

Questions are Welcome!



- All questions are welcome! Dr. Hodkinson will answer all questions at the end of his presentation, as time permits.
- Dr. Hodkinson will also *personally* respond to all confidential questions. Here is his contact info: rhodkinson@westernmedical.ca | 1-800.290.2189
- A summary of this PowerPoint is available on request to Kenn Bur: kbur@westernmedical.ca

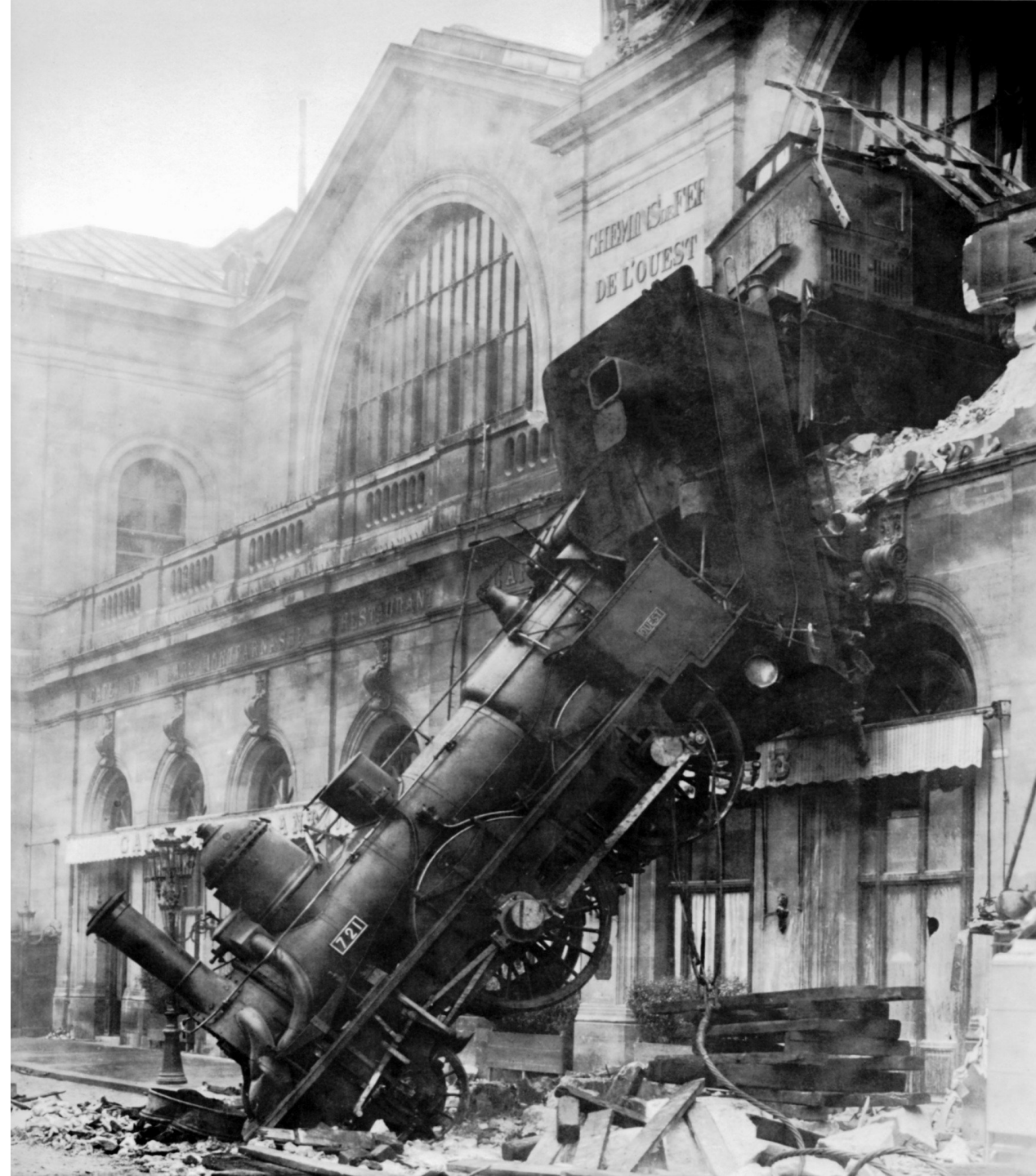
MEDICALIZATION:

How to Avoid an HR Train-Wreck

Dr. Roger Hodkinson

CEO & Medical Director

Western Medical Assessments



*“If you have to prove you are ill,
you can’t get well.”*

Dr. Nortin M. Hadler
American Rheumatologist and Author

Medicalization: What is it?

- Excessive medical treatment, especially non-evidence-based treatment
- No clearly defined diagnosis
- Patients gradually believe they are chronically ill or even disabled
- Physical and/or psychological issues
- Increasingly common

Medicalization: Why Care?

- ❑ Workplace absences cost Canadian businesses \$17 billion / year in lost productivity
- ❑ Cost of over-treatment is \$ billions for employers
- ❑ Over-treated staff more likely to seek long-term disability

Medicalization: Facilitators

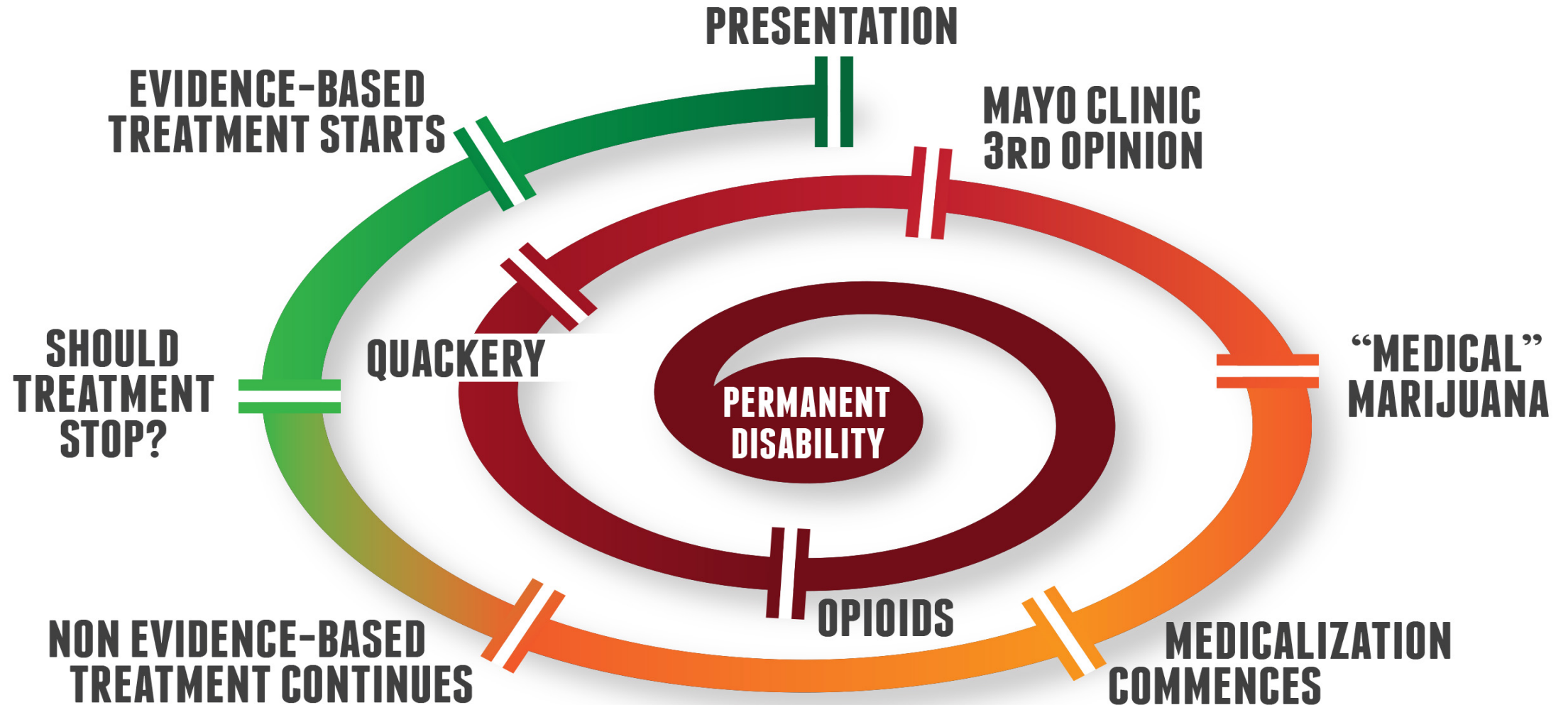
- ❑ GP notes for continual disability + treatment
- ❑ Chiropractor / Physiotherapy
- ❑ Family / Society / Internet
- ❑ Lawyers — Pain Diary
- ❑ 3rd, 4th, 5th opinions: 'Mayo Clinic Syndrome'

Webinar Question #1

If an employee is off work for one year, how likely are they to return to work ... EVER?

- a. 35%
- b. 10%
- c. 3%
- d. 0%

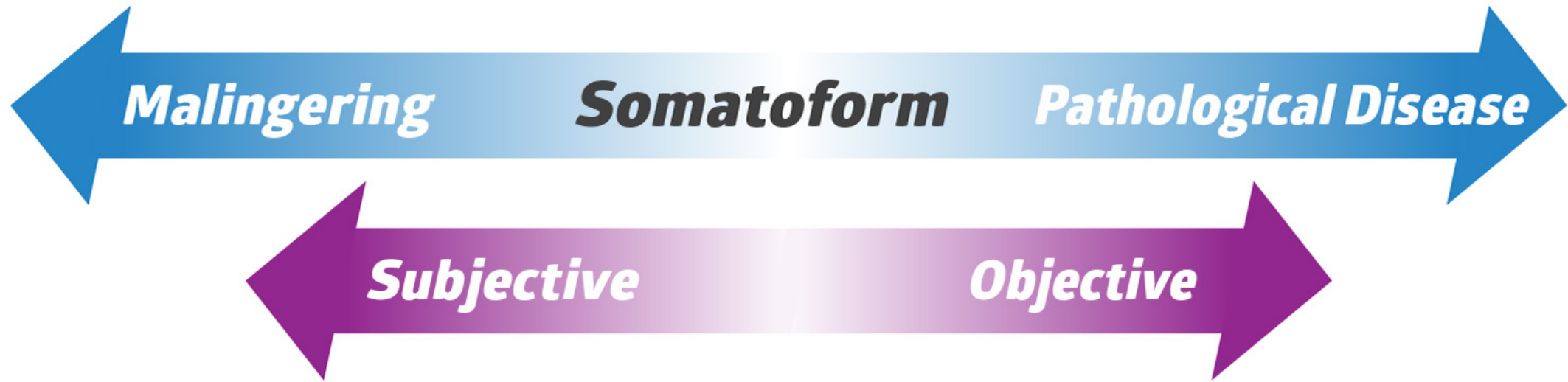
The MEDICALIZATION VORTEX



Somatoform Disorders

- Common cause of chronic pain / vague neurologic complaints
- No objective findings
- Cause of the problem cannot be identified
- Often strongly associated with diverse psycho-social issues
- Increasingly common
- Bio- psycho- social model

Medicalization Continua



Confounding Issues...

- Pre-existing disease
- Exacerbation
- Deconditioning

Webinar Question #2

Which of these complaints/findings could be considered **OBJECTIVE**?

- a. Pain
- b. Loss of Muscle Mass
- c. Headache
- d. Range of Motion
- e. None of the Above

OBJECTIVE vs. SUBJECTIVE

OBJECTIVE (*Very Few Things!*)

- Reflex Tap
- Pin Sensation
- Callouses
- Muscle Mass



SUBJECTIVE (*Almost Everything!*)

- Pain/Tenderness
- Range of Motion
 - Fatigue
 - Headache
 - Mood
 - Etc.
 - Etc.
 - Etc.

Chronic Pain Syndrome

- ❑ Somatoform disorder (**NOT a disease**);

Defined as a “subjective experience or self-attribution” that a disease is present.

it yields physical discomfort, emotional distress, behavioral limitations and psychosocial disruption

- ❑ Unexplained in terms of ongoing injury or disease
- ❑ Disproportionate to any ongoing pathology
- ❑ Diagnosis of exclusion – the nub of the problem
- ❑ Associated with numerous ‘red flags’

Hungry Mice **Feel Less Pain**

University of Pennsylvania, March 2018



Types of Chronic Pain Syndromes

- Fibromyalgia
- Myofascial Pain Syndrome
- Chronic Fatigue Syndrome

Fibromyalgia

- Somatoform disorder
- No medical cause
- Not volitional
- Widespread pain
- “Unrefreshed” sleep
- Fatigue
- Morning stiffness
- “Tender points” on examination — poor inter-observer consistency
- 50% not related to trauma — relation to trauma unproven

Somatoform Disorders: **Red Flags**



Demographics



- Female
- Ethnic
- Low Socio-Economic Status
- Grade 8-10 education
- International Comparison (Dr. Schrader Study)



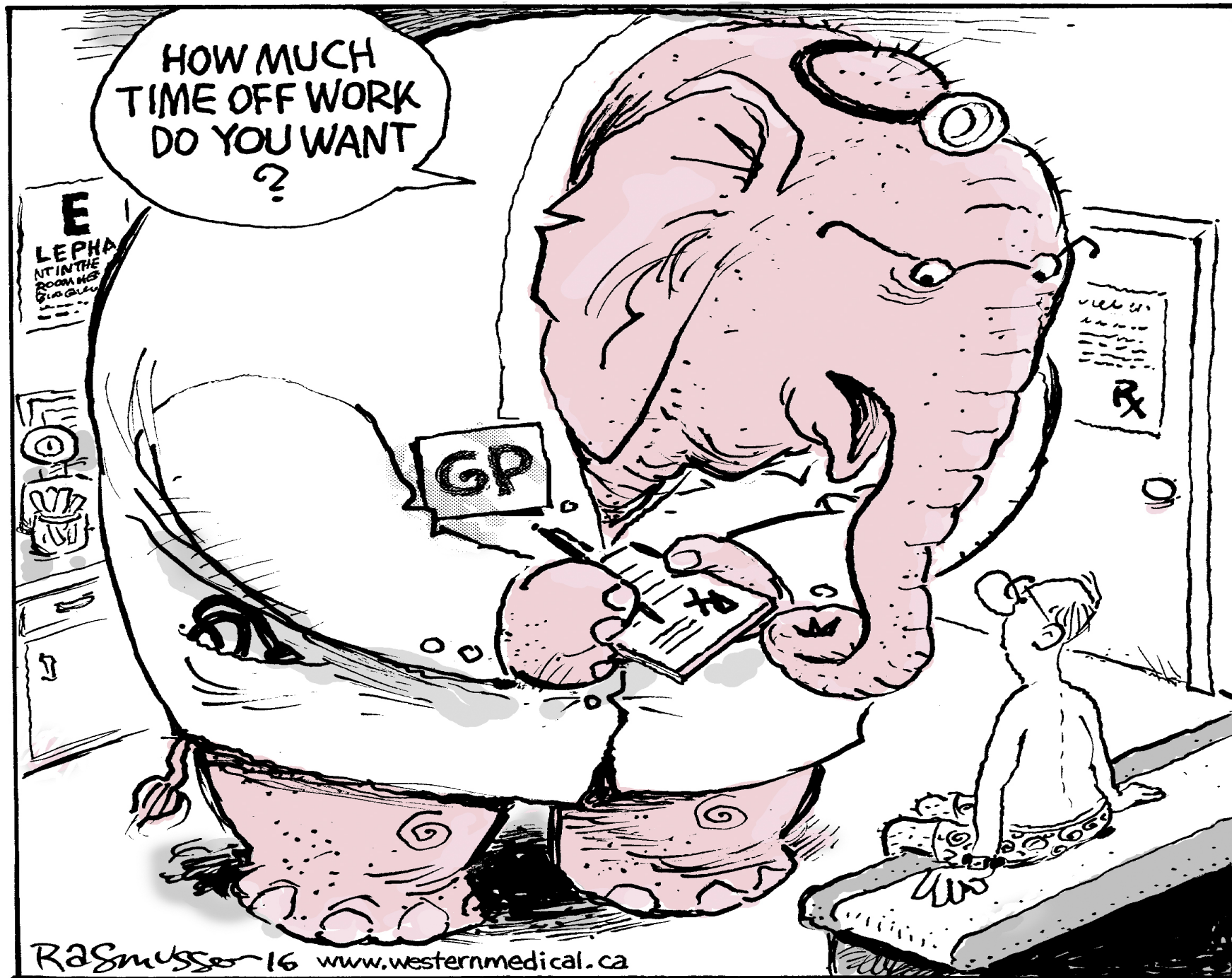
Social/Employment [1]

- 'Doctor Shopping'
- Job dissatisfaction
- Spouse on disability
- Knows someone with the condition



Social/Employment [2]

- Knowledgeable claimant (e.g. job, internet, etc.)
- Marital problems
- Single mother
- Multiple RTW dates with extensions



HOW MUCH
TIME OFF WORK
DO YOU WANT
?

E
LEPHA
NT IN THE
ROOM MED
ICAL GROUP

GP

Rx

Rx



Psychological

- Poor coping skills
- Anger
- Sexual abuse as a child
- Depression



Litigation

- Represented
- Previous MVAs (prolonged resolution)
- Prior WCB claims
- Complaints to College of Physicians & Surgeons

Malingering

- ❑ Intentional feigning or exaggerating of physical or psychological symptoms
- ❑ Usually for personal gain (e.g. paid leave of absence) – hence the term
“Secondary Gain”
- ❑ Waddell’s Signs often present at IME ... but NOT diagnostic

Webinar Question #3

Which of these common treatments is evidence-based?

- a. Cranio-Sacral Therapy
- b. Prolotherapy
- c. Active Physiotherapy
- d. Homeopathy
- e. None of the Above

Non-Evidence-Based Treatments

Non-Scientific Treatments

'THE MANIPULATORS'

- Chiropractic
- Cranio-sacral 'Therapy'
- Massage
- Passive* Physiotherapy



Non-Scientific Treatments

'THE STIMULATORS'

TENS

Transcutaneous **E**lectrical

Nerve **S**timulation



Non-Scientific Treatments

'THE NEEDLERS'

- Acupuncture
- Dry Needling
- Prolotherapy



Non-Scientific Treatments

'THE SYRINGERS'

- Facet-Joint Injections
- Trigger-Point Injections



Really Non-Scientific Treatments

'THE CHARLATANS'

- Homeopaths
- Naturopaths



Marijuana

‘Medical cannabinoid use should be limited; there is a potential restricted use for a small subset of medical conditions’

Simplified guideline for prescribing medical cannabinoids in primary care
Canadian Family Physician, February 2018



OPIOID ABUSE

HYDROCODONE
TAKE 1-2 TABLETS BY
MOUTH EVERY 4-6 HOURS AS
NEEDED FOR PAIN



Opioids

“Treatment with opioids was *not* superior to treatment with non-opioid medications for improving pain-related function over 12 months. Results do not support initiation of opioid therapy for moderate to severe chronic back pain or hip or knee osteoarthritis pain.”

Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain
Journal of American Medical Association, March 6, 2018





FAMILIAR
RIDERS
\$1.00

NOTICE
Please PAY
On the
HORSE.
CHILDREN
MUST RIDE
WITH AN
ADULT

NICOLEA

LONAN

NOTICE

Informed HR Prevents Medicalization

☐ Awareness

- Disability managers often unaware of harm from over-treatment
- Be aware that medicalization leads to long-term disability

☐ Passivity

- Challenge an unclear diagnosis with an IME
- Challenge an unclear treatment plan with an IME





'Evidence-based Empathy'

Medicalization: Prevention 1

- ❑ **Seek a clear diagnosis** -- Don't blindly accept a nebulous GP's note
- ❑ **Seek a clear treatment plan:**
 - Evidence-based
 - Time-limited
 - Non-invasive
 - Not harmful
 - Market-priced
 - Avoid marijuana and narcotics



Medicalization: Prevention 2

Active Case Management

- Information gathering
- Informal consultation with an IME company
- Early intervention with an independent assessment:
 - Diagnosis
 - Treatment Plan
 - Safe RTW Plan
 - Accommodations
 - P/T, Graduated, F/T Progression



Summary

- ❑ **Early *medical* intervention radically avoids medicalization**
- ❑ **Independent Medical Assessments:**
 - Provide **Medical Clarity**
 - **Faster Resolution** – Bypass public health system
- ❑ **Cost of *active, evidence-based intervention* is *less* than the **total** cost of *passive case-monitoring***
- ❑ **Better outcomes for employees' *self-esteem* and the company**
- ❑ ***Informal consultations* are key to navigating the medical labyrinth**

“It is more important to know what sort of patient has a disease, than what sort of disease a patient has.”

Sir William Osler
Canadian Physician, 1849-1919

