

REGISTRY-BASED STUDIES OF RETURN TO WORK AFTER STROKE

– PART OF THE WORK AFTER STROKE STUDY (WASS)

Akademisk avhandling

Som för avläggande av medicine doktorsexamen vid Sahlgrenska akademien, Göteborgs universitet kommer att offentligen försvaras i Hörsal Arvid Carlsson, Academicum, Medicinargatan 3, den 19 mars 2021, klockan 09.00

av Emma Westerlind

Fakultetsopponent:

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Avhandlingen baseras på följande delarbeten

- I. **Westerlind E**, Persson HC, Sunnerhagen KS. Return to Work after a Stroke in Working Age Persons; A Six-Year Follow Up. *PLoS One*. 2017;12(1):e0169759
- II. **Westerlind E**, Abzhandadze T, Rafsten L, Persson HC, Sunnerhagen KS. Very early cognitive screening and return to work after stroke. *Topics in Stroke Rehabilitation*. 2019;26(8):602-7
- III. **Westerlind E**, Persson HC, Eriksson M, Norrving B, Sunnerhagen KS. Return to work after stroke: A Swedish nationwide registry-based study. *Acta Neurologica Scandinavica*. 2020;141(1):56-64
- IV. **Westerlind E**, Persson HC, Palstam A, Eriksson M, Norrving B, Sunnerhagen KS. Differences in self-perceived general health, pain, and depression 1 to 5 years post-stroke related to work status at 1 year. *Scientific Reports*. 2020;10(1):13251

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– PART OF THE WORK AFTER STROKE STUDY (WASS)

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Abstract

Objectives: Stroke is one of the most common diseases and causes of disability both globally and in Sweden. A substantial part of people with stroke are at working age and return to work (RTW) is important to consider in this group. The aim of the thesis was to investigate in what time period people return to work (RTW) after stroke, what factors are associated with higher and faster RTW, and if RTW status affects the individual in several aspects of health post-stroke.

Methods: The included papers mainly had long-term perspectives and they all include registry data. Paper I and II are based on local cohorts from the Sahlgrenska University hospital, and paper III and IV on the national quality registry Riksstroke. RTW was assessed based on sickness absence data from the Social Insurance Agency. Furthermore, questionnaire surveys, medical records, registries from the National Board of Health and Welfare, and registries from Statistics Sweden were also used.

Results: The majority of all participants did RTW, and most did so within the first two years after stroke. For some participants however, the RTW process continued for several years post-stroke. Different factors, including demographical, stroke related, and socioeconomic factors, were important for RTW. In addition, self-expectations of RTW and sick leave prior to stroke predicted RTW. The participants that did RTW reported a better quality of life and general health, as well as less symptoms of depression and pain compared to the participants who did not RTW. However, the RTW-group at 1 year post-stroke had a deterioration in general health and increased pain between 1 and 5 years post-stroke, which was not found in the no-RTW group.

Conclusions: The RTW process could continue for a longer time after stroke than previously known. Several different factors, both amendable and non-amendable, are important for RTW. RTW is perhaps not solely a facilitator of health, but should be seen as a more complex process. The present results could hopefully help health care professionals and government authorities to further optimize and individualize the RTW process for the affected persons.

Keywords: Stroke, Return to work, Working age, Rehabilitation, Cerebrovascular Diseases, Ischemic stroke, Intracerebral hemorrhage, Registries

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