Efficacy of psychosocial and vocational interventions for improving return to work outcomes with people following an Acute Myocardial Infarction: A Systematic Review.

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Introduction:
Return to work following a coronary event can require significant social readjustment. Cardiac rehabilitation programs predominately focus on aerobic and strengthening interventions and do not often address vocational or psychosocial components. These are frequently delivered through individual or group counselling sessions. Currently, the effectiveness of counselling interventions in the early phase of recovery from acute myocardial infarction (AMI) is unknown.

Aim:
To examine the effects of psychosocial and vocational interventions delivered via counselling in the first three months post AMI compared with usual care for improving return to work outcomes.

Method:
A systematic search was completed across four electronic databases and 2 search engines to determine peer reviewed and grey literature papers. (Limits: English, to March 2016). Studies were independently screened by two reviewers. A narrative synthesis and meta-analysis was undertaken.

Results:
The search yielded 1395 papers. After duplication removal and screening of abstract and title, 35 full-text papers were retrieved. Of these, 18 papers remained for final analysis.
A flowchart on study selection is presented in Figure 1.

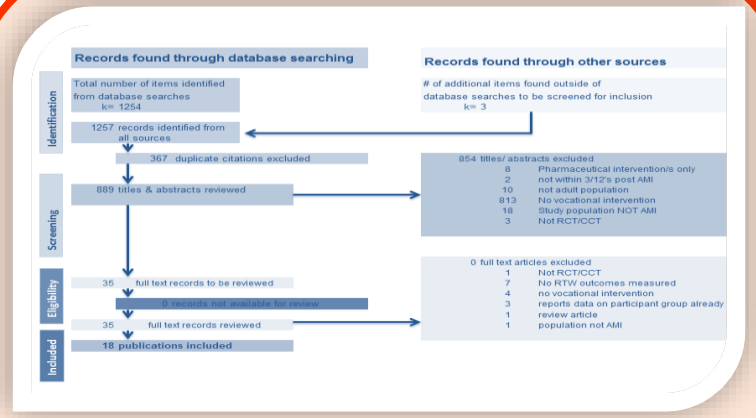

Figure 1 : Study selection flowchart

Group counselling vs. usual care
Four studies were included in the analysis (n=290). No significant difference in the percentage of participants working at 3 months was shown (Figure 2).

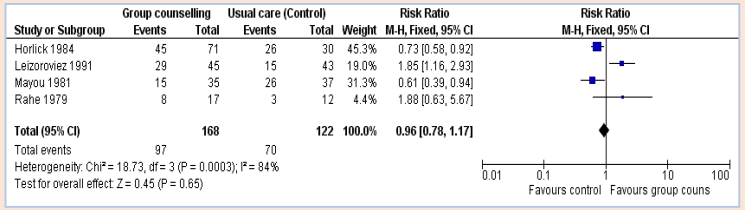

Figure 2. Group counselling vs. usual care (control), for return to work at 3 months post AMI.

Individual counselling vs. usual care
There was a small significant difference favouring individual counselling over usual care in this analysis of two studies involving 104 participants (Relative Risk (RR) = 1.17, 95% confidence interval (CI) 1.00 to 1.37; p=0.05) (Figure 3).

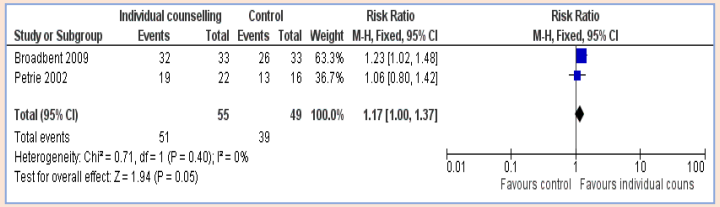

Figure 3. Individual counselling vs. usual care (control), for return to work at 3 months post AMI.

Individually delivered psychosocial and vocational interventions may improve work rates at 3 months (RR= 1.17; p = 0.05) when compared to usual care but there was no difference at 6 or 12 months.

People receiving group or individual psychological / vocational counselling returned to work 6.33 days sooner than those who received usual care (95% CI -7.18 to -5.49; p<0.001).

Significance of Findings to Allied Health:
Addressing psychosocial and vocational interventions on an individual or group basis is favourable for people within three months of AMI, however evidence is still limited.

There is a need for more detailed, high-quality studies with valid comparison groups and follow-up to determine the most effective approach for optimal return to work outcomes with this population.

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