
Musculoskeletal Disorders & Work

- The Fit for Work Project -

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Global Burden of MSDs

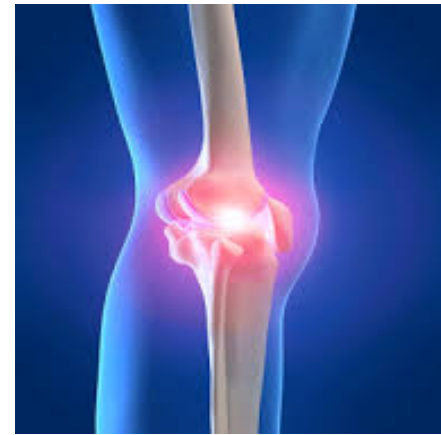
Global Burden of MSDs



2nd greatest
cause of
disability in all
regions of the
world



Disability due to
MSDs increased
by 45% from
1990 to 2010

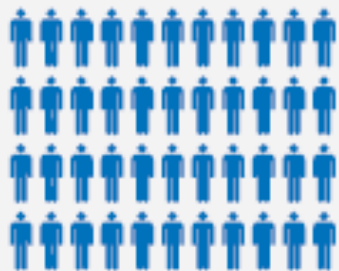


1.7bn Affected:
Back pain 632m
Neck pain 332m
OA knee 251m
Other MSD 561m

MSDs and Disability

- Ranking of major causes of death and disability (% DALYs)
 - Cardiovascular and circulatory diseases 11.8%
 - All neoplasms 7.6%
 - Mental and behavioural disorders 7.4%
 - ***Musculoskeletal disorders 6.8%***
 - Yet MSDs not considered a priority non-communicable disease....
 - ...high on morbidity but low on mortality
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Musculoskeletal Disorders in the EU Workforce



ACROSS THE EU **44M WORKERS**
HAVE MSDs WHICH ARE
CAUSED BY THEIR WORK



COST TO THE EU EACH YEAR IN
LOST PRODUCTIVITY AND
SICKNESS ABSENCE (**2% OF GDP**)



THESE CONDITIONS ACCOUNT
FOR **HALF OF ALL ABSENCES**
FROM WORK ...



... AND FOR **60% OF**
PERMANENT WORK
INCAPACITY ³

Early Intervention

- ***Better treatment.*** The quicker an individual receives a diagnosis, the more rapidly they can get access to appropriate treatment which can stabilise or control their symptoms;
 - ***Reducing the risk of developing co-morbid conditions.*** For many people with chronic conditions issues like pain, fatigue, depression or anxiety can become a significant issue which can increase healthcare costs and reduces functional capacity;
 - ***Aiding a return to activities of daily living.*** Early intervention can ensure people with chronic conditions can become more self-reliant and rely less on health and social care services;
 - ***Staying in or returning to work.*** People whose health conditions are being well-managed are more likely to remain economically active, continue to pay taxes and be less reliant on welfare payments
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Madrid: Early Intervention for MSDs

- Early Intervention Clinic¹ in Madrid – after 5 days

¹Abasolo, L et al, (2005) A Health System Program To Reduce Work Disability Related to Musculoskeletal Disorders, *Annals of Internal Medicine*, 143:404-414 .

- Reduce the duration of temporary disability by 39%
- Reduce the incidence of permanent disability by 50%
- Reduce the utilization of health care resources by 40%
- The analysis showed that \$1 invested in the early intervention program yielded \$11 of benefit

***If replicated across the EU this intervention would allow
1m additional workers to attend work each day***

Examples



Workplace
adjustments



Vocational
Rehabilitation



Line
Management



Job
Design



Early
Referral

Messages (1)



- Good Work is Good for Health
 - Focus on ‘Capacity’ not ‘Incapacity’
 - Early intervention is cost effective: Primary care, workplaces, secondary care all play a part
 - Work should be regarded as a clinical outcome of care
 - Up to 30% of workers with MSDs also have mental health problems – interventions need to take this into account
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Messages (2)



- By 2030 a high % of the ageing EU workforce will have a long-term or chronic health condition which will affect their productivity
 - Are we just going to wait for them all to get ill & leave work so we can then spend millions on expensive care & rehabilitation?
 - Joined-up, coordinated, cross-government action with a preventative focus and an 'Investment' mindset is desperately needed
 - 'Every Minister is a Health Minister'
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Fit for Work Project



- Reports in 35 Countries (EU, Asia Pacific, North America, Brazil, Turkey, Israel etc)
 - Coalitions in many countries promoting:
 - Early Intervention & economic benefits
 - Work as a Clinical Outcome of healthcare
 - Job retention, Return to Work, Vocational Rehabilitation
 - Policy interventions (Healthy Ageing; Troika Presidency countries; seminars/events)
 - Working closely with businesses, patient organisations, clinicians & AHPs
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