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Return to Work After Medical Disease

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Introduction

As an important domain of rehabilitation in young adults, employment contributes significantly both to the financial and psychological recovery on working age patients and their families after medical diseases. There are limited local studies about the situation of returning to work (RTW) of these patients in Hong Kong.

Objectives

To investigate the pattern of returning to paid work after medical diseases (Cardiovascular and Neurological diseases) in working-age patients, and to identify driving issues affecting RTW in the New Territories West (NTW) Region of Hong Kong SAR.

Methodology

A prospective observational study was conducted on working age patients suffering from medical disease (Cardiovascular and Neurological) under the rehabilitation program of Visceral Rehabilitation Centre of NTW between 1st October 2014 and 31st October 2015. Data (including sociodemographic data and clinical outcome) was collected and analyses were performed. The patterns of return to work were examined. Analyses were done to examine the associations between different factors and the RTW situation. Medical Intervention such as medications adjustments, exercise prescription by rehabilitation specialists and lifestyle modifications advice were given. Active rehabilitation program included treadmill exercise or ergometry bicycle training offered by physiotherapist. Our team occupational therapist will offer occupational assessment, training and advice. Cases with high HADS (Hospital Anxiety and Depression Scale) were referred to Clinical Psychologist for assessment and counseling. Patients sometimes were referred to Vocational Rehabilitation & Retraining Centre for occupation retraining or job matching. We also referred cases with driving issue to Rehabaid Centre for driving assessment.

Result

Among 60 patients being recruited to our rehabilitation program during the above mentioned period, the mean age was 52.2. 80% (48) were men and (20%) were women. 34 patients (56.7%) returned to work after active rehabilitation / medical intervention. There were changes in employers, assignments, working conditions or hours. 13 patients (21.7%) returned to same level of job after finishing our program.

9 patients (15%) returned to work after his / her company's facilitation. 3 patients (5%) required job relocations as his / her medical condition could not match the previous occupation requirements. Among those patients RTW, 9 of them returned to their previous occupations despite our medical advice against. For those patients, risk either to themselves or others were well informed and documented. 20 patients (33.3%) were not able to return to work. 6 (10%) of them had chosen early retirement. 7 (11.7%) of them were in unemployed status. 7 (11.7%) were still in sick leave and planned to return to their previous occupation after sick leave. Among 10% of patients (6) did not report their working status to us and therefore their status of work were recorded as UNKNOWN. Our Rehabilitation program also handled patients with driving issue. This is important for patients especially for those whom were commercial driver. Our record showed 26 (43.3%) commercial driver had joined our program during the study period. Only one (1.7%) returned to work as commercial driver after passing fitness test. 8 patients (13.3%) could not drive despite joining our rehabilitation program. 12 patients (20%) continued to drive despite our medical advice against. Conclusions: A significant proportion of patients could return to work after joining our rehabilitation program. Driving issues of patients were identified and facilitations for driving assessments were offered.