.

Interventions for preventing injuries in the construction industry¹

Henk van der Molen¹, Jan Hoving^{1,2}

Practice case

A Dutch construction company with faced with one fatal and five non-fatal injuries last year. Three workers' injuries from height when working on scaffolds were caused by bricks falling off sick leave period for the five non-fatal working hours related to a financial loss. The company received an official warning and an assignment to do an assessment and evaluation, and the corresponding company asked the occupational health for help drafting an action plan, although only solution to reduce occupational would be governmental regulations. A multi-disciplinary team of an occupational safety consultant and an organization within the OHS was appointed to help the team retrieved a Cochrane review evidence of interventions aimed to reduce injuries in construction work. Below of this review including a general background various interventions could work to reduce injuries, the search methods and main

Background

Construction workers are frequently exposed to types of injury-inducing hazards. The injury prevention interventions, yet they are uncertain. To reduce workers' injuries in the construction industry (employment regulatory authorities, suppliers, manufacturers should implement and adopt safe work

UMC, Academic Medical Center, Coronel Institute for Occupational Health, Amsterdam Public Health research Institute, Amsterdam, The Netherlands
Address: j.l.hoving@amc.uva.nl

In samenwerking met Cochrane Insurance Medicine en Cochrane Work Arbeidsgerelateerde interventies ter voorkoming van arbeidsongeschiktheid bij werknemers die verzuimen

Liesbeth Wijnvoord (ACPV, Movir), Nico Croon (ACPV, De Amersfoortse), Jan Hoving (AMC, KCVG)

Praktijkvraag

Welke interventies op de werkplek helpen verzuimende werkers (werknemers en/of zelfstandigen) het werk zo snel mogelijk te hervatten?

Context

Als bedrijfsarts, verzekeringsarts of medisch adviseur wilt u beoordelen of interventies kunnen helpen om ziekteverzuim te bekorten. Aanbieders van interventies zijn zelf vaak erg enthousiast over hun interventies, en claimen goede resultaten. U weet dat men bij begeleiding

in de curatieve sector in het algemeen weinig aandacht heeft voor werk en werkhervatting. Boeken specifiek op de werkplek gerichte interventies betere resultaten? Is er wetenschappelijk bewijs voor de effectiviteit van deze interventies? Kan een Cochrane review uit 2015 u meer duidelijkheid geven?¹

Samenvatting methode en belangrijkste resultaten

Voor deze review werden gerandomiseerde onderzoeken geselecteerd waarbij werknemers verzuimden en interventies waren gericht op de werkplek. Het ging om aanpassingen van de werkplek of van gereedschap, organisatie van het werk (bijvoorbeeld minder uren werken) en werkomstandigheden (bijvoorbeeld minder tillen), of case-management waarbij werknemer en werkgever betrokken waren. De primaire uitkomstmaat was aantal dagen ziekteverzuim. Er werd onderscheid gemaakt in tijd tot eerste hervatting van werkzaamheden, tijd tot duurzame hervatting (vier weken of meer hervat), totale duur van het ziekteverzuim en recidieven van ziekteverzuim. Tot februari 2015 werden veertien gerandomiseerde studies gevonden met in totaal 1897 werknemers die tenminste één jaar gevolgd waren. Hiervan hadden acht studies betrekking op aandoeningen van het bewegingsapparaat, vijf studies op psychische klachten, en één studie op kanker.

Als alle oorzaken van arbeidsongeschiktheid worden samengenomen dan laten werkplekinterventies overal positieve effecten zien op terugkeer naar werk en vermindering van de duur van het ziekteverzuim. De effectiviteit van werkplekinterventies op duurzame werkhervatting en

Cochrane Corner & EBM

In deze rubriek willen Cochrane Insurance Medicine (CIM) en Cochrane WORK u op de hoogte houden van ontwikkelingen binnen Cochrane en evidence-based medicine (EBM) bij de bedrijfs- en verzekeringsgeneeskunde. Cochrane is een onafhankelijke, internationale non-profit organisatie die onderzoek naar de effecten van het handelen in de gezondheidszorg samenvat in de vorm van systematische literatuuroverzichten. Binnen de Cochrane Library zijn vooral systematische reviews van interventiestudies opgenomen en in veel mindere mate ook diagnostische studies (<http://www.cochranelibrary.com>). CIM en WORK beogen:

- bestaande systematische reviews, die relevant zijn voor de bedrijfs- en verzekeringsgeneeskunde ter beschikking te stellen aan deze professionals;
- de uitvoering van dergelijke systematische reviews waar nodig te bevorderen;

¹ Amsterdam UMC, Academic Medical Center, University of Amsterdam, Coronel Institute of Occupational Health, Amsterdam Public Health research Institute, Amsterdam, The Netherlands

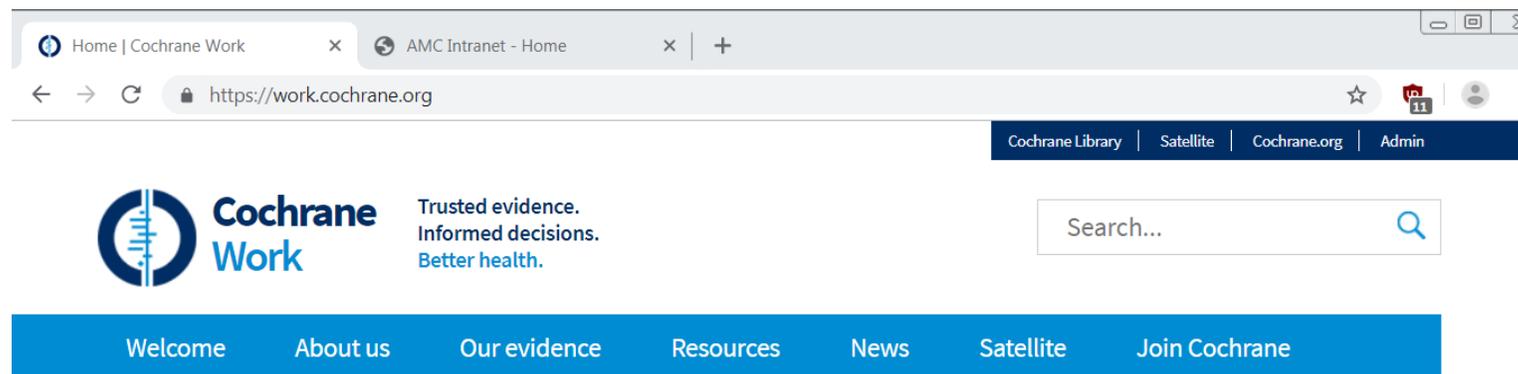
² Amsterdam UMC, VU University Medical Center, Department of Public and Occupational Health, Amsterdam Public Health research Institute, Amsterdam, The Netherlands

³ Research Center for Insurance Medicine, Amsterdam, The Netherlands

Author for correspondence:
j.l.hoving@amc.uva.nl

Invitation Amsterdam Satellite Cochrane Work

- Come and see us in Amsterdam UMC/ location AMC!
- Join a review team and work on a Cochrane review, methods development or knowledge translation project
- We seek opportunities for collaboration
- You can find & contact us through website Cochrane Work
- <https://work.cochrane.org/>



Enjoy today!

