Abstracts

Support for health-related incapacity for work appeared to have little influence on the occurrence of symptoms.

Conclusions There is large international variation in the prevalence of disabling forearm and back pain among occupational groups carrying out similar tasks. This is only partially explained by the personal and socio-economic risk factors that were analysed.

Objective To investigate the role of psychological risk factors for the development and persistence of non-disabling (NDMSP) and disabling (DMSMP) musculoskeletal pain (MSP).

Methods As part of the CUPID study, 1105 nurses and office workers were asked at baseline about psychological and work-related psychosocial risk factors, physical activities in the workplace and MSP in the past month and past year at ten anatomical sites (back, neck, and left and right shoulder, elbow, wrist/hand and knee). One year later, pain in the past month was again ascertained. Pain was defined as disabling if certain daily activities were difficult or impossible to perform. At baseline, pain-free anatomical sites were included in the analyses for new NDMSP and DMSMP; and painful sites in the analysis for persistent NDMSP and DMSMP. Analysis was based on anatomical sites and associations were explored using multilevel multinomial logistic regression modelling.

Results 971 participants (87.9%) completed follow-up. Among 8083 pain-free anatomical sites at baseline, 341 (4.2%) and 412 (5.1%) were involved in new NDMSP and DMSMP at follow-up. After adjustment for sex, age, occupational risk factors and pain at the same site in the past year, new DMSMP was predicted by somatising tendency (OR 3.4, 95% CI 2.1–5.5). Among 1627 painful sites at baseline, 379 (23.3%) and 500 (30.7%) still had NDMSP and DMSMP one year later. Having adverse beliefs about the prognosis of MSP was associated with an increased risk of persistence of NDMSP (OR 2.3; 95%CI 1.2–4.6) and DMSMP (OR 2.9; 95%CI 1.5–5.6).

Conclusion Psychological risk factors may have a stronger role in the development and persistence of DMSMP than of NDMSP.