

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



**Jan Hoving**

# Welcome!

## The team



Kuopio – Editorial base



Jos Verbeek



Jani Ruotsalainen



Amsterdam Satellite Cochrane Work



Jan Hoving



Julitta Boschman



Joost Daams

## + Editorial Board WORK

Prof Malcolm Sim  
Prof Leslie Stayner  
Dr Deirdre Fitzgerald  
Dr Thais Morata  
Dr Karen Nieuwenhuijsen  
Dr Sebastian Straube  
Dr Risto Rautiainen  
Dr Riitta Sauni  
Dr Consol Serra  
Dr Esa-Pekka Takala  
Mr Wim van Veelen



Carel Hulshof



Frederieke Schaafsma



Rob Kok

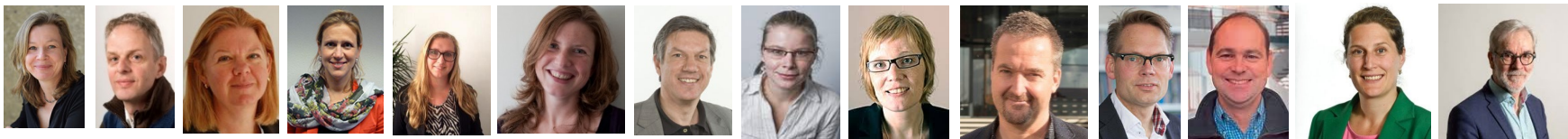


Margarita Ravinskaya

# The origins of the Amsterdam Satellite of Cochrane Work

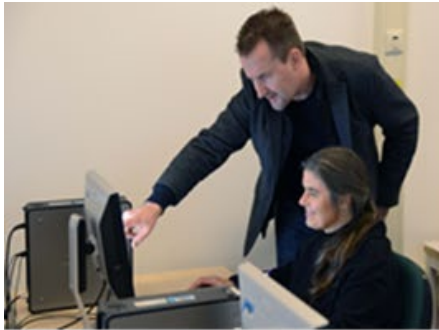


- Many Cochrane review authors for Cochrane Work in Netherlands, including Coronel Institute of Occupational Health/ Amsterdam UMC
- Collaboration Cochrane Work : opportunity to focus expertise on topic of *work participation* at new Satellite Cochrane Work located in Amsterdam



# 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



Cochrane Reviews ▾

Trials ▾

Clinical Answers ▾

About ▾

Help ▾

Cochrane Database of Systematic Reviews

## Physical conditioning as part of a return to work strategy to reduce sickness absence for workers with back pain

Cochrane Systematic Review - Intervention | Version published: 30 August 2013 [see what's new](#)

<https://doi.org/10.1002/14651858.CD001822.pub3>

[New search](#)

[View article information](#)

✉ Frederieke G Schaafsma | Karyn Whelan | Allard J van der Beek | Ludeke C van der Es-Lambeek | Anneli Ojajärvi | Jos H Verbeek

[View authors' declarations of interest](#)



Cochrane Reviews ▾

Trials ▾

Cochrane Database of Systematic Reviews

## Interventions to enhance return-to-work for cancer patients

Cochrane Systematic Review - Intervention | Version published: 25 September 2015 [see what's new](#)

<https://doi.org/10.1002/14651858.CD007569.pub3>



51

[View article information](#)

✉ Angela GEM de Boer | Tyna K Taskila | Sietske J Tamminga | Michael Feuerstein | Jos H Verbeek

[View authors' declarations of interest](#)



Trusted evidence.  
Informed decisions.  
Better health.

Cochrane Reviews ▾

Trials ▾

Clinical Answers ▾

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



66

Used in 1 guideline

[View article information](#)

✉ Karen Nieuwenhuijsen | Babs Faber | Jos H Verbeek | Angela Neumeyer-Gromen | Hiske L Hees | Arco C Verhoeven | Christina M van der Feltz-Cornelis | Ute Bültmann

[View authors' declarations of interest](#)

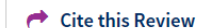
15 RCTs,  
low – mod quality evidence  
Small effect

23 RCTs,  
Very low – mod quality evidence  
Small effect

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



View PDF ▾



Cite this Review



Request Permissions



Comment on Review



Read comments on this Review (1)



Print


Abstract

Plain language summary

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



Access provided by: Universiteit van A



**Cochrane Library**  
Trusted evidence.  
Informed decisions.  
Better health.

Cochrane Reviews ▾ Trials ▾

17 RCTs,  
Very low quality evidence  
Small / uncertain effect



**Cochrane Library**  
Trust  
Infor  
Bette

Cochrane Reviews ▾ Trials ▾

**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](#)  
<https://doi.org/10.1002/14651858.CD006251.pub4>  
New search [View article information](#)

✉ Henk F van der Molen | Prativa Basnet | Peter LT Hoonakker | Marika M Lehtola | Jorma Lappalainen  
| Monique HW Frings-Dresen | Roger Haslam | Jos H Verbeek  
[View authors' declarations of interest](#)

## 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>

 score 22 [View article information](#)

✉ Jan L Hoving | Diane Lacaille | Donna M Urquhart | Timo J Hannu | Judith K Sluiter | Monique HW Frings-Dresen  
[View authors' declarations of interest](#)

3 RCTs,  
Very low quality evidence  
Small effect



**Cochrane Library**  
Trusted e  
Informed  
Better he

Cochrane Reviews ▾ Trials ▾

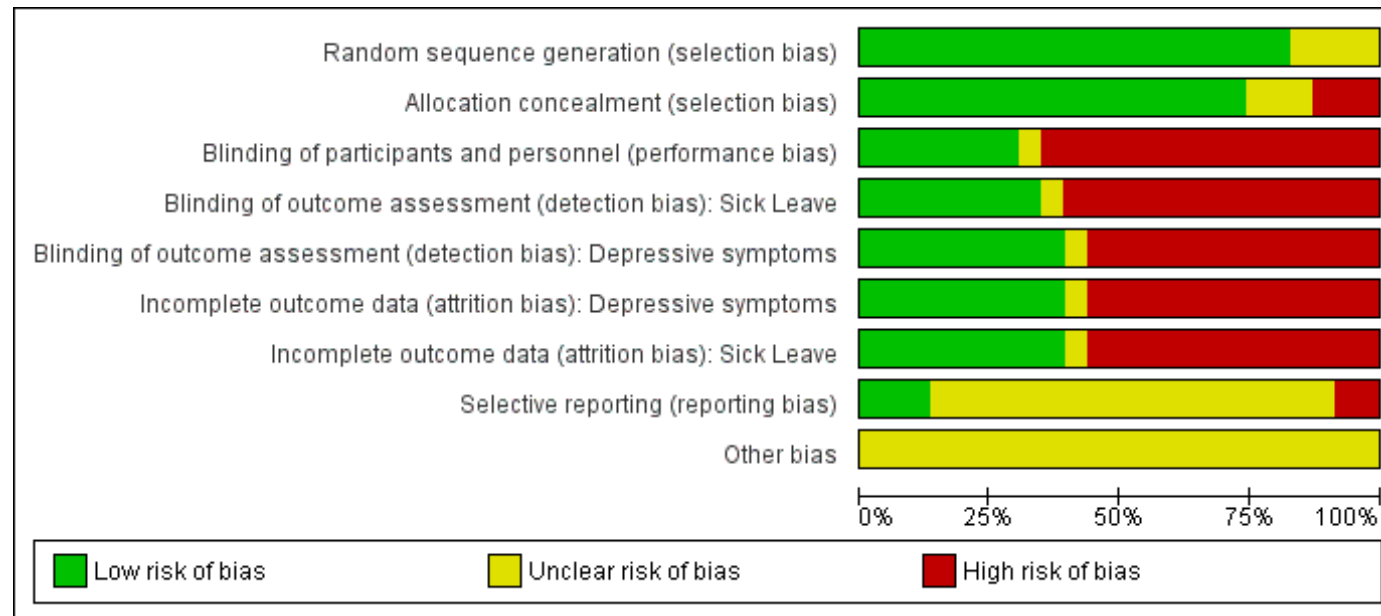
**Cochrane Database of Systematic Reviews**  
**Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis**  
Cochrane Systematic Review - Intervention | Version published: 12 September 2017  
<https://doi.org/10.1002/14651858.CD011867.pub2>  
[View article information](#)

Yvonne B Suijkerbuijk | ✉ Frederieke G Schaafsma | Joost C van Mechelen | Anneli Ojajärvi | Marc Corbière  
| Johannes R Anema  
[View authors' declarations of interest](#)

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: Number of trials in Cochrane review low for each intervention comparison: [example depression review – 24 trials](#)

## 1. Work-directed interventions

- Work-directed intervention plus clinical intervention versus clinical intervention alone
- Work-directed intervention plus clinical intervention versus work-directed alone
- Any work-directed intervention versus no intervention or care as usual
- Any work-directed intervention versus an alternative work-directed intervention

## 2. Clinical interventions, antidepressant medication

- Any antidepressant medication versus any other antidepressant medication
- Any antidepressant medication versus placebo
- Any antidepressant medication versus any psychological intervention

## 3. Clinical interventions, psychological

- Any psychological intervention versus other psychological intervention
- Any psychological intervention versus no intervention or care as usual

## 4. Clinical interventions, psychological plus antidepressant medication

- Psychological intervention combined with antidepressant medication versus antidepressant med alone
- Psychological intervention combined with antidepressant medication versus no intervention or care as usual

## 5. Clinical interventions, exercise

- Exercise intervention versus any other exercise intervention
- Exercise intervention versus no intervention or care as usual

## 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<sup>1,3</sup>, Jan Hoving<sup>1,3</sup>, Frederieke Schaafsma<sup>2,3</sup>

## 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.<sup>1</sup>

## 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. Included. Study diagnosed with number of participants and the number review. Through were compared facilitating comparison. The results were participants. The participants with psychiatric symptoms were classified into



In samenwerking met Cochrane Insurance Medicine en Cochrane WORK

# Oefentherapie effectief bij chronischvermoeidheidssyndroom

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

## Praktijkvraag

Is oefentherapie effectief bij mensen met het chronischvermoeidheidssyndroom ten aanzien van vermoeidheid en fysiek functioneren?

## Context

Als verzekeringsarts of bedrijfsarts wilt u beoordelen of er nog behandelmogelijkheden zijn bij cliënten die al maanden of jaren (toenemende) vermoeidheidsklachten hebben en uiteindelijk de diagnose chronischvermoeidheidssyndroom krijgen. De multidisciplinaire richtlijn *Diagnose, behandeling, begeleiding en beoordeling van patiënten met het chronischvermoeidheidssyndroom (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 zoekstroom 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.<sup>1</sup>

## 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 vermoeidheidsklachten 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.



In cooperation with Cochrane Insurance Medicine and Cochrane WORK

# Interventions for preventing injuries in the construction industry<sup>1</sup>

Henk van der Molen<sup>1</sup>, Jan Hoving<sup>1,2</sup>

## Practice case

A Dutch construction company with 15 employees 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 during sick leave period for the five non-fatal working hours related to a financial loss. The company received an official warning from the Inspectorate and an assignment to conduct an investigation and evaluation, and the corresponding company asked the occupational health service for help drafting an action plan, although only solution to reduce occupational injuries would be governmental regulations. A multi-disciplinary team of an occupational safety consultant and an organization within the OHS was appointed to help with the action plan. As part of an evidence-based approach, the team retrieved a Cochrane review on evidence of interventions aimed to reduce injuries in construction work. Below the results 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. These hazards are injury prevention interventions, yet they are uncertain. To reduce workers' injuries in the construction industry (employment), regulatory authorities, suppliers, managers 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?<sup>1</sup>

## 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;

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

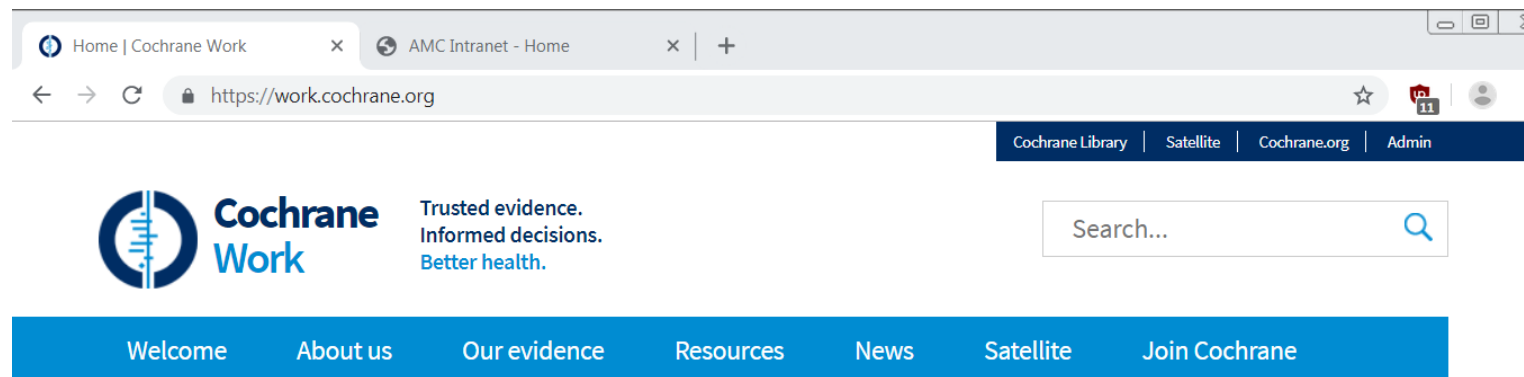
<sup>2</sup> Amsterdam UMC, VU University Medical Center, Department of Public and Occupational Health, Amsterdam Public Health research Institute, Amsterdam, The Netherlands

<sup>3</sup> 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!

