

New: EULAR points to consider for supporting people with RMDs to work

This is the lay version of the EULAR points to consider for supporting people with RMDs to work. The original publication can be downloaded from the EULAR website: www.eular.org.

[Boonen A, Webers C, Butink M, et al 2021 EULAR points to consider to support people with rheumatic and musculoskeletal diseases to participate in healthy and sustainable paid work Annals of the Rheumatic Diseases Published Online First: 15 September 2022. doi: 10.1136/ard-2022-222678](#)

Introduction

EULAR gives advice not only to doctors, nurses and patients about the best way to treat and manage diseases but also to public administrators and political organizations at the European (and beyond Europe international) level to ensure that policies and practices are developed that meet the needs of people with rheumatic and musculoskeletal diseases (shortened RMDs).

Health professionals, patients and experts in work and health worked together to develop these *points to consider to support people with RMDs to participate in healthy and sustainable paid work*. The patients in the team ensured that the patient point of view was included.

What do we already know?

RMDs are a diverse group of diseases that commonly affect the joints, but can also affect your muscles, other tissues and internal organs. In nearly all European countries, people with RMDs experience more restrictions to participate in paid jobs compared to people in the general population. One of the most common reasons for this is that people with RMDs experience symptoms of pain and functional limitations caused by their disease. RMDs account for up to 60% of prolonged sickness absence and work disability in the European Union and are one of the leading causes of work disability in each country. One of EULAR's strategic objectives is to help increase healthy and sustainable participation in work for people with RMDs.

Definitions in these PtC

- *Work status* means whether or not a person has paid work (either as an employee or self-employed).
- *Work disability* means not being employed (anymore) because of health reasons (usually an official status associated with income substitution).
- *Sickness absence* or sick leave means needing to take time off work (due to health issues) while having an employment contract.
- *Presenteeism* is when a person goes to work when ill, which may make them less productive, or less able to do their job because of their health problems.
- *Work outcomes* includes a person's work status, sickness absence, and presenteeism. *Poor outcomes* would be classed as someone who cannot work because of their RMD, or who is often sick or attending work when they are unwell.

What do the points say?

In total, there are three overarching principles and eleven points to consider. The principles say first that participation in good work increases a person's self-worth and self-esteem, as well as giving them financial independence and social interactions, which generally translate into better health and well-being. Second, it is emphasized the aim of work-related support for people with RMDs is to optimise their working life and to support their best physical and mental health. Third, EULAR believes it is a shared responsibility of all members of the society to support people with RMDs to take part in healthy and sustainable work.

Each point is based on the best current knowledge from studies of scientific evidence or expert opinion. The more stars a point has the stronger the evidence is. However, points to consider with limited scientific evidence may be important, because the experts can have a strong opinion even when the published evidence may be lacking.

One star (*) means it is a point with limited scientific evidence.

Two stars (**) means it is a point with some scientific evidence.

Three stars (***) means it is a point with quite a lot of scientific evidence.

Four stars (****) means it is a point supported with a lot of scientific evidence.

Points to consider

- **Throughout their life, people with RMDs should be supported and encouraged to enter, sustain, or return to work.***
RMDs can occur across the life course and influence career opportunities. At each stage of their RMD, people should be supported by persons with the knowledge to help them stay in work. There should also be individual tailored support for people experiencing poor work outcomes, or who are at risk of poor outcomes.
- **People with RMDs should have timely access to health and job support to promote sustained work ability and productivity, and to prevent long-term absence.***
People with RMDs on long-term sickness absence or on work disability benefits have low chances of successful return to work. Therefore, people at risk of sickness absence due to their RMD should receive support while they are still in paid work.
- **All groups should work together to minimise the employment gap and optimise employment opportunities among people with RMDs.***
Health professional organisations, policymakers, patient organisations and employers need to work together to increase healthy and sustainable work opportunities for people with RMDs.
- **If you have an RMD, you should be supported by your care team when deciding whether, when and how to discuss any work-related challenges with your employer.***
Your healthcare team can play an important role in helping you decide what information to share with your employer, and how to talk to them about what specific needs you might have in the workplace.
- **Presenteeism and sick leave can be signals for future poor work outcomes.*****
If you had recent sick leave because of ill health, or often go to work when you feel unwell, you are more likely than other people to have long-term sick leave or work disability in the future. Your employer and your healthcare team should support you to maintain healthy and sustainable work participation, and put processes in place to help you avoid needing long-term sick leave.
- **In addition to your health, also your personal, social and physical environmental situation should be considered when addressing work participation needs.*****
Something called the “biopsychosocial model of human health outlines how a person’s work outcomes are affected by their specific personal background and living environment, as well as physical and mental health. In people with an RMD, limited physical function or disease activity is the strongest disease-related predictor of poor work outcomes. You are also more likely to have poor work outcomes if you did not obtain a higher educational or university degree, are older, or female. You are also more likely to have poorer work outcomes if you work in a physically demanding job.

- **Disease-modifying treatments for inflammatory RMDs improve work participation and should be started as early as possible.******
The evidence for the beneficial effect of disease-modifying drugs on work comes mostly from studies among people with rheumatoid arthritis or spondyloarthritis. However, it is thought that treating persons with any RMD early in the disease course will help avoid poor work outcomes.
- **Non-pharmacological interventions should be considered to reduce or prevent sickness absence and possibly improve work ability.******
Non-drug interventions may include education about your work in relation your disease , physical exercise training, or workplace adaptations to help you perform your role. These should to be tailored to your individual needs.
- **Social security systems should develop policies and practices to promote work sustainability and return-to-work efforts.****
Characteristics of social security systems vary across countries. However, there is a need to develop policies that protect the working rights of people with RMDs, and help to promote sustainable work, and to support people in getting back to work after sick leave or unemployment.
- **Healthy workplaces and supportive attitudes are essential for people with RMDs.****
People working with colleagues who have an RMD should adopt an understanding attitude and offer active support when it is needed. This includes employers, managers, and colleagues, and is essential for a culture of inclusiveness.
- **Employers should develop policies and practices to promote a workplace culture of inclusivity, flexibility, and support.***
Employers have a legal duty to ensure safety and equality at work. To improve career perspectives and sustainable work participation for people with RMDs, workplaces need to be flexible in accommodating the needs of people with RMDs. These needs will differ between individuals and across jobs, and may vary over time.

Summary

Overall, this project should help improve healthy and sustainable work participation of people with RMDs. The points will be useful for people with RMDs and healthcare professionals, as well as employers, trade unions, occupational health and safety organisations, policymakers, researchers and others involved in durable work participation for people with chronic diseases such as RMDs.

Points with just one or two stars are based mainly on expert opinion and not backed up by studies, but these may be as important as those with three or four stars.

If you have any questions or concerns about these recommendations you should speak to a health professional involved in your care.