Appendix for report
Insatser i vården vid långtidssjukskrivning/Health care interventions in case of long-term sick leave, rapport 359 (2022)

Bilaga 2 Studier med hög risk för bias, inte relevanta studier och orsak till exkludering/Appendix 2 Studies with high risk of bias, not relevant studies, and reasons for exclusion

Table of contents

This document consists of articles excluded after assessment.

Studies with high risk of bias

Reference	Assessment
Aasdahl L, Pape K, Vasseljen O, Johnsen R, Gismervik S, Jensen C, et al. Effects of Inpatient Multicomponent Occupational Rehabilitation versus Less Comprehensive Outpatient Rehabilitation on Somatic and Mental Health: Secondary Outcomes of a Randomized Clinical Trial. Journal of Occupational Rehabilitation, 2017; 27 (3): 456-66. Available from: https://doi.org/https://dx.doi.org/10.1007/s10926-016-9679-5.	High risk of bias
Andersen LN, Juul-Kristensen B, Sorensen TL, Herborg LG, Roessler KK, Sogaard K. Longer term follow-up on effects of Tailored Physical Activity or Chronic Pain Self-Management Programme on return-to-work: A randomized controlled trial. Journal of Rehabilitation Medicine, 2016; 48 (10): 887-92. Available from: https://doi.org/https://dx.doi.org/10.2340/16501977-2159.	High risk of bias
Anderson B, Strand LI, Råheim M. The effect of long-term body awareness training succeeding a multimodal cognitive behavior program for patients with widespread pain. Journal of Musculoskeletal Pain, 2007; 15 (3): 19-29. Available from: https://doi.org/10.1300/J094v15n03_04.	High risk of bias
Aure OF, Nilsen JH, Vasseljen O. Manual therapy and exercise therapy in patients with chronic low back pain: a randomized, controlled trial with 1-year follow-up. Spine, 2003; 28 (6): 525-31; discussion 31-2.	High risk of bias
Beck BD, Hansen AM, Gold C. Coping with Work-Related Stress through Guided Imagery and Music (GIM): Randomized Controlled Trial. Journal of Music Therapy, 2015; 52 (3): 323-52. Available from: https://doi.org/https://dx.doi.org/10.1093/jmt/thv011.	High risk of bias
Bethge M, Herbold D, Trowitzsch L, Jacobi C. Work status and health-related quality of life following multimodal work hardening: a cluster randomised trial. Journal of Back & Musculoskeletal Rehabilitation, 2011; 24 (3): 161-72. Available from: https://doi.org/https://dx.doi.org/10.3233/BMR-2011-0290.	High risk of bias
Blonk RWB, Brenninkmeijer V, Lagerveld SE, Houtman ILD. Return to work: A comparison of two cognitive behavioural interventions in cases of work-related psychological complaints among the self-employed. Work & Stress, 2006; 20 (2): 129-44. Available from: https://doi.org/10.1080/02678370600856615.	High risk of bias
Blomdahl C, Guregård S, Rusner M, Wijk H. Recovery From Depression—A 6-Month Follow-up of a Randomized Controlled Study of Manual-Based Phenomenological Art Therapy for Persons With Depression. Art Therapy. 2022;39(1):13-23. Available from: https://doi.org/10.1080/07421656.2021.1922328.	High risk of bias
Bogefeldt J, Grunnesjo MI, Svardsudd K, Blomberg S. Sick leave reductions from a comprehensive manual therapy programme for low back pain: the Gotland Low Back Pain Study. Clinical Rehabilitation, 2008; 22 (6): 529-41. Available from: https://doi.org/https://dx.doi.org/10.1177/0269215507087294.	High risk of bias
Bolam KA, Mijwel S, Rundqvist H, Wengstrom Y. Two-year follow-up of the OptiTrain randomised controlled exercise trial. Breast Cancer Research & Treatment, 2019; 175 (3): 637-48. Available from: https://doi.org/https://dx.doi.org/10.1007/s10549-019-05204-0.	High risk of bias

Reference	Assessment
Feuerstein M, Huang GD, Ortiz JM, Shaw WS, Miller VI, Wood PM. Integrated case management for work-related upper-extremity disorders: impact of patient satisfaction on health and work status. Journal of Occupational & Environmental Medicine, 2003; 45 (8): 803-12.	High risk of bias
Greidanus MA, de Rijk AE, de Boer A, Bos M, Plaisier PW, Smeenk RM, et al. A randomised feasibility trial of an employer-based intervention for enhancing successful return to work of cancer survivors (MiLES intervention). BMC Public Health, 2021; 21 (1): 1433. Available from: https://doi.org/https://dx.doi.org/10.1186/s12889-021-11357-9.	High risk of bias
Hagen EM, Eriksen HR, Ursin H. Does early intervention with a light mobilization program reduce long-term sick leave for low back pain? Spine (Phila Pa 1976), 2000; 25 (15): 1973-6.	High risk of bias
Haugli L, Steen E, Lærum E, Nygard R, Finset A. Learning to have less pain--is it possible? A one-year follow-up study of the effects of a personal construct group learning programme on patients with chronic musculoskeletal pain. Patient Education and Counseling, 2001; 45 (2): 111-18. Available from: https://doi.org/10.1016/S0738-3991(00)00200-7.	High risk of bias
Hubbard G, Gray NM, Ayansina D, Evans JM, Kyle RG. Case management vocational rehabilitation for women with breast cancer after surgery: a feasibility study incorporating a pilot randomised controlled trial. Trials [Electronic Resource], 2013; 14175. Available from: https://doi.org/https://dx.doi.org/10.1186/1745-6215-14-175.	High risk of bias
Hurley DA, McDonough SM, Dempster M, Moore AP, Baxter GD. A randomized clinical trial of manipulative therapy and interferential therapy for acute low back pain. Spine, 2004; 29 (20): 2207-16.	High risk of bias
Jong MC, Boers I, Schouten van der Velden AP, Meij Svd, Göker E, Timmer-Bonte ANJH, et al. A Randomized Study of Yoga for Fatigue and Quality of Life in Women with Breast Cancer Undergoing (Neo) Adjuvant Chemotherapy. Journal of Alternative & Complementary Medicine, 2018; 24 (9/10): 942-53. Available from: https://doi.org/10.1089/acm.2018.0191.	High risk of bias
Jousset N, Fanello S, Bontoux L, Dubus V, Billabert C, Vielle B, et al. Effects of functional restoration versus 3 hours per week physical therapy: a randomized controlled study. Spine, 2004; 29 (5): 487-93; discussion 94. Available from: https://doi.org/10.1097/01.brs.0000102320.35490.43.	High risk of bias
Lo Sasso AT, Rost K, Beck A. Modeling the impact of enhanced depression treatment on workplace functioning and costs: a cost-benefit approach. Med Care, 2006; 44 (4): 352-8. Available from: https://doi.org/10.1097/01.mlr.0000204049.30620.1e.	High risk of bias
Meijer EM, Sluiter JK, Heyma A, Sadiraj K, Frings-Dresen MH. Cost-effectiveness of multidisciplinary treatment in sick-listed patients with upper extremity musculoskeletal disorders: a randomized, controlled trial with one-year follow-up. International Archives of Occupational & Environmental Health, 2006; 79 (8): 654-64.	High risk of bias

Reference	Assessment
Meyer K, Fransen J, Huwiler H, Uebelhart D, Klipstein A. Feasibility and results of a randomised pilot-study of a work rehabilitation programme. Journal of back and musculoskeletal rehabilitation, 2005; 18 (3-4): 67-78. Available from: https://doi.org/10.1016/S0901-5027(05)81137-3.	High risk of bias
Mijwel S, Jervaeus A, Bolam KA, Norrbom J, Bergh J, Rundqvist H, et al. High-intensity exercise during chemotherapy induces beneficial effects 12 months into breast cancer survivorship. Journal of Cancer Survivorship, 2019; 13 (2): 244-56. Available from: https://doi.org/https://dx.doi.org/10.1007/s11764-019-00747-z.	High risk of bias
Nguyen C, Boutron I, Rein C, Baron G, Sanchez K, Palazzo C, et al. Intensive spa and exercise therapy program for returning to work for low back pain patients: a randomized controlled trial. Scientific Reports, 2017; 7 (1): 17956. Available from: https://doi.org/https://dx.doi.org/10.1038/s41598-017-18311-z.	High risk of bias
Norbye AD, Omdal AV, Nygaard ME, Romild U, Eldoen G, Midgard R. Do Patients With Chronic Low Back Pain Benefit From Early Intervention Regarding Absence From Work?: A Randomized, Controlled, Single-Center Pilot Study. Spine, 2016; 41 (21): E1257-E64. Available from: https://doi.org/https://dx.doi.org/10.1097/BRS.0000000000001878.	High risk of bias
Nystuen P, Hagen KB. Feasibility and effectiveness of offering a solution-focused follow-up to employees with psychological problems or muscle skeletal pain: a randomised controlled trial. BMC Public Health, 2003; 319.	High risk of bias
Roche-Leboucher G, Petit-Lemanac'h A, Bontoux L, Dubus-Bausiere V, Parot-Shinkel E, Fanello S, et al. Multidisciplinary intensive functional restoration versus outpatient active physiotherapy in chronic low back pain: a randomized controlled trial. Spine, 2011; 36 (26): 2235-42. Available from: https://doi.org/https://dx.doi.org/10.1097/BRS.0b013e3182191e13.	High risk of bias
Ronzi Y, Roche-Leboucher G, Begue C, Dubus V, Bontoux L, Roquelaure Y, et al. Efficiency of three treatment strategies on occupational and quality of life impairments for chronic low back pain patients: is the multidisciplinary approach the key feature to success? Clinical Rehabilitation, 2017; 31 (10): 1364-73. Available from: https://doi.org/https://dx.doi.org/10.1177/0269215517691086.	High risk of bias
Rost K, Smith JL, Dickinson M. The effect of improving primary care depression management on employee absenteeism and productivity. A randomized trial. Med Care, 2004; 42 (12): 1202-10. Available from: https://doi.org/10.1097/00005650-200412000-00007.	High risk of bias
Schene AH, Koeter MW, Kikkert MJ, Swinkels JA, McCrone P. Adjuvant occupational therapy for work-related major depression works: randomized trial including economic evaluation. Psychological Medicine, 2007; 37 (3): 351-62.	High risk of bias

Reference	Assessment
Schiltenwolf M, Buchner M, Heindl B, von Reumont J, Muller A, Eich W. Comparison of a biopsychosocial therapy (BT) with a conventional biomedical therapy (MT) of subacute low back pain in the first episode of sick leave: a randomized controlled trial. European Spine Journal, 2006; 15 (7): 1083-92. Available from: https://doi.org/10.1007/s00586-005-0008-5.	High risk of bias
Stenlund T, Ahlgren C, Lindahl B, Burell G, Steinholtz K, Edlund C, et al. Cognitively oriented behavioral rehabilitation in combination with Qigong for patients on long-term sick leave because of burnout: REST—A randomized clinical trial. International Journal of Behavioral Medicine, 2009; 16 (3): 294-303. Available from: https://doi.org/10.1007/s12529-008-9011-7.	High risk of bias
Stenlund T, Nordin M, Jarvholm LS. Effects of rehabilitation programmes for patients on long-term sick leave for burnout: a 3-year follow-up of the REST study. Journal of Rehabilitation Medicine, 2012; 44 (8): 684-90. Available from: https://doi.org/https://dx.doi.org/10.2340/16501977-1003.	High risk of bias
Streibelt M, Bethge M. Effects of intensified work-related multidisciplinary rehabilitation on occupational participation: a randomized-controlled trial in patients with chronic musculoskeletal disorders. International Journal of Rehabilitation Research, 2014; 37 (1): 61-6. Available from: https://doi.org/https://dx.doi.org/10.1097/MRR.0000000000000031.	High risk of bias
van der Feltz-Cornelis CM, Hoedeman R, de Jong FJ, Meeuwissen JA, Drewes HW, van der Laan NC, et al. Faster return to work after psychiatric consultation for sicklisted employees with common mental disorders compared to care as usual. A randomized clinical trial. Neuropsychiatr Dis Treat, 2010; 6375-85. Available from: https://doi.org/10.2147/ndt.s11832.	High risk of bias
Wynne-Jones G, Artus M, Bishop A, Lawton SA, Lewis M, Jowett S, et al. Effectiveness and costs of a vocational advice service to improve work outcomes in patients with musculoskeletal pain in primary care: a cluster randomised trial (SWAP trial ISRCTN 52269669). Pain, 2018; 159 (1): 128-38. Available from: https://doi.org/https://dx.doi.org/10.1097/j.pain.0000000000001075.	High risk of bias

Not relevant studies

Reference	Reason for exclusion
Champagne R, Ronzi Y, Roche-Leboucher G, Begue C, Dubus V, Bontoux L, et al. Effectiveness of an outpatient rehabilitation program with multidisciplinary approach on return to work for patients with non-specific chronic lombal pain. Annals of Physical and Rehabilitation Medicine. 2018;61. Available from: https://doi.org/10.1016/j.rehab.2018.05.034.	Wrong study design
Aasdahl L, Gismervik SO, Marchand GH, Vasseljen O, Johnsen R, Fimland MS. Changes in fear-avoidance beliefs and work participation after occupational rehabilitation for musculoskeletal- and common mental disorders: secondary outcomes of two randomized clinical trials. J Rehabil Med, 2019; 51 (3): 175-82. Available from: https://doi.org/https://dx.doi.org/10.2340/16501977-2520.	Wrong research question
Arends I, van der Klink JJL, Bultman U. Prevention of recurrent sickness absence among employees with common mental disorders. BMC public health, 2010; 10132.	Wrong study design
Arends IA, Van Der K, Van R, De B, Bültmann. Prevention of recurrent sickness absence among workers with common mental disorders: Results of a cluster-randomised controlled trial. Occupational and Environmental Medicine, 2013; 70 (Suppl 1): A106.2-A06. Available from: https://doi.org/10.1136/oemed-2013-101717.311.	Wrong study design
Beiwinkel T, Eissing T, Telle NT, Siegmund-Schultze E, Rossler W. Effectiveness of a Web-Based Intervention in Reducing Depression and Sickness Absence: Randomized Controlled Trial. J Med Internet Res, 2017; 19 (6): e213. Available from: https://doi.org/10.2196/jmir.6546.	Wrong patient population
Bendix T, Bendix A, Labriola M, Haestrup C, Ebbehoj N. Functional restoration versus outpatient physical training in chronic low back pain: a randomized comparative study. Spine, 2000; 25 (19): 2494-500. Available from: https://doi.org/10.1097/00007632-200010010-00012.	Wrong patient population
Berglund E, Anderzen I, Andersen A, Carlsson L, Gustavsson C, Wallman T, et al. Multidisciplinary Intervention and Acceptance and Commitment Therapy for Return-to-Work and Increased Employability among Patients with Mental Illness and/or Chronic Pain: A Randomized Controlled Trial. Int J Environ Res Public Health, 2018; 15 (11): 31. Available from: https://doi.org/https://dx.doi.org/10.3390/ijerph15112424.	Wrong patient population
Bergman GJ, Winter JC, van Tulder MW, Meyboom-de Jong B, Postema K, van der Heijden GJ, et al. Manipulative therapy in addition to usual medical care accelerates recovery of shoulder complaints at higher costs: economic outcomes of a randomized trial. BMC Musculoskeletal Disorders, 2010; 11200-00. Available from: https://doi.org/10.1186/1471-2474-11-200.	Wrong patient population

Reference	Reason for exclusion
Bergstrom C, Jensen I, Hagberg J, Busch H, Bergstrom G. Effectiveness of different interventions using a psychosocial subgroup assignment in chronic neck and back pain patients: a 10-year follow-up. Disabil Rehabil, 2012; 34 (2): 110-8. Available from: https://doi.org/https://dx.doi.org/10.3109/09638288.2011.607218.	Wrong research question
Blomdahl C, Guregard S, Rusner M, Wijk H. A manual-based phenomenological art therapy for individuals diagnosed with moderate to severe depression (PATd): A randomized controlled study. Psychiatr Rehabil J, 2018; 41 (3): 169-82. Available from: https://doi.org/https://dx.doi.org/10.1037/prj0000300.	Wrong patient population
Bonde JP, Rasmussen MS, Hjollund H, Svendsen SW, Kolstad HA, Jensen LD, et al. Occupational disorders and return to work: a randomized controlled study. J Rehabil Med, 2005; 37 (4): 230-5. Available from: https://doi.org/10.1080/16501970410025487.	Wrong patient population
Brattberg G. Internet-based rehabilitation for individuals with chronic pain and burnout: a randomized trial. Int J Rehabil Res, 2006; 29 (3): 221-7.	Short follow-up time
Brendbekken R, Harris A, Ursin H, Eriksen H, Tangen T. Multidisciplinary Intervention in Patients with Musculoskeletal Pain: a Randomized Clinical Trial. International Journal of Behavioral Medicine, 2016; 23 (1): 1-11. Available from: https://doi.org/10.1007/s12529-015-9486-y.	Wrong outcomes
Brusco NK, Watts JJ, Shields N, Chan SP, Taylor NF. Does additional acute phase inpatient rehabilitation help people return to work? A subgroup analysis from a randomized controlled trial. Clin Rehabil, 2014; 28 (8): 754-61.	Wrong patient population
Böttcher HM, Steimann M, Rotsch M, Zurborn KH, Koch U, Bergelt C. Enhancing the return to work of cancer patients-an evaluation of an occupation-related rehabilitation program. Onkologie, 2012; 35242. Available from: https://doi.org/10.1159/000178474.	Wrong study design
Chanchai W, Siriwong W, Songkham W, Ketsomporn P, Sappakitchanchai P. Effects of participatory ergonomic intervention program (PEIP) on musculoskeletal and health outcomes among hospital orderlies. Occupational and Environmental Medicine, 2018; 75A274-A75. Available from: https://doi.org/10.1136/oemed-2018-ICOHabstracts.784.	Wrong study design
Cheng AS, Hung L. Randomized controlled trial of workplace-based rehabilitation for work-related rotator cuff disorder. Journal of Occupational Rehabilitation, 2007; 17 (3): 487-503. Available from: https://doi.org/10.1007/s10926-007-9085-0.	Short follow-up time
Choi KA, Lindert L, Schlomann L, Samel C, Hellmich M, Pfaff H. A Cross-Provider Healthcare Management Program for Musculoskeletal Disorders: results of a Randomized Controlled Trial in 22 German Companies. International journal of environmental research and public health, 2021; 18 (22). Available from: https://doi.org/10.3390/ijerph182211844.	Wrong patient population

Reference	Reason for exclusion
Corazon SS, Nyed PK, Sidenius U, Poulsen DV, Stigsdotter UK. A Long-Term Follow-Up of the Efficacy of Nature-Based Therapy for Adults Suffering from Stress-Related Illnesses on Levels of Healthcare Consumption and Sick-Leave Absence: A Randomized Controlled Trial. Int J Environ Res Public Health, 2018; 15 (1): 15. Available from: https://doi.org/https://dx.doi.org/10.3390/ijerph15010137.	Wrong patient population
Coudeyre E, Tubach F, Rannou F, Baron G, Coriat F, Brin S, et al. Effect of a simple information booklet on pain persistence after an acute episode of low back pain: a non-randomized trial in a primary care setting. PLoS ONE, 2007; 2 (8): e706.	Short follow-up time
Dahl J, Wilson KG, Nilsson A. Acceptance and commitment therapy and the treatment of persons at risk for long-term disability resulting from stress and pain symptoms: A preliminary randomized trial. Behavior Therapy, 2004; 35 (4): 785-801. Available from: https://doi.org/10.1016/S0005-7894(04)80020-0.	Wrong patient population
Dalgaard VL, Andersen LPS, Andersen JH, Willert MV, Carstensen O, Glasscock DJ. Work-focused cognitive behavioral intervention for psychological complaints in patients on sick leave due to work-related stress: Results from a randomized controlled trial. J Negat Results Biomed, 2017; 16 (1): 13. Available from: https://doi.org/https://dx.doi.org/10.1186/s12952-017-0078-z.	Wrong outcomes
Danielsson L, Waern M, Hensing G, Holmgren K. Work-directed rehabilitation or physical activity to support work ability and mental health in common mental disorders: a pilot randomized controlled trial. Clin Rehabil, 2020; 34 (2): 170-81. Available from: https://doi.org/https://dx.doi.org/10.1177/0269215519880230.	Wrong patient population
De Bruijn C, Goossens M, de Bie R, Ament A, Geraets J, Dinant GJ. Cost-effectiveness of an education and activation program for patients with acute and subacute shoulder complaints compared to usual care. Int J Technol Assess Health Care, 2007; 23 (1): 80-8.	Wrong patient population
Dupeyron A, N'Guyen T, Azoury H, Grémeaux V, Coudeyre E. Sub acute low back pain: Effect of early information. Annals of Physical and Rehabilitation Medicine, 2013; 56e309. Available from: https://doi.org/10.1016/j.rehab.2013.07.820.	Wrong study design
Ejeby K, Savitskij R, Ost LG, Ekbom A, Brandt L, Ramnero J, et al. Symptom reduction due to psychosocial interventions is not accompanied by a reduction in sick leave: results from a randomized controlled trial in primary care. Scand J Prim Health Care, 2014; 32 (2): 67-72. Available from: https://doi.org/https://dx.doi.org/10.3109/02813432.2014.909163.	Wrong patient population
Eriksson MCM, Kivi M, Hange D, Petersson E-L, Ariai N, Häggblad P, et al. Long-term effects of Internet-delivered cognitive behavioral therapy for depression in primary care – the PRIM-NET controlled trial. Scandinavian Journal of Primary Health Care, 2017; 35 (2): 126-36. Available from: https://doi.org/10.1080/02813432.2017.1333299.	Wrong patient population

Reference	Reason for exclusion
Ezzedine Angulo A, Domenech Fernández J, Cabanes Soriano F, Lisón Parraga JF, Segura Ortí E, Buj Pascual J. Influence of physicians' beliefs and attitudes on their treatment recommendations for low back pain. Controlled clinical trial. European Spine Journal, 2014; 23 (1): 249-50. Available from: https://doi.org/10.1007/s00586-013-3090-0.	Wrong study design
Fauser D, Wienert J, Beinert T, Schmielau J, Biester I, Kruger HU, et al. Work-related medical rehabilitation in patients with cancer-Postrehabilitation results from a cluster-randomized multicenter trial. Cancer, 2019; 125 (15): 2666-74. Available from: https://doi.org/https://dx.doi.org/10.1002/cncr.32131.	Wrong patient population
Fauser D, Wienert J, Zomorodbakhsch B, Schmielau J, Biester I, Kruger HU, et al. Work-Related Medical Rehabilitation in Cancer: A Cluster-Randomized Multicenter Study. Dtsch, 2019; 116 (35-36): 592-99. Available from: https://doi.org/https://dx.doi.org/10.3238/arztebl.2019.0592.	Wrong patient population
Finnes A, Anderzen I, Pingel R, Dahl J, Molin L, Lytsy P. Comparing the Efficacy of Multidisciplinary Assessment and Treatment, or Acceptance and Commitment Therapy, with Treatment as Usual on Health Outcomes in Women on Long-Term Sick Leave-A Randomised Controlled Trial. Int J Environ Res Public Health, 2021; 18 (4): 11. Available from: https://doi.org/https://dx.doi.org/10.3390/ijerph18041754.	Wrong outcomes
Forsbrand MH, Turkiewicz A, Petersson IF, Sennehed CP, Stigmar K. Long-term effects on function, health-related quality of life and work ability after structured physiotherapy including a workplace intervention. A secondary analysis of a randomised controlled trial (WorkUp) in primary care for patients with neck and/or. Scand J Prim Health Care, 2020; 38 (1): 92-100. Available from: https://doi.org/https://dx.doi.org/10.1080/02813432.2020.1717081.	Wrong patient population
Frederiksen P, Indahl A, Andersen LL, Burton K, Hertzum-Larsen R, Bendix T. Can group-based reassuring information alter low back pain behavior? A cluster-randomized controlled trial. PLoS ONE, 2017; 12 (3): e0172003. Available from: https://doi.org/https://dx.doi.org/10.1371/journal.pone.0172003.	Wrong patient population
Fritz JM, Delitto A, Erhard RE. Comparison of classification-based physical therapy with therapy based on clinical practice guidelines for patients with acute low back pain: a randomized clinical trial. Spine, 2003; 28 (13): 1363-71; discussion 72.	Wrong patient population
Glomsrod B, Lonn JH, Soukup MG, Bo K, Larsen S. "Active back school", prophylactic management for low back pain: three-year follow-up of a randomized, controlled trial. J Rehabil Med, 2001; 33 (1): 26-30. Available from: https://doi.org/10.1080/165019701300006506.	Wrong patient population
Granstam BH, Rosenblad A, Lindemalm C, Ojutkangas ML, Letocha H, Strang P, et al. A randomized controlled trial of support group intervention after breast cancer treatment: Results on sick leave, health care utilization and health economy. Cancer Research, 2012; 72 (24). Available from: https://doi.org/10.1158/0008-5472.SABCS12-P2-12-09.	Wrong study design

Reference	Reason for exclusion
Grensman A, Acharya BD, Wandell P, Nilsson GH, Falkenberg T, Sundin O, et al. Effect of traditional yoga, mindfulness-based cognitive therapy, and cognitive behavioral therapy, on health related quality of life: a randomized controlled trial on patients on sick leave because of burnout. BMC Altern Med, 2018; 18 (1): 80. Available from: https://doi.org/https://dx.doi.org/10.1186/s12906-018-2141-9.	Wrong outcomes
Gross DP, Park J, Rayani F, Norris CM, Esmail S. Motivational Interviewing Improves Sustainable Return to Work in Injured Workers After Rehabilitation: A Cluster Randomized Controlled Trial. Arch Phys Med Rehabil, 2017; 98 (12): 2355-63. Available from: https://doi.org/https://dx.doi.org/10.1016/j.apmr.2017.06.003.	Wrong patient population
Gustavsson C, von Koch L. Applied relaxation in the treatment of long-lasting neck pain: a randomized controlled pilot study. Journal of Rehabilitation Medicine, 2006; 38 (2): 100-07.	Wrong patient population
Hagen EM. Does light mobilization treatment reduce long-term sick leave for low back pain? Norsk Epidemiologi, 2006; 16 (2): 137-44.	Duplicate
Hampel P, Kopnick A, Roch S. Psychological and work-related outcomes after inpatient multidisciplinary rehabilitation of chronic low back pain: a prospective randomized controlled trial. BMC Psychol, 2019; 7 (1): 6. Available from: https://doi.org/https://dx.doi.org/10.1186/s40359-019-0282-3.	Wrong patient population
Hampson ME, Hicks RE, Watt BD. Exploring the Effectiveness of Motivational Interviewing in Re-engaging People Diagnosed with Severe Psychiatric Conditions in Work, Study, or Community Participation. American Journal of Psychiatric Rehabilitation, 2015; 18 (3): 265-79. Available from: https://doi.org/10.1080/15487768.2014.954158.	Wrong patient population
Hange D, Ariai N, Kivi M, Eriksson MC, Nejati S, Petersson EL. The impact of internet-based cognitive behavior therapy on work ability in patients with depression - a randomized controlled study. Int J Gen Med, 2017; 10151-59. Available from: https://doi.org/https://dx.doi.org/10.2147/IJGM.S129710.	Wrong patient population
Hansen BB, Kirkeskov L, Begtrup LM, Boesen M, Bliddal H, Christensen R, et al. Early occupational intervention for people with low back pain in physically demanding jobs: A randomized clinical trial. PLoS Med, 2019; 16 (8): e1002898. Available from: https://doi.org/https://dx.doi.org/10.1371/journal.pmed.1002898.	Wrong patient population
Hazard RG, Reid S, Haugh LD, McFarlane G. A controlled trial of an educational pamphlet to prevent disability after occupational low back injury. Spine, 2000; 25 (11): 1419-23.	Wrong patient population
Hjelle Guddal M, Dahl AA, Nystad R, Thorsen L, Fossa˚ SD, Smeland S. Effects of a brief outpatient rehabilitation program for cancer patients on physical activity, return to work and quality of life. Psycho-Oncology, 2013; 22289-90. Available from: https://doi.org/10.1111/j.1099-1611.2013.3394.	Wrong study design

Reference	Reason for exclusion
Hochheim M, Ramm P, Wunderlich M, Amelung V. Cost-effectiveness analysis of a chronic back pain multidisciplinary biopsychosocial rehabilitation (MBR) compared to standard care for privately insured in Germany. BMC Health Services Research, 2021; 21 (1): 1-20. Available from: https://doi.org/10.1186/s12913-021-07337-9.	Wrong patient population
Hoefsmit N, Houkes I, Boumans N, Noben C, Winkens B, Nijhuis FJ. The Effectiveness of an Intervention to Enhance Cooperation Between Sick-Listed Employees and Their Supervisors (COSS). J Occup Rehabil, 2016; 26 (2): 229-36. Available from: https://doi.org/https://dx.doi.org/10.1007/s10926-015-9606-1.	Wrong patient population
Hoge EA, Guidos BM, Mete M, Bui E, Pollack MH, Simon NM, et al. Effects of mindfulness meditation on occupational functioning and health care utilization in individuals with anxiety. J Psychosom Res, 2017; 957-11. Available from: https://doi.org/https://dx.doi.org/10.1016/j.jpsychores.2017.01.011.	Wrong patient population
Hollinghurst S, Peters TJ, Kaur S, Wiles N, Lewis G, Kessler D. Cost-effectiveness of therapist-delivered online cognitive-behavioural therapy for depression: randomised controlled trial. Br J Psychiatry, 2010; 197 (4): 297-304. Available from: https://doi.org/https://dx.doi.org/10.1192/bjp.bp.109.073080.	Wrong patient population
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Excluded due to NRSI-design (non-randomised studies of the effects of interventions)

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Health economic studies with low quality or transferability

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