



DASAMS  
Dansk Samfundsmedicinsk Selskab



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Abstractsamling

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1.

## **From childhood weight to adult Pain: impacts on employment in Danish nurses**

Hanna Kruse Reiband, Thorkild I. A. Sørensen, Berit Lilienthal Heitmann, Mads Werner, Esben Budtz-Jørgensen, Hanne Tønnesen and Geana P. Kurita

### **Abstract**

#### **Background**

In adults, overweight is strongly associated with chronic pain, which contributes to disability and reduced work ability (1–8). However, it is not well established whether overweight during childhood or adolescence increases the risk of musculoskeletal pain in adulthood. Understanding whether early weight patterns influence later pain outcomes may help clarify pathways from early overweight to impaired adult functioning (9,10).

#### **Aim of the study**

The study aims to determine whether overweight during childhood, adolescence, and young adulthood is associated with musculoskeletal pain in adulthood, both among individuals who remain overweight and those who do not. Among adults reporting pain, we will also examine whether early-life overweight is linked to reduced work ability (Figure 1). Furthermore, we will assess whether early-life overweight is associated with increased use of mild analgesics, living without a partner, and poor sleep quality among adults experiencing pain.

#### **Methods**

Data from the 2021 Danish Nurse Cohort, including 16,044 participants after excluding those older than 62 years, due to age of retirement. Exposure groups are defined by weight status in childhood/adolescence versus young adulthood (Table 1). Associations between exposure groups and outcomes will be examined using multiple logistic regression models with adjustment for relevant confounders.

#### **Expected Results and Conclusion**

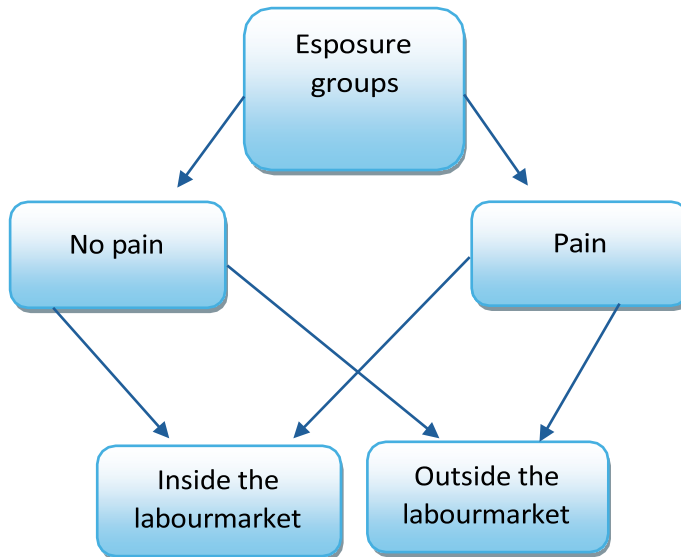
We expect to find associations between early-life overweight and musculoskeletal pain, reduced work ability, and secondary outcomes such as sleep problems, living alone and increased use of mild analgesics. These findings may improve understanding of how early overweight shapes adult health and support targeted prevention and early intervention strategies.

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**Table and Figure for abstract, Associations of early life weight with adult pain and employment status irrespective of adult weight in Danish female nurses**

**Figure 1:** Relationships for analysis



**Table 1:** Composition of the exposure groups

		Young adulthood	
		Normal weight	Overweight
Childhood/adolescence	Underweight	UN	UO
	Normal weight	NN	NO
	Overweight	ON	OO

2.

**Den generiske model for pakkeforløb for mennesker med kronisk sygdom**

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**Introduktion:**

Forekomsten af kroniske sygdomme er steget, og flere lever med én eller flere sygdomme. Risikoen for kronisk sygdom er højere blandt personer med færre sociale og økonomiske ressourcer<sup>1</sup>. Som led i sundhedsreformen 2024 har Sundhedsstyrelsen udarbejdet en generisk model for pakkeforløb for mennesker med kronisk sygdom, hvor formålet er at støtte den enkelte i at leve et meningsfuldt liv med kronisk sygdom. Modellen danner ramme for målgruppespecifikke pakkeforløb (KOL, lænderygsmerter, diabetes, hjertesygdom, multisygdom) og understøtter sammenhængende, koordinerede og differentierede forløb.

**Metode:**

Der er foretaget en gennemgang af modellen med fokus på principper for behovsvurdering, differentiering, behandlingsplan og digital understøttelse. Analysen fokuserer på modellens betydning for lighed i sundhed og organisering af sammenhængende forløb på tværs af sektorer.

**Resultater:**

Modellen introducerer en obligatorisk behovsvurdering i almenmedicinske tilbud og systematisk differentiering i tre niveauer baseret på sundhedskompetence, sygdomskompleksitet og sårbarhed. Differentieringen angiver graden af proaktiv opfølgning og koordination med fokus på patienter med behov for øget støtte og tættere opfølgning. Alle patienter får ret til en individuel behandlingsplan og opstart af relevante patientrettede forebyggelsestilbud efter behov. Digital understøttelse i form af fælles behandlingsplan og populationsoverblik muliggør systematisk opfølgning, datadeling og monitorering.

Modellen forankrer koordinationsansvaret i almenmedicinske tilbud og forventes at styrke tidlig indsats efter diagnose.



Figur 1. Den generiske model for pakkeforløb<sup>2</sup>.

**Diskussion og konklusion:**

Den generiske model markerer et skifte fra overvejende diagnosebaseret organisering af kronikerindsatsen til en behovs- og differentieringsbaseret tilgang med forankring i almenmedicinske tilbud. Ved at koble klinisk vurdering med systematisk differentiering, hvor graden af opfølgning og støtte tilpasses patientens behov, rummer modellen et potentiale for at reducere ulighed i sundhed. Realiseringen af dette potentiale afhænger af ensartet implementering og den igangværende faglige udvikling af de målgruppespecifikke pakkeforløb.

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<sup>1</sup> Sygdomsbyrden i Danmark – sygdomme. København: Sundhedsstyrelsen; 2022

<sup>2</sup> [generisk-model-for-pakkeforloeb-for-mennesker-med-kronisk-sygdom.pdf](#)

### 3.

#### **The SOSFunc Study Addressing Social Inequality, Occupation, and Stress in Functional Somatic Disorders**

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#### **Introduktion**

Funktionelle lidelser (FL) karakteriseres ved vedvarende fysiske symptomer uden klar organisk årsag og påvirker 10–16 % af den danske arbejdsdygtige befolkning. Ca. 2 % udvikler svær FL med markant funktionsnedsættelse, lav livskvalitet og høj risiko for langtidssygemelding eller tidlig pension. Stress antages ofte at spille en central rolle, men betydningen af psykosociale og arbejdsrelaterede eksponeringer for forekomst og prognose er stadig sparsomt belyst. Projektet har til formål at kortlægge disse faktorer og at evaluere en arbejdsmarkedsorienteret socialmedicinsk indsats, der forsøger at reducere belastninger, styrke ressourcer og forebygge tab af erhvervsevne hos patienter ved Klinik for Funktionelle Lidelser.

#### **Metode**

Studiet består af tre delstudier:

1. **Kohorteanalyse** – En befolkningsbaseret kohorte (DanFunD-kohorten,  $n \approx 9600$ ) fra Københavns Vestegn (2011-2020) som kobles til nationale registre og en job eksponerings matrix (JEM) for at undersøge beskæftigelsesmønstre og sammenhænge mellem arbejdsmiljøfaktorer og risiko for FL.
2. **Klinisk database** – En patientdatabase fra de 5 regionale klinikker for funktionelle lidelser (FuncData,  $n \approx 3000$ ) med før- og efter-behandlingsspørgeskemaer, indsamlet siden 2020. Vi vil analysere sociale og arbejdsmæssige determinanter for funktionsevneparametre, stress og symptombyrde.
3. **Procesevaluering** – En mixed-methods-evaluering, der kombinerer spørgeskemadata, feltobservationer og interviews med patienter og professionelle omkring en socialmedicinsk indsats på Klinik for Funktionelle Lidelser.

#### **Resultater**

Resultaterne fra studiet vil vise hvordan social ulighed og arbejds eksponeringer påvirker FL. Evalueringen af den socialmedicinske indsats vil belyse oplevet udbytte, mekanismer, barrierer, accept og implementeringsaspekter og danne grundlag for senere pilotafprøvning. Ph.d.-projektet er lige opstartet og der er endnu ingen resultater.

#### **Diskussion**

Integrationen af omfattende epidemiologiske og kliniske datasæt muliggør identifikation af risikoprofiler for FL relateret til social ulighed og arbejdsmæssige eksponeringer som kan opkvalificere nationale forebyggelsesstrategier. Kombineret med en mixed-methods-evaluering kan projektet nuancere vores forståelse af socialmedicinske indsatser for en sårbar patientgruppe med risiko for tab af erhvervsevne.

4.

**TITLE:**

**Medical certifications as a moral practice: A qualitative study of general practitioners' medical certification of sickness absence**

**AUTHORS:**

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**ABSTRACT**

**Introduction:** General practitioners often experience the issuing of medical certificates for patients on long-term sickness absence as a complex and challenging task. However, little is known about why this task is so challenging or how general practitioners navigate the task in their everyday practice. Therefore, to gain a deeper understanding of medical certificate practice for people on long-term sickness absence, we aimed to explore this practice.

**Methods:** The practice of medical certificates was explored through participant observation and interviews. 14 general practitioners participated, 11 through observations and interviews, and three through interviews only. Data was collected through field notes and audio recordings and was analysed through the method of abductive analysis, informed by theory from the field of moral anthropology.

**Results:** We found that the practice of medical certificates for people on long-term sickness absence was a *moral practice* —a practice where GPs were not only concerned with how to describe the patient objectively and neutral and follow the formal protocol, but also concerned about: the wellbeing of the patient, the GP's role as normative gatekeepers for societal help and support, and practical concerns on how to best get the task done.

**Conclusion:** GPs practice of medical certificates for people on long-term sickness absence is a practice with inherent moral dimensions. This novel understanding raises new questions concerning medical certificates, both for practitioners and society, such as whether GPs should be better supported in evaluating the moral dimensions, and whether society should change how it interprets and handles medical certificates.

5.

**The WORK-IT-OUT Study:** *Exploring Stakeholder Priorities for Biopsychosocial Rehabilitation in Individuals on Sick Leave Due to Low Back Pain – Insights from a Group Concept Mapping Study*

*Katrine Schilling Andersen<sup>1,2,3</sup>, Eva Ejlersen Wæhrens<sup>3,4</sup>, Claus Vinther Nielsen<sup>1,2</sup>, Bodil Kalund Bruun<sup>1</sup> and Marc Sampedro Pilegaard<sup>1,2,5</sup>*

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**Introduction:** Multidisciplinary biopsychosocial rehabilitation is recommended for individuals on sick leave due to low back pain (LBP), yet the specific content of such programs remains inconsistently defined and insufficiently grounded in cross-sectoral stakeholder perspectives.

**Objective:** To identify and prioritise core elements of biopsychosocial rehabilitation considered essential for supporting everyday functioning and work participation among individuals on sick leave due to LBP.

**Metode:** This participatory mixed-methods study employed Group Concept Mapping, combining qualitative statement generation with quantitative ratings of importance. Participants included stakeholders with lived or professional experience related to rehabilitation and LBP-related sick leave, such as citizens, health and employment professionals, workplace representatives, and researchers. Recruitment was conducted nationally via professional networks, email invitations, snowball sampling, and social media.

The study followed Trochim's six-phase process: preparation, idea-generation, sorting and rating, statistical mapping, stakeholder validation, and utilisation. Sorting and rating data were analysed using multidimensional scaling and hierarchical cluster analysis to produce a concept map and examine relative priorities. All phases were conducted online using GroupWisdom. A validation workshop is scheduled for 17 March 2026 to confirm the final cluster structure and labelling.

**Results:** A total of 100 stakeholders contributed to statement generation, including citizens (n=16), municipal health and employment professionals (n=68), workplace representatives (n=4), and researchers (n=12). A total of 214 inputs were synthesised into 125 unique statements. Subsequently, 23 participants sorted the statements, and 36 rated their importance. Statistical analyses generated a cluster rating map illustrating priorities related to symptom management, workplace involvement, interdisciplinary coordination, and structured assessment and support.

**Conclusion:** This study provides a stakeholder-informed framework specifying essential elements of biopsychosocial rehabilitation for individuals on sick leave due to LBP. The validated concept map will be presented at the DASAMS annual meeting. Findings clarify which clinical and cross-sector elements are essential in rehabilitation and support coordinated intervention development.

6.

### Title

**Individual and societal economic burden of atopic dermatitis – a nationwide cohort study**

### Authors and affiliations

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### Abstract Introduction

Atopic dermatitis (AD) imposes a significant economic burden for individuals as well as society through both direct healthcare costs and indirect expenses such as productivity loss and foregone income. Evidence on the economic burden of AD based on national-level data is scarce.

### **Methods**

All Danish adults ( $\geq 18$  years) consistently treated with topical corticosteroids or with secondary care diagnoses of AD between 2002 and 2020 were identified in Danish national registries. Annual excess expenditure related to healthcare, welfare transfers and foregone income was retrieved from official registries and compared with an up to 1:4 age, sex, cohabitation and residence-matched comparator population.

### **Results**

The cohort included 754,624 adults with AD. The predicted annual excess cost per individual with AD was estimated to €2,172 (2,165 – 2,178) of which 73% (€1,590) was attributable to forgone income and 27% (€583) to direct healthcare expenditures. Individuals with AD in the working age (ages 18-64) received €778 more in welfare transfers annually, offsetting some of the income disparity between cases and comparators. At a societal level, the pooled crude mean annual excess cost for all individuals with AD in Denmark was estimated to €2,038,289,513.

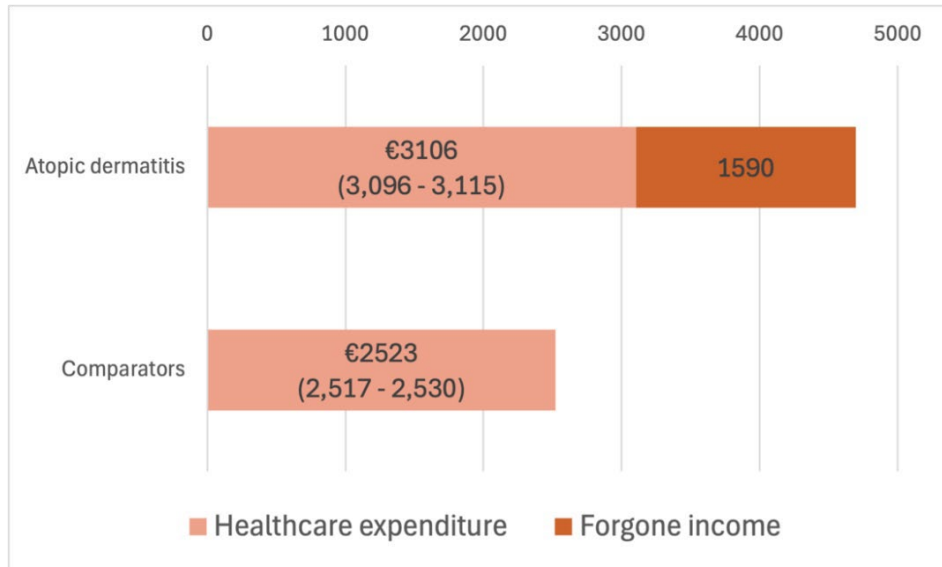
### **Conclusion**

Atopic dermatitis is associated with substantial individual and societal costs, mainly stemming from indirect costs. Increased welfare transfers offset some of the wage gap between individuals with AD and comparators, but do not eliminate the disparity completely even in the setting of a comprehensive welfare system.

**Figures**

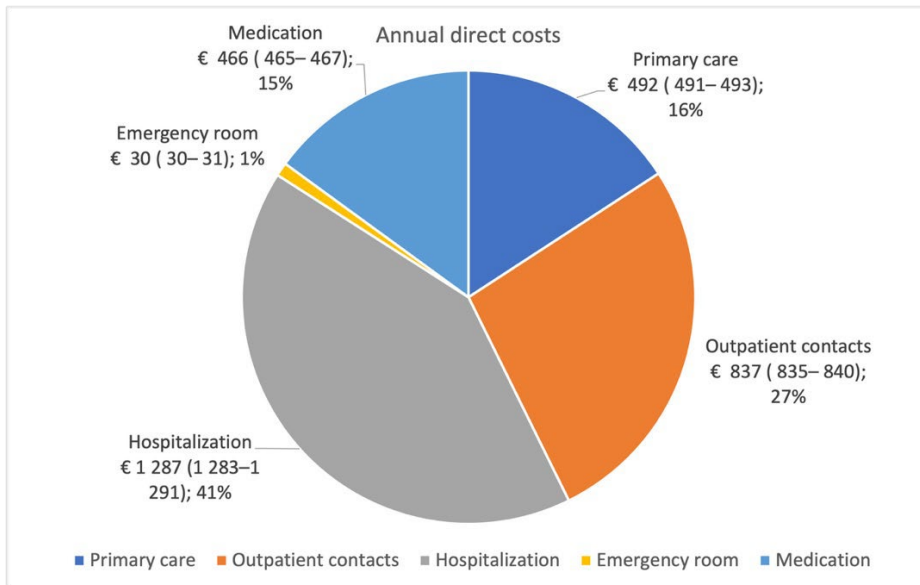
**Figure 1**

Annual predicted direct healthcare costs and forgone income between individuals with atopic dermatitis and comparators.



**Figure 2**

Predicted direct healthcare costs among individuals with atopic dermatitis stratified by expenditure type.



7.

### **Title**

**REACH: Rehabilitation Empowering Vulnerable Cancer Survivors for Healthy Return - Co-developing a Vocational Rehabilitation Model with Cancer Survivors and Cross-sector Professionals**

### **Authors**

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### **Introduction**

In Denmark, more than 400,000 people live with or have had cancer, and around 60% are of working age. Up to 70% experience long-term physical and psychosocial consequences of cancer that may affect functioning and work capacity. Up to 71% report changes in their working life. However, systematic early identification of health- and work-related rehabilitation and support needs remains limited, and access to timely, coordinated support is inconsistent. Fragmented collaboration across hospitals, municipalities, and employment services further complicates return-to-work processes. Limited knowledge exists on how these cross-sector challenges unfold and how vocational rehabilitation can be improved for vulnerable survivors with threatened work ability.

### **Aim**

This project aims to generate actionable knowledge on the mechanisms, barriers, facilitators, and needs of cancer survivors in vocational rehabilitation, and to use this knowledge to inform the co-production of a tailored vocational rehabilitation programme for vulnerable survivors.

### **Methods**

The project follows the Medical Research Council framework for developing complex interventions and Hawkins' three-stage co-production framework. It comprises four interlinked studies:

- Two qualitative studies exploring survivors' and cross-sector professionals' perspectives on barriers, facilitators, and needs in vocational rehabilitation
- A realist review examining how, why, for whom, and under which circumstances vocational rehabilitation interventions are effective for vulnerable survivors
- Co-production workshops with survivors and stakeholders to design the programme and support future implementation

## **Perspectives**

The project will develop a structured model for coordinated vocational rehabilitation promoting needs-based, individualised and differentiated support across health and employment sectors. Findings may guide clinicians and municipalities in strengthening cross-sector collaboration and supportive services. Timely, coordinated support has the potential to improve work ability and quality of life, prevent premature labour market exit and reduce associated societal costs.

8.

## **Reducing Social Inequalities in Health: A Mixed-Methods study of a Flexible Clinic Addressing Barriers to Healthcare**

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### **Introduction**

Social inequalities in health are increasing, and challenging life circumstances such as homelessness, substance abuse, and mental illness elevate the risk of multimorbidity and premature mortality. The causes stem from complex social and structural factors including barriers within the healthcare system. To address some of these barriers, a flexible clinic was established at Bispebjerg Hospital in 2022. In 2025, a similar flexible clinic was established at Holbæk Hospital, serving a more rural and geographically dispersed population.

This project examines barriers to healthcare access in socially vulnerable populations and how these barriers are assessed. Furthermore, it aims to explore and characterize socially vulnerable individuals in the catchment area of Holbæk Hospital, with focus on barriers to accessing healthcare and navigating the system.

### **Method**

A scoping review is performed to map barriers in accessing healthcare among socially vulnerable populations and to explore used measurement tools to identify barriers.

The study also applies a mixed-methods design combining investigative fieldwork, semi-structured interviews, and quantitative cohort data collection. Interviews will explore and describe perceived barriers from patient, clinician and organizational perspectives. Quantitative analyses will be used to characterize the patient cohort and to measure barriers to healthcare, daily functioning, health literacy and self-reported health.

### **Results**

Results are not yet available.

### **Discussion**

The study is expected to generate new knowledge about socially vulnerable individuals in a rural setting and to deepen the understanding of structural and individual barriers to accessing and utilizing healthcare services.

By combining patient, provider and organizational perspectives, the study seeks to illuminate how structural conditions and service organization influence access to care.

The findings may inform optimization of the flexible clinic and support future implementation of similar initiatives aimed at reducing social inequalities in health.

9.

## **Adverse Childhood Experiences in Social Medicine Patients - and Their Association with Disability Pension in the Capital Region of Denmark**

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### **Background:**

Adverse Childhood Experiences (ACEs) are well documented to have long-term negative consequences for mental and physical health, social functioning, and labour market attachment. Previous research has demonstrated a graded relationship between ACE exposure and risk of psychiatric disease, somatic morbidity, and reduced employment participation. Limited evidence exists regarding prevalence and impact of ACEs among patients treated within specialised social medicine settings, where social vulnerability and work disability are highly prevalent.

### **Aim:**

Describing the prevalence of ACEs among patients referred to a Social Medicine Department in the Capital Region of Denmark and to examine the association between ACE exposure and labour market outcomes, specifically time to determination of work clarification and disability pension.

### **Methods:**

Cohort study including patients from the SocMed Database between 2012 and 2023. Patients referred for social medical assessment were categorised according to ACE exposure (no ACE vs.  $\geq 1$  ACE; and cumulative exposure). Cox proportional analyses were conducted to estimate hazard ratios (HRs) from time of visit at social medicine department to labour market outcome, death, migration or end of follow-up 2024, whichever came first. Analyses were adjusted for psychiatric morbidity and relevant sociodemographic factors.

### **Preliminary Results:**

Approximately 75% of patients reported at least one ACE, and more than 40% reported two or more ACEs. Descriptive analyses demonstrate substantial social and psychiatric burden across the cohort. Final regression analyses examining adjusted HRs for disability pension are ongoing and will be presented at the conference.

### **Conclusion:**

ACEs appear highly prevalent among patients in social medical assessment. We hypothesise that ACE exposure is associated with prolonged work clarification processes and increased risk of disability pension. These findings may have implications for early identification of vulnerability and for tailoring interdisciplinary rehabilitation efforts within social medicine as well as underscoring the importance of awareness in any clinical setting.

10.

## Translation and Cultural Adaptation of “The Abilitator” – A Questionnaire on Work Ability and Functioning

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### Introduction

Validated instruments developed for the evaluation of work ability and functioning for patients in a weak labor market position corresponding to patients visiting the Departments of Social Medicine are needed. The Abilitator is a generic, multidimensional instrument for self-reporting on work ability and functioning developed by researchers at the Finnish Institute of Occupational Health. It was developed in a population in a weak labor market position (on average 3-7 years of unemployment, 40 years of age and little post-compulsory education)<sup>1</sup>. The Abilitator is currently available in 10 languages<sup>2</sup>. The aim of the current study was to translate and culturally adapt the Abilitator into Danish.

### Methods

The Abilitator has been translated from English to Danish in accordance with the 12-step process in the ISPOR Task Force consensus guideline. This included two forward translations, a backward translation, and cognitive interviews in five patients representing target population<sup>3</sup>.

### Results

The two forward translations (August 2025) were reconciled (September 2025) followed by backward translation (October 2025). The developer of the original questionnaire revised the backward translation. During the process both translational and cultural adjustments have been performed. Initial analysis of cognitive interviews (January 2026) has revealed need for only minor adjustments.

### Discussion/Conclusion

The Abilitator has undergone a thorough translation process into Danish. The Danish version is now ready for pilot testing including evaluation of the validity of the translation.

We believe that the Abilitator in the future can be an instrument to support physicians at the Departments of Social Medicine in the assessment of functioning and work ability in patients in a weak labor market position and ensure a thorough and structured consultation.

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11.

### **The environmental impact of total hip replacements: A life cycle assessment study**

Original study (accepted for publication January 16<sup>th</sup>, 2026 by BMJ Open, in proof)

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**Introduction:** The healthcare sector is a substantial source of greenhouse gas emissions, with operating theatres representing a major contributor. As the number of total hip replacements (THR) continues to increase worldwide, it is increasingly important to quantify their environmental footprint. The objective of this study was to evaluate the environmental impacts associated with THR procedures using life cycle assessment (LCA) and to identify the primary contributors to these impacts.

**Methods:** A process-based LCA was performed at a Danish university hospital in accordance with ISO 14040:2006 and ISO 14044:2006 standards. The empirical data included detailed information on surgical instruments and consumables, material composition of products, energy consumption, and hospital infrastructure. Eighteen environmental impact categories were quantified, including global warming potential and human toxicity. To evaluate the robustness of the findings and their applicability to other surgical settings, eleven sensitivity analyses were conducted.

**Results:** The total carbon footprint of a single THR was estimated at 62.0 kg CO<sub>2</sub>e. The largest contributions originated from single-use consumables (54%), prosthetic components (22%), and sterilisation of reusable instruments (18%). Energy consumption in the operating theatre, reusable instruments themselves, and clinical infrastructure each accounted for relatively small shares (3%, 2%, and 1%, respectively). While the magnitude of the remaining 17 impact categories differed, they were largely driven by the same processes as the carbon footprint. Sensitivity analyses demonstrated that the overall carbon footprint did not vary by more than 6%, except in scenarios involving a less renewable electricity mix, which increased the carbon footprint by up to 47%.

**Discussion/Conclusion:** Total hip replacement surgery is associated with a considerable environmental impact. Mitigation strategies should prioritise reduction of disposable consumables (utensils), optimisation of implant-related impacts, and improvements in sterilisation processes. Contributions from hospital infrastructure and reusable instruments were comparatively minor.

12.

**Title: Citizen Involvement in Healthcare Consultation: Is Telephone Contact Sufficient?**

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**Background:** Healthcare consultation in the processing of cases regarding flex-jobs and disability pensions is a task reserved for Health Coordinators (HC) from regional social medicine units. Since 2013, this process has involved the citizen's participation in meetings with multidisciplinary rehabilitation teams. As part of the 2026 employment reform, these teams were abolished, and dialogue between the HC and the citizen can now take place via telephone, video, or physical meetings. Concerns have been raised that consultations without physical attendance may limit professional quality and the potential impact for the individual citizen—particularly for those with complex health and social challenges.

**Aim:** We investigate whether, and in which situations, healthcare consultation can be effectively conducted without physical contact with the citizen.

**Method:** The study population consists of permanently employed medical specialists in Region Zealand who participate in rehabilitation team meetings. Using a questionnaire administered immediately after each meeting, the need for physical, video, or telephone contact (as well as "no contact") was assessed for each individual citizen. As of March 2026, 76 assessments have been included.

**Results:** Preliminary results show that 88% of cases require citizen involvement. Of these, 91% are assessed as needing a physical meeting, while 18% are deemed suitable for virtual contact, and only 1% for telephone contact. Final data, including an analysis of the qualitative justifications, will be presented at the annual meeting.

**Discussion/Conclusion:** Health coordinators assess a need for involvement by physical meeting in approximately 9 out of 10 cases. Only a small number of citizens are considered suitable for virtual involvement, and telephone contact is deemed sufficient in very few cases. To ensure consistent, high-quality healthcare consultation across HCs, municipalities, and regions, there is a need for a clear and professionally grounded description of the target groups suitable for remote consultation.

13.

**Promises and Pitfalls of Social Medicine Consultancy in Sick Leave Cases: Developing a Programme Theory with Vocational Rehabilitation Stakeholders**

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### **Introduction**

Unemployment and ill health are intertwined global challenges requiring effective vocational rehabilitation to improve both health and work participation. However, evidence on what works best remains unclear. Meanwhile, major reform of vocational rehabilitation legislation is underway in Denmark to create a simpler, more dignified, and flexible employment system that supports people's return to work process while reducing bureaucracy. Against this backdrop, we conducted the SMC-SICK study, which aimed to develop a programme theory explaining how an optimised local innovative practice of Social Medicine Consultancy in sick leave cases (the SMC-SICK initiative) might improve the value of vocational rehabilitation.

### **Methods**

We used guidance for developing programme theories of complex interventions to optimise the local innovation with key stakeholders in Danish vocational rehabilitation. We prioritised mobilisation of practice-based knowledge to develop a programme theory reflecting stakeholders' views on how the initiative could improve vocational rehabilitation within changing system conditions. Data were generated through participatory activities, including workshops, meetings, and presentations. Data are currently being analysed using a modified framework approach allowing iterative deliberation with stakeholders. The intervention optimisation process will be reported using the GUIDED checklist.

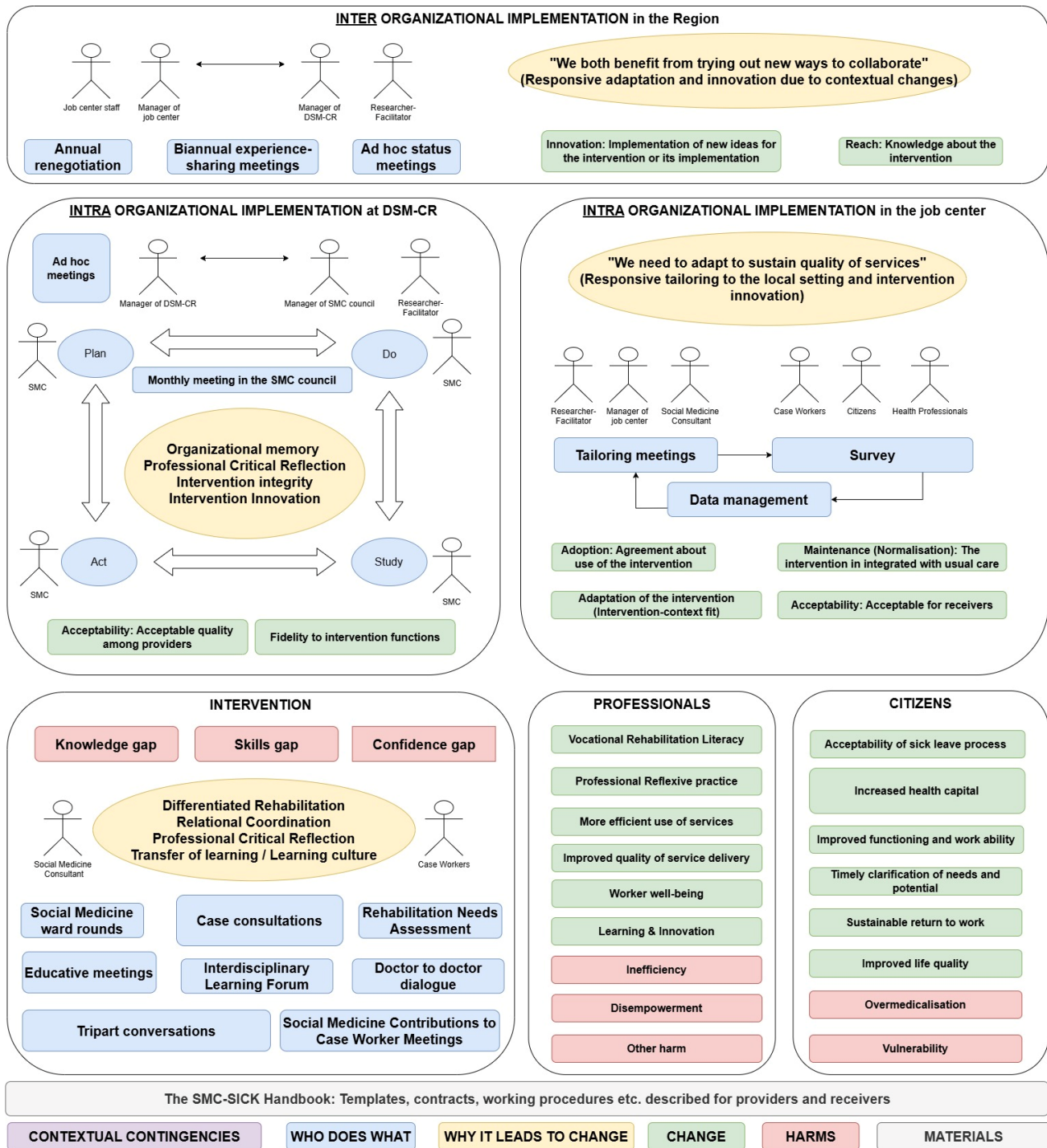
### **Results**

Preliminary findings suggest that stakeholders consider the SMC-SICK initiative a promising strategy for improving the value of vocational rehabilitation, although several improvements were proposed. Based on these inputs, we have developed a tentative programme theory guiding the design and implementation of the optimised SMC-SICK intervention, illustrated in a logic model that outlines key assumptions and remaining uncertainties (Figure 1).

### **Discussion**

The optimised SMC-SICK intervention may help steer the rapidly changing Danish vocational rehabilitation system in a favourable direction by supporting professional discretion, dignity for people on sick leave, cost-efficiency, and interdisciplinary collaboration. However, uncertainties remain regarding the feasibility of implementing the intervention in the rapidly evolving context.

**Figure 1 – Logic model for the tentative optimised SMC-SICK intervention**



14.

Title:

**The influence of clinical and sociodemographic variables on employment and education for Danish youth with a psychotic disorder: A population-based national registry study**

Authors:

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Introduction:

Psychotic disorders, including schizophrenia, schizoaffective disorders, and brief psychotic disorders are among the most severe mental health conditions, with profound implications for both individuals and society. The impact of these disorders is wide-ranging, affecting employment, education, social relationships, and the ability to live independently.

This population-based cohort study aimed to examine how clinical and sociodemographic characteristics are associated with employment and educational status 3 and 5 years after a first-episode psychotic disorder.

Methods:

The study included individuals diagnosed with a psychotic disorder between 2012 and 2017 in the Central Denmark Region. Register-based data were obtained from the CROSS-TRACKS cohort. Logistic regression analyses were used to determine the association between sociodemographic and clinical factors and the likelihood of being employed or enrolled in education at 3- and 5-year follow-up.

Results:

Preliminary data showed a total of 2,493 individuals aged 18-35 years who were included in the analyses. At 3- and 5- years post-diagnosis, 19.6% and 21.6%, respectively, were employed or enrolled in education. In adjusted analyses, baseline employment or educational participation and being married were associated with higher odds of attachment at both follow-up time points. Female sex was associated with lower odds of attachment at the 3-year follow-up only, while schizophrenia was associated with lower odds of employment or educational engagement at the 5-year follow-up. More frequent psychiatric outpatient visits during the first two years post-diagnosis were associated with higher odds of attachment at both follow-up points, whereas psychiatric hospitalization was associated with lower odds.

Conclusion:

Marital status, employment or educational participation at diagnosis, and engagement with psychiatric outpatient care were associated with later attachment to employment or education, highlighting the importance of early and sustained support following first-episode psychosis.