

Are you fully utilising the skills of your Rheumatology Occupational Therapy Colleagues? By Louise Preston

Work issues the patient tells you!!! – How confident do you feel with the answers and recommendations you can offer? Is there someone better equipped with the knowledge and support within your team??

After setting up and sitting in the newly reformed Multi-disciplinary Spondyloarthopathy (SpA) service combining medical, nursing and physiotherapy input the patients' needs we believed were being met within the one-stop clinic environment- or were they?



Time and time again fatigue, functional difficulties and especially work issues were being highlighted by patients as personal problems and discussed briefly but how effective was this. Leaflets and websites were offered as additional support and the patient encouraged to take on-board the advice given.

Reflecting on these issues I looked at the number of extra referrals that were being made to the Occupational Therapy (OT) department, this was variable and often the patients declined or failed to attend. Would it be beneficial to bring an OT within the

clinic set up? What evidence did we have to support such a clinical decision and were we looking at the correct outcomes to justify a change in local practice of the OT team?

The Ankylosing Spondylitis Quality of Life (ASQoL) , Ankylosing Spondylitis Work Instability Scale (ASWIS) and a specific highlight of the fatigue (question 1) on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) were introduced. Locally we discussed and agreed upon a referral indication number for each outcome and then monitored the results. (ASQoL >10/18, ASWIS >12/20, Fatigue > 6/10). The number of potential referrals increased by >70% in one or more of these areas.

The OT was introduced as a pilot, using the outcome measures and patient feedback to monitor the perceived benefits. It was an instant success with patients especially benefiting from vocational advice and is now an integral part of the SpA service. It is perhaps timely that the NHS Long term plan 2019 has acknowledged the importance of vocational health and using work status as an outcome. It also stipulates that personalised care plans should support and offer reasonable adjustments in order for people to manage their condition in the work place

Work issues in the form of absenteeism, presenteeism and changes in roles are often divulged with patients becoming potentially anxious and stressed. As a team we decided to use the ASWIS as a work related outcome rather than the work productivity and activity impairment questionnaire (WPAI) to look at potential instability risk factors and try to address these as a precursor to actual impact on productivity and overall job security.

Below my colleague **Christine Mate, Senior Occupational Therapist** has discussed her role within the clinic and her thoughts on what she feels OT has to offer a SpA service with the emphasis on work issues.

As an OT my role has included providing advice and education on how to manage the symptoms people experience due to inflammatory arthritis, including pain, fatigue and pacing, but for some reason, our team were not receiving many referrals for patients with SpA. This may have been due to patient's lack of understanding to what help an OT has to offer, or time restraints and pressure of work preventing additional hospital visits.

I knew from my experience working with patients with RA, that assessment of activities of daily living, including addressing work related issues, such as work station assessment, ergonomics, pacing and energy conservation, were helping patients to stay in employment.

Work disability and absenteeism can be common in people with any form of inflammatory arthritis; up to a third of people with RA can stop working within three years of diagnosis. Many factors influence work instability including unadapted work environments and equipment, physically demanding jobs, poor self-management strategies, all at a high cost to the individual, employer and society.

Since becoming part of the MDT within the SpA clinic, I have seen many patients who are struggling with employment due to pain, fatigue, lack of support at work and poor self-management skills. Most people do not realise that slight changes or adaptations at work, including changes to their working day, aim to reduce some of their symptoms and improve their ability to manage tasks, which ultimately may improve job retention.

I have found, after discussing the issues with patients that the employer is often unaware of the problems and has a lack of understanding regarding inflammatory conditions. This is not surprising and obviously is due to a lack of communication between the two parties. On most occasions I have found employers supportive and usually a letter detailing the issues and providing recommendations regarding changes is adequate. I have also completed work visits, to assess work stations for small companies that don't have occupational health support or the patient has shown concern that they may not be supported by their employer.

For many of our patients, we are able to sign post to other organisations, such as Access to Work, who will provide work place assessments and will assist small companies with funding. Many patients are independent and have the confidence to approach their employer, or occupational health, once they have the facts, have a supporting letter and understand their rights as an employee. Functional difficulties at work, can be a struggle to address, but we have had success supporting people to change their role within the company, enabling continued employment, which may involve retraining and continued support by the company or employer. It also appears that we have more success if the issues are addressed in the early stages of treatment, as patients who have already stopped working, don't tend to rejoin the job market.

The MDT clinics have proved popular, with patients giving positive feedback and valuing the information and education provided. These one stop approaches allow health care professionals to address most of the problems highlighted within one patient visit, with the additional benefit of reduced time off work time to attend appointments.

So the next time you sit in clinic with your patient who is highlighting work problems, just sit back and think if you are the best person to address this particular issue. Is there someone in the team who can offer the additional support in a variety of ways – Are you utilising your Occupational Therapy colleagues??

With thanks to my colleague Chris Mate Senior Rheumatology Occupational Therapist



Louise Preston