5docs Occupational Health

Webinar

Anxiety and Depression in Occupational Health

Diagnosis, Boundaries, and the Limits of Work Disability

25 januari 2027 • 18:30

Speaker

Gerardo Priego Rementeria, psychiater (Bilbao, Spanje)

Accreditatie ABSG

3 punten

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Datum	Aanvangstijd	Accreditatie ABSG
25 januari 2027	18:30	3 punten

Speaker	Gerardo Priego Rementeria, psychiater (Bilbao, Spanje)
Doelgroep	Bedrijfsartsen, verzekeringsartsen, ANIOS, AIOS, bedrijfsverpleegkundigen, praktijkondersteuners
Formaat	Webinar: Interactieve lezing met casusbespreking (intervisie).
Voertaal	English
Niveau	Gevorderde/postacademische medische nascholing.

Standaard inschrijfgeld

€ 120 + € 25,20 btw

Totaal € 145,20 (incl. 21% btw)

Inschrijvingen

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Course description

Depressive and anxiety disorders account for a large share of mental health-related sickness absence in the Netherlands, and their 12-month prevalence has risen substantially over the last decade (NEMESIS-3). For the occupational physician the hardest question is often not what the diagnosis is, but what it means for work: when a disorder justifies temporary incapacity, when partial work is possible or even therapeutic, and when absence itself begins to maintain the problem.

This course combines a psychiatrist's view of diagnosis with the practical questions of occupational and insurance medicine. It covers the continuum from normal distress to disorder (including overspanning and burnout), the clinical diagnosis of depression and anxiety disorders, the boundaries and overlap between them, the use and limits of screening instruments, and a structured framework for deciding when a common mental disorder justifies work disability.

Learning objectives

After this course, participants will be able to:

1. Distinguish normal distress, stress-related conditions (*overspanning*, burnout, adjustment disorder) and depressive and anxiety disorders, using DSM-5-TR, ICD-11 and the NVAB guideline on psychological problems.
2. Recognise the core diagnostic features, clinically relevant specifiers (melancholic, psychotic, anxious distress) and main differential diagnoses of a depressive episode, including bipolarity, medical causes, substance use and personality pathology.
3. Recognise the main anxiety disorders and explain the role of avoidance in maintaining both the disorder and sickness absence.
4. Describe the overlap between anxiety and depression (comorbidity, anxious depression, shared dimensional models) and its prognostic consequences.
5. Use and interpret screening instruments (4DKL, PHQ-9, GAD-7) and recognise when symptom validity needs to be considered.
6. Apply a structured, four-step framework to judge whether and to what degree a depressive or anxiety disorder justifies (temporary) work incapacity, translate symptoms into concrete functional limitations, and use the natural course and treatment adequacy as yardsticks for prognosis and return to work.

Programme

Time	Block	Content
18:30-20:00	Opening	Introduction, learning objectives, the central question: every disorder is real, not every disorder disables
	1. Scale of the problem	Epidemiology in the Netherlands (NEMESIS-2 vs NEMESIS-3); mental health and sickness absence
	2. From distress to disorder	The continuum from normal distress to disorder; spanningsklachten, overspanning, burnout (WHO QD85) and adjustment disorder; burnout versus depression; dimensional models (tripartite model, HITOP internalising spectrum)
	3. Diagnosing depression	DSM-5-TR and ICD-11 criteria; specifiers with occupational relevance; syndromal vs reactive vs characterological depression; differential diagnosis (bipolarity, medical, substances, grief, personality); red flags requiring urgent referral
20:00-20:15	Break (15 minutes)	
20:15-20:45	4. Diagnosing anxiety	GAD, panic disorder, agoraphobia, social anxiety, illness anxiety; normal vs pathological anxiety; avoidance as the engine of anxiety and sickness absence as a safety behaviour
	5. Where anxiety and depression meet	Comorbidity (NESDA); telling them apart in the consultation; anxious depression and mixed presentations; prognostic consequences
	6. Measuring	4DKL (distress, depression, anxiety, somatisation), PHQ-9, GAD-7, functional measures; symptom validity and over-reporting.
20:45-21:40	7. From diagnosis to disability	Symptoms are not incapacity; a four-step framework (valid diagnosis, specific limitations, incompatibility with the job, absence helps recovery); translating symptoms into functional limitations; severity-capacity grid; natural course and treatment adequacy as yardsticks; work conflict and situational incapacity; when absence harms; where full incapacity is justified; prognostic factors for return to work
	8. Case intervision	Three clinical vignettes discussed in small groups and plenary
21:40-21:45	Closing	Take-home messages, questions

Teaching methods

- Interactive lecture with slides, built around clinical decision points that occupational physicians face.
- Short audience polls and questions throughout (e.g. “sick leave or not?” at key slides).
- Case intervision: three realistic vignettes (burnout label masking a melancholic depression; panic disorder with avoidance after four months of absence; work conflict with high distress and no disorder).
- A background document with the underlying evidence and references is provided to participants.

Evaluation

Standard participant evaluation form (content, relevance to practice, speaker).

Key references

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