Advice Statement 005/17

What is the evidence for the effectiveness and cost effectiveness of vocational rehabilitation in relation to health outcomes and non-health outcomes for people with inflammatory arthritis.

This advice has been produced following completion of evidence note 68 by Healthcare Improvement Scotland, in response to an enquiry from The Scottish Society for Rheumatology.

Background
Inflammatory arthritis (IA) includes rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis. There are around 60,000-70,000 people with IA in Scotland, many of whom are of working age. The symptoms of IA may affect ability to work resulting in unemployment or early retirement.

Vocational rehabilitation (VR) is a complex intervention aimed at enabling work participation. VR interventions have a wide range of formats, intensity and durations and may be facilitated with or without the involvement of employers.

Clinical effectiveness
- Five randomised controlled trials (RCTs) were identified exploring the effects of VR on job loss, work difficulties and disease impact. Each trial specified a different intervention and there was also heterogeneity in patient groups, outcome measures and duration of follow up. Socioeconomic and legislative contexts varied in applicability to UK.
- Three RCTs (one UK, two US) reported benefit of the VR intervention on a primary or main outcome of job loss prevention, occupational performance or physical functioning. Two of the trials had small patient numbers and were at high risk of bias.
- In two trials conducted in the Netherlands the VR interventions had no effect on the primary outcomes which were job loss at two years and productivity loss at 12 months.
- Two ongoing RCTs were identified; NCT01387100 (US), NCT01852851 (Canada).
Safety
- Safety issues were not addressed in the identified studies.

Cost effectiveness
- One economic analysis, based on an RCT from the Netherlands, was identified. No difference in QALYs was found between the two intervention groups and, owing to large variation in total societal costs between groups over the two year follow-up period, it was not possible to identify the effect of the programme on total costs.
- The quantity and quality of evidence is insufficient to determine whether or not VR is cost effective for people with IA.

Patient and social aspects
- A systematic review of qualitative studies on patient experience highlighted the importance of symptom management, with particular challenges around fatigue. Findings support tailoring of interventions towards the perspectives, needs and goals of individual patients to address specific barriers to work participation.

Organisational issues
- The provision of VR services across Scotland is variable. Arthritis Care Scotland has been working in partnership with NHS Greater Glasgow and Clyde and NHS Grampian to support VR interventions for people with arthritis. Referrals are accepted from anywhere in Scotland. [https://www.arthritiscare.org.uk/joint-working-project-scotland](https://www.arthritiscare.org.uk/joint-working-project-scotland)

Conclusion
- From the heterogeneous evidence identified it was not possible to reach a firm conclusion on the clinical or cost effectiveness of vocational rehabilitation for patients with inflammatory arthritis.
- A body of qualitative evidence, mainly from people with rheumatoid arthritis, points to the need for tailored interventions to target barriers to work participation.

Advice context:
*The status of SHTG Advice Statements is ‘required to consider’.*

No part of this advice may be used without the whole of the advice being quoted in full. This advice represents the view of the SHTG at the date noted.

It is provided to inform NHS boards in Scotland when determining the place of health technologies for local use. The content of this Advice Statement was based upon the evidence and factors available at the time of publication. An international evidence base is reviewed and thus its generalisability to NHS Scotland should be considered by those using this advice to plan services. It is acknowledged that the evidence constitutes only one of the sources needed for decision making and planning in NHS Scotland. Readers are asked to consider that new trials and technologies may have emerged since first publication and the evidence presented may no longer be current. SHTG Advice Statements are considered for review on a 2-yearly basis. The evidence will be updated if requested by the clinical community, dependent on new published reports. This advice does not override the individual responsibility of health professionals to make decisions in the exercise of their clinical judgment in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.
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