

Occupational Health and general practice: from opportunities lost to opportunities capitalised?

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SUMMARY

Background and aim: *Western populations are in the middle of the epidemiological transition of chronic diseases. Care of patients with chronic disease is directed at optimising life expectancy and quality of life. Daily and social functioning, including paid work are part of the treatment objectives. Yet, advice for and support in work related coping with chronic diseases, and collaboration with occupational health are not – yet – part of routine curative medical care procedures. This is also the case in general practice, where most patients with chronic conditions are treated. This 'blind spot' signals a generic lost opportunity in optimizing the care of patients with chronic disease. This paper analyses from empirical data the importance of integrating work-related advice and support in general practice and explores potential evidence of the benefits this provides for patients: the opportunities that can be capitalised through better interaction between occupational physicians (OP) and general practitioners (GP). **Methods:** The paper is based on a review of three sources: (i) Epidemiology of chronic diseases: the Nijmegen Continuous Morbidity Registration; (ii) The relevant guidelines of the Dutch College of General Practitioners; (iii) Studies of work-related implications of asthma and COPD management of GPs of the Nijmegen centre of Evidence-Based Practice. **Results:** Chronic diseases like cardiovascular disease, diabetes mellitus, COPD and asthma dominate general practice and lead annually to a large number of consultations. Although a majority of patients are 65 years or older – in particular for the first three diseases – GPs also care for a substantial number of under-65 years old. General practice guidelines for these disorders advocate care directed at normal functioning but do not systematically address functioning in the working place. Analysis of work-related functioning in case of chronic respiratory diseases, however, highlight that work-related factors and circumstances play an important role in patients' coping strategies. Patients tend to ignore negative effects of their workplace on their physical condition and as a consequence suffer undue limitations. Despite these work related risks, COPD patients who were in paid employment perceived higher quality of life than COPD patients who were disabled for work, but had similar disease severity (airway obstruction). Interestingly, a programme of patients' self-management of asthma resulted, in comparison to GP-supervised usual care in a substantial and lasting reduction of asthma related absence from work and other social-daily activities. **Conclusions and discussion:** All consultations with employees with a chronic (respiratory) disease can be*

considered as opportunities to supervise work-related implications of the disease. Patients value their ability to work but frequently apply inefficient coping through ignoring the implications of their circumstances for their disease. A more efficient coping can probably be achieved through a more active involvement of patients in managing their own disease. Guidelines – like the Dutch College of General Practitioners’ – have developed into a sophisticated and generally respected system of guidance of patient care. Explicit emphasis of management in relation to the work place may present a logical opportunity to capitalise on.