

- BSc Psychology, University of London, Goldsmith's College, 2001
- MSc Psychology, University of Exeter, 2003
- BSc Nursing (Adult), Greenwich University, 2008

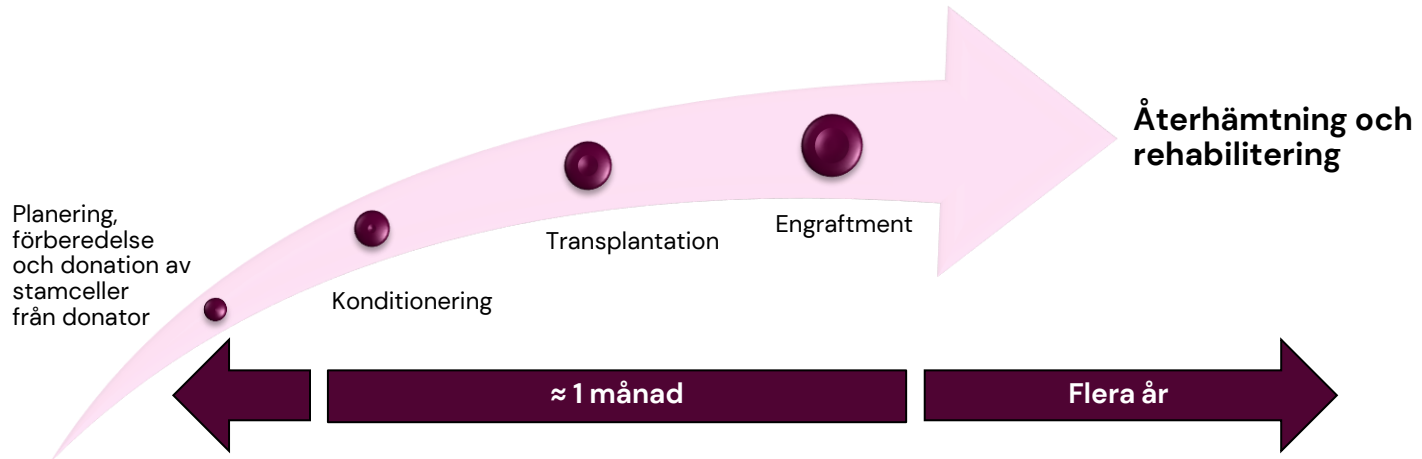
- Leg. sjuksköterska, St George's Hospital, 2008–2010
- Leg. sjuksköterska, Karolinska Universitetssjukhuset, 2010–2020
- Doktorand 60%, Karolinska Institutet, 2016–2022
- Adjunkt 40%, Karolinska Institutet, 2020–nuvarande

- Medicine doktor, Karolinska Institutet, 2022

- Adjunkt 80% och postdoktor 20%, Karolinska Institutet och Marie Cedershiölds Högskola, 2022–

Allogen hematopoetisk stamcellstransplantation (allo)

- Riskfylld behandling
- Intensiv förberedande regim
- Svår och krävande kort- och långsiktig återhämtning/rehabilitering



Återgång i arbete efter cancer

- Betalt arbete – viktig faktor för välbefinnande
- Sjukfrånvaro → negativa konsekvenser
- Högre risk för arbetslöshet och förtidspension, mindre sannolikt med återanställning.
- Faktorer som påverkar återgång i arbete:
 - Psykosociala
 - Sociodemografiska
 - Medicinska

Alexanderson et al., 2004; Bryngelson et al., 2009; Mehnert, 2011; de Boer et al., 2009; Syrjala et al., 2004; Kuba et al., 2017; Amler et al., 2015; Kirchhoff et al., 2010; Winterling et al., 2014

Arbetsituation efter allo

- Långsiktig överlevnad ökar efter allo
- Viktigt mål att återgå i arbete
- ≈ 50 % av patienter arbetar deltid eller är sjukskrivna p.g.a. försämrad hälsa

Remberger et al., 2011, Johansson et al., 2012; Winterling et al., 2014

Övergripande syfte

Utforska arbetsituationen hos patienter som genomgått
allo och vilka faktorer som är associerade med sjukskrivning
och återgång i arbete.

Övergripande design

Longitudinell, prospektiv single centre studie med både kvantitativ och kvalitativ forskningsansats.




Deltagare:

Alla patienter som genomgick allo-HSCT mellan februari 2009 och februari 2016, på Karolinska universitetssjukhuset (N=237).

Symtombörda efter allo

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Symptom Burden and Recovery in the First Year After Allogeneic Hematopoietic Stem Cell Transplantation

KEY WORDS
Allogeneic hematopoietic stem cell transplantation
Distress
General health
Occurrence
Sick leave

Background: Patients are affected by various symptoms after allogeneic hematopoietic stem cell transplantation (allo-HSCT) that can affect recovery. Research has mainly focused on symptom occurrence; thus, little is known about patients' overall symptom burden. **Objective:** The aim of this study was to examine patient-reported symptom burden in the first year after allo-HSCT and whether a high symptom burden 4 months after allo-HSCT predicts recovery, that is, general health and sick leave, 1 year after transplantation. **Methods:** Allo-HSCT patients (n = 128) < 65 years were included.


Table 2 • Most Frequently Occurring Symptoms and Most Distressing Symptoms During the First Year After Allo-HSCT

	At Baseline (n = 187) n (%)	At 4 mo (n = 155) n (%)	At 7 mo (n = 149) n (%)	At 1 y (n = 131) n (%)	
Most frequently occurring symptoms	Tiredness 163 (91)	Tiredness 144 (94)	Tiredness 127 (89)	Tiredness 112 (86)	
	Disinterested in sex 147 (83)	Susceptibility to infection 130 (84)	Susceptibility to infection 121 (85)	Susceptibility to infection 95 (74)	
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Abbreviation: HSCT, hematopoietic stem cell transplantation.

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
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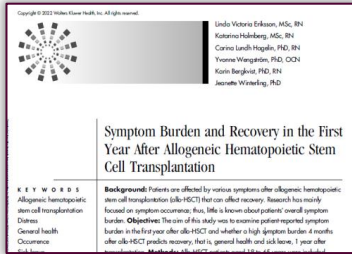


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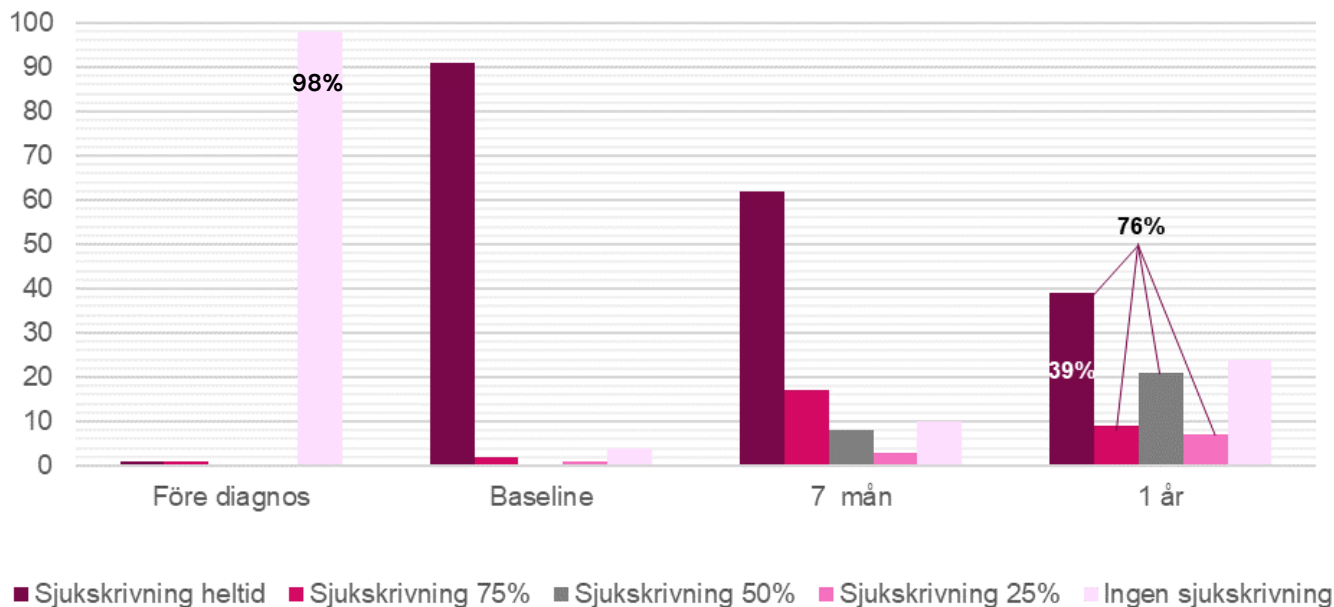
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Vad påverkar vad?

Hög symtombörda, hög ålder och låg fysisk aktivitet vid 4 mån påverkar hälsan 1 år efter behandling.

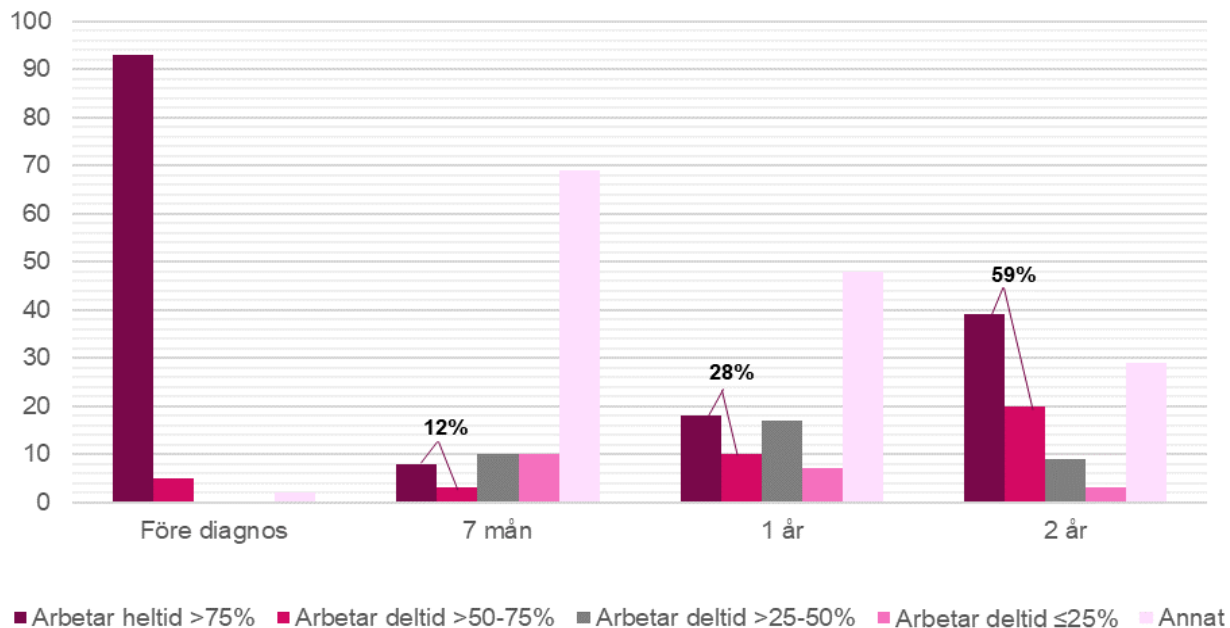
Arbetsituation – sjukskrivning

Andel sjukskrivna deltagare (%) under första året efter allo-HSCT (n=122)



Arbetsituation – återgång i arbete

Andel deltagare (%) som återgick i arbete under de första två åren efter allo-HSCT (n=104)



Faktorer som kan påverka arbetsituationen

Undersökta faktorer:

- Kön, ålder, utbildning, boendesituation
- Diagnos
- Konditionering, helkroppsstrålning
- GvH
- Relaps
- Generell hälsa
- Fysisk aktivitet
- Symtombörda
- Depression och ångest
- Tillfredsställelse med arbete
- Arbetsanpassning

- Fysisk aktivitet vid 4 mån
- Symtombörda vid 4 mån
- Tecken på depression vid 7 mån
- Tillfredsställelse med arbetsituation vid 7 mån
- cGvHD vid 1 år



**Sjukskrivning
heltid
(vid 1 år)**

- Utbildning
- cGvHD vid 2 år



**Återgång i
arbete >50%
(vid 2 år)**

$p < .05$

Intervjustudie



Sammanfattning

- Vilka symtom som är vanligast är inte desamma som patienterna upplever som de mest besvärande.
- Patienterna har många biverkningar/seneffekter som kvarstår en lång tid efter avslutad behandling.
- En stor andel patienter är fortfarande heltidssjukskrivna ett år efter allo.
- Depression, medicinska biverkningar, hög symtombörda, låg fysisk aktivitet och försämrad hälsa kan bidra till sjukskrivning.
- Återgång i arbete är en lång process som kan påverkas negativt av medicinska faktorer och positivt av en högre utbildningsnivå.
- Stöd i processen att återgå i arbete är särskilt viktigt när patienterna har en hög symtombörda.
- Arbete är viktigt för patienterna!

Vad bör vi göra och tänka på?

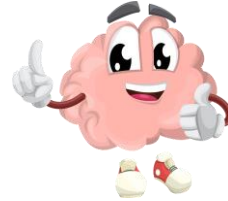
- Viktigt att vårdpersonal är medvetna om och noga övervakar både fysiska och mentala bi- och seneffekter.
- Implementering av skattningsinstrument kan hjälpa att identifiera problemområden och hitta strategier för att minska biverkningar och seneffekter efter allo.
- Vårdprogrammet i cancerrehabilitering
- Viktigt att inkludera patient, sjukvården, Försäkringskassan OCH arbetsgivare i planeringen för att återgå till arbete.
- Att kunna förutse vilka individer som ligger i riskzonen för långtidssjukskrivning och en problematisk återgång i arbete kan förhoppningsvis hjälpa patienter med råd och stöd i processen.

Vad tänker ni?

Avslutningsvis...



Det är roligt att forska!



Man utvecklas mycket

Doktorandtjänster utannonseras
frekvent

Finns många möjligheter att kombinera
forskning och kliniskt arbete



Det är viktigt att forska!

Stort tack för mig!

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