

Aim

This study aimed at comparing the effectiveness of two stress management interventions, in terms of symptoms of depression and burnout, physiological measures, and return to work, in a sample of 24 female patients (mean age 52±5 years) on sick-leave due to stress.

Conclusions

Adding a group intervention aimed at coping with psychological/somatic symptoms of stress to a company health center's regular treatment had more beneficial effects in alleviating symptoms of burnout, and facilitating return to work, than treatment as usual. Results concerning physiological variables were not equally evident.

Results

Depression and burnout. Depression decreased in both groups, to a comparable extent. The combined intervention was more efficacious in terms of symptoms of burnout, particularly KES-Lack of recovery, and KES- Global index.

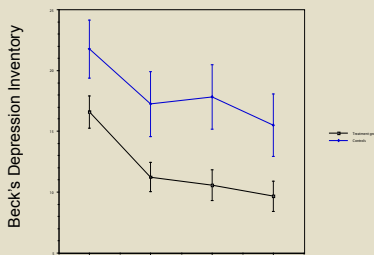


Figure 1. Changes in mean scores for the Beck's Depression Inventory within the treatment and control groups.

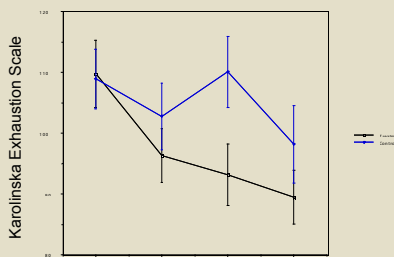


Figure 2. Changes in mean scores for the Karolinska Exhaustion Scale (Global score) within the treatment and control groups.

Physiological measures: Levels of HbA1C increased in both groups, and were higher at both follow-up points.

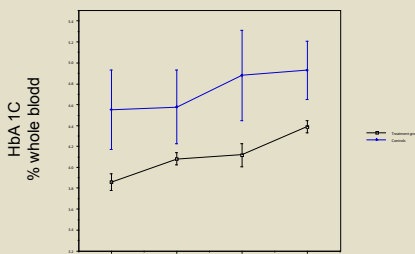


Figure 3. Mean and standard errors for levels of HbA1C in the treatment and control groups.

Sick leave and return to work: At three-year follow-up, the proportion that had returned to active employment was 21% higher among course participants than among controls (Data is not shown).



Material and methods

Participants were 24 female patients (mean age 52±5 years) on sick-leave due to stress. The study design was quasi-experimental, with a group taking part of the combined intervention (n=12) and a group receiving treatment as usual (n=12). Data sampling with interviews, questionnaires, and blood drawings, was performed before and after treatment, and at six and twelve months follow-up.

Interventions: We compared the effects of a company health center's usual treatment for stress versus the combination of this treatment and a group stress management intervention aimed at improved coping with symptoms of stress.

Measures: Levels of depression were measured with the Beck's Depression Inventory (BDI; Beck 1967). The Karolinska Exhaustion Scale (KES; Perski, 2002) was used to measure burnout, as assessed by the subscales cognitive exhaustion, lack of recovery, somatic symptoms, and emotional distress. Mean scores for each index were calculated, as well as a global KES index. Degree of sickleave and rates of return to work were gathered from patient records. Blood samples were drawn for the analysis of blood lipids, triglycerides, glycated haemoglobin (HbA1C) and immunoglobulin G (IgG).

References:

- Beck AT, Ward CH, Mendelson M, Mock JE, Erbaugh JK. An inventory for measuring depression. Archives of General Psychiatry 1961; 4:561-571.
- Perski A. Ur balans. Om stress, utbrändhet och vägar tillbaka till ett balanserat liv. Stockholm: Bonnier Fakta, 2002.