App. I

Table A. Terminology in the present dissertation with definitions and synonyms used in similar studies.

Terminology in the present dissertation	Definition	Synonyms used in similar studies	Comments
Mental health problems	General term referring to mental health symptoms in the population.	Mental health symptoms, mental health complaints, psychological complaints, mental distress, psychological distress, psychological symptoms,	Both sub-clinical and clinical symptom levels.
Anxiety, depression	Symptoms of anxiety or depression reaching a predefined case-threshold of a particular measurement instrument, but not necessarily equivalent to clinical diagnoses.		Will in the literature review in the present dissertation also be used when the measurement instrument is a diagnostic instrument.
Anxiety disorders, depressive disorders	Diagnostic categories of anxiety and depressive disorders.	Mood disorders, neurotic disorders, affective disorders, depressive illness	In contrast to the terms "anxiety" and "depression" defined above, the addition of "disorder" will be used only when the condition is defined through diagnostic instruments or medico-legal diagnoses.
Common mental disorders	Common term for anxiety and depression. May also include stress-related and adjustment disorders, but not alcohol related disorders in the present context.	Milder mental disorders, minor mental disorders, minor psychiatric disorders,	Includes case-level anxiety and depression measured both by screening and diagnostic instruments.
Severe mental disorders	Long-lasting, comprehensive mental disorders, often with severe functional impairments.		Examples are psychotic disorders, schizophrenia, bipolar disorder.
Sub case-level symptom loads	Symptoms of anxiety or depression lying in the area just below a predefined case-level threshold.	Subthreshold, subclinical, subsyndromal	Refers to HADS sub-scale scores in the range 5-7 in the results of the present PhD project.
Medico-legal diagnoses	Primary diagnostic code for which sickness or disability benefit is awarded, stated on sick-leave notes or disability benefit applications.		Usually stated by the applicants general practitioner or occupational physician.
Sickness absence	Time-limited absence from work because of health related work impairment	Sick-leave, short-term disability, sick days, work-loss	
Ill health retirement	Permanent work-life exit because of health related work impairment		
Ill health benefits	Common term for the bureaucratic event of payment of benefits that shall compensate for sickness absence or ill health retirement before scheduled age retirement		Includes both sickness benefits and disability benefits/disability pension
Disability pension	Benefit type that shall compensate for permanent work-life exit before scheduled age retirement.	Disability benefit, incapacity benefit	Disability pension is often considered a more permanent type of benefit than disability or incapacity benefits.

Table B. Overview over key record-based studies examining the relationship between common mental disorders and sickness absence[a].

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Koopmans et al 2010 (156) The Netherlands	Investigate recurrence of SA due to CMD, according to age and gender	Employees in one company (137,172)	Observational Official records 2001-2007	SA diagnoses of CMD	Incidence and recurrence of SA	Age, gender	No higher recurrence of SA due to anxiety and depressive disorders compared to distress and adjustment disorders. Higher SA incidence among women, no gender differences in recurrence. Recurrence more frequent among women age<45, no age differences found among men.
Roelen et al 2010 (155) The Netherlands	Investigate recurrence of SA according to diagnosis	Employees in one company (137,172)	Observational Official records 2001-2007	SA diagnoses	Incidence and recurrence of SA	Age, gender, socio-demographics[b], socioeconomic factors[c], work characteristics[i]	SA due to musculoskeletal disorders had the highest recurrence, followed by mental disorders.
Roelen et al 2009 (164) The Netherlands	Investigate the trends in incidence of SA due to CMD	General working population (≈ 1 million)	Observational Official records 2001-2007	SA diagnoses of CMD	Incidence SA	Age, gender, work characteristics[i]	SA due to CMD was 2.2% in 2001, increased to 2.7% in 2004 and decreased to 2.4% in 2007.
Koopmans et al 2008 (174) The Netherlands	Determine the duration of SA due to depressive symptoms	General working population (9,910)	Observational Official records 2002-2005	SA diagnoses of depression	Duration SA	Age, gender, work characteristics[i]	Mean (and median) duration of SA of 200 (179) days in men and 213 (201) days in women. Longer absence among older employees. Estimated rate of chronicity (1 year of absence) of 24%.
Hensing et al 2006 (163) Norway	Assess the incidence of SA with psychiatric diagnoses from 1994 to 2000, and the distribution across gender, age groups, diagnostic groups and regions.	General population (≈2,3 million)	Observational Official records 1994, 1996, 1998, 2000	SA with psychiatric diagnoses	Incidence SA	Age, gender, socio-demographics[b]	SA with a psychiatric diagnosis increased in all age groups, in both genders and in all regions from 1994 to 2000. The increase was highest among the middle-aged and among women.

Table B cont. Overview over key record-based studies examining the relationship between common mental disorders and sickness absence[a].

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Dewa et al 2002 (112) Canada	Study the prevalence of SA due to depression, and describe individual characteristics and disability outcomes	Employees in one sector (≈ 63,000)	Observational Company records 1996-1998	SA diagnosis of depression	Prevalence, duration and recurrence of SA	Age, gender, work characteristcs[i]	Compared with other nervous and mental disorders, SA due to depression affected more workers, had longer duration and higher rates of recurrence. More than ¾ returned to work at the end of the SA episode.
Nystuen et al 2001 (115) Norway	Describe incidence and duration of SA due to mental disorders	General population (101,512)	Observational Official records 1997-1998	SA with psychiatric diagnoses	Incidence and duration of SA	Age, gender	SA with psychiatric diagnoses accounted for 16.8% of all incidences and 31.5% of all refunded SA days. Higher incidence of SA among women compared with men. Median duration was 79 days. 8.5% had not returned to work after 12 months and were transferred to other benefits.
Druss et al 2000 (111) USA	Compare the health and disability costs of depressive disorders with those of four other chronic conditions	Employees in one company (15,153)	Observational Company records 1995	Depression, heart disease, diabetes, hypertension, back problems	Mental health costs, medical costs, SA days, total health and disability costs	Age, gender, socio-demographics[b], work characteristcs[i]	Depression accounted for significantly more costs than hypertension, and was comparable to the costs of the other three conditions. Comorbidity between depression and any other conditions increased the costs 1.7 times compared with the comparison condition alone. Depression was associated with significantly more SA days than any other condition.
Hensing et al 2000 (113) Norway	Assess the prevalence of SA due to mental disorders, with special focus on gender differences	General population on SA (28,799)	Observational Official records 1994	SA with psychiatric diagnosis	Cumulative incidence, number of SA days	Age, gender	Women had twice the cumulative incidence of SA with a psychiatric diagnosis. Men had more SA days. Cumulative incidence was highest among individuals aged 45-59 years. Depression was the most common diagnosis in both genders.

Table B cont. Overview over key record-based studies examining the relationship between common mental disorders and sickness absence[a].

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Muto et al 1999 (110) Japan	Examine SA due to mental disorders	Employees in eight companies (44,816)	Observational Company records 1997	SA diagnoses	Frequency, duration proportion of SA	Age, gender	Mental disorders constituted 21.0% of the SA, and SA due to mental disorders had longer duration than SA due to non-mental disorders.
Hensing et al 1996 (181) Sweden	Introduce a new dimension of SA duration in the analysis of gender differences in CMD	General population (≈ 400,000)	Observational Official records 1985-1987	SA diagnosis of CMD	Incidence and duration of SA	Age, gender	Men had longer SA duration, women had higher incidence. An increase in duration among women was found over three years. The gender differences were generally small.
Stansfeld et al 1995 (108) UK	To report socio-demographic associations for psychiatric SA	Civil servants (10,308)	Observational Civil service records 1985-1988	SA with psychiatric diagnosis	Duration of SA	Age, gender, socio-demographics[b], work characteristcs[i]	Mental disorders were the third and fourth most common cause of long SA among women and men respectively, and the second most common cause for very long SA in both genders. SA rates due to mental disorder were higher among lower employment grades, among widowed and single men, and among divorced women.

[a]Several of the studies have aims and results in addition to a focus on SA and ill health retirement. The additional results will not be mentioned in the current table. [b]Socio-demographic factors may include ethnicity, immigration status, region/living area, marital/cohabitation status, living with children. [c]Socio-economic factors may include education, income, material problems. [d]Health related behaviour may include physical activity, smoking, alcohol consumption. [e]Physical measures may include BMI, oxygen uptake. [f]General health may include general health status, work-related health, somatic symptoms. [g]Somatic illness may include chronic somatic illness, present somatic illness, somatic illness present last six months, number of somatic diagnoses. [h]Mental health may include stressful life events, comorbid mental disorders
[i]Work characteristics may include social support from superior/colleagues, job control, job security, shift work, occupation, employment status, part-time/ full time employment, employment skills, employment grade, duration of employment, company size, sector. [j]Psychosocial factors may include general social support, number of friends, social activities,

Abbreviations in the tables: BDI – shortened Beck Depression Inventory, BMI – body mass index, CIDI – Composite International Diagnostic Interview, CIS – Checklist Individual Strength, CMD – common mental disorders, DIS – Diagnostic Interview Schedule, DP – disability pension, GAD – general anxiety disorder, GHQ – General Health Questionnaire, HADS – Hospital Anxiety and Depression Scale, HPL – Human Population Laboratory, HSCL – Hopkins Symptom Checklist, IB – incapacity benefit, LOT-R – Life Orientation Test, LTSA – long-term sickness absence (>8 weeks), MHI – Mental Health Inventory, N/A – not applicable, PSE – Present State Examination, RTW – return to work, QoL – quality of life, SES – socio-economic status

Table C. Overview over key cross-sectional studies examining the relationship between common mental disorders and sickness absence[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Søgaard et al 2009 (195) Denmark	Estimate the incidence of mental disorders in LTSA	General population on SA (1,121)	Cross-sectional Population based survey 2004-2005	Record based LTSA	Mental disorders assessed with PSE	Age, gender, socio-demographics[b], work characteristcs[9]	High prevalence of mental disorders among individuals on LTSA
Gadalla et al 2009 (191) Canada	Examine socio-economic and demographic factors associated with CMD, and assess the relationship of CMD with short-term disability and work activity	General population (108,986)	Cross-sectional Population based survey 2005	Self-reported diagnosis of mood and/or anxiety disorder	Self-reported short-term work disability	Age, gender, socio-demographics[b], socio-economic factors[c], somatic illness[g]	Presence of CMD was significantly associated with reduced and/or modified work activity and disability days.
Munce et al 2007 (194) Canada	Examine whether depression is associated with SA among individuals with chronic pain	General population (9,238,154)	Cross-sectional Population based survey 2002	Self-reported presence of pain condition and SA previous week	Depression measured by CIDI	Age, gender, socio-demographics[b], socio-economic factors[c]	19% of individuals with absence meet criteria for depression versus 7.9% of non-absent individuals. Presence of major depression represented a three-fold increase in SA risk.

Table C cont. Overview over key cross-sectional studies examining the relationship between common mental disorders and sickness absence[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Kessler et al 2006 (192) USA	Compare work place costs of major depressive disorder and bipolar disorder	General population (3,378)	Cross-sectional Population based survey 2001-2003	Major depressive disorder and bipolar disorder assessed with CIDI	Work impairment, estimated work place costs	Age, gender, socio-demographics[b], socio-economic factors[c], work characteristcs[i]	Bipolar disorder had lower prevalence but was associated with more than twice as many lost workdays per ill worker as major depression. Higher work loss in bipolar disorder was more associated with more severe and persistent depressive episodes than with mania/hypomania.
Buist-Bouwman et al 2005 (190) The Netherlands	Examine association between physical and mental disorders and the separate and joint effect of physical and mental disorders on SA	General population (7,076)	Cross-sectional Population based survey 1996	Mental disorders measured by CIDI and self-reported physical disorders	Self-reported SA	Age, gender, socio-economic factors[c]	Both physical and mental disorders were significantly related to SA, mental disorders more so than physical disorders. Comorbidity between physical and mental disorders lead to a mainly additive increase in SA.
The EseMed/ MHEDEA 2000 investigators 2004 (80) Belgium, France, Germany, Italy, the Netherlands and Spain	Examine the impact of mental and physical disorders on work role disability and QoL in six European countries	General population (21,425)	Cross-sectional Population based survey 2001-2003	CMD measured by CIDI, self-reported presence of five chronic physical conditions	Self-reported SA and QoL	Age, gender, socio-demographics[b], socio-economic factors[c], work characteristcs[i]	Individuals with a mental disorder had three to four more SA days compared with individuals without mental disorder. SA increased with number of disorders

Table C cont. Overview over key cross-sectional studies examining the relationship between common mental disorders and sickness absence[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Savikko et al 2001 (189) Sweden	Analyse the association between mental health problems and general SA	Women in four occupational groups (1,407)	Cross-sectional Population based survey 1995	Five different indicators of mental health problems	General SA from official records	Age, work characteristcs[i]	Higher levels of SA among women with mental health problems. The association was found for frequency, incidence, length and duration of SA, and was also found for less severe forms of mental health problems (i.e. worries).
Kessler et al 2001 (188) USA	Compare the effect of different commonly occurring chronic conditions on work impairment	General population (2,074)	Cross-sectional Population based survey 1995-1996	Self-reported presence of chronic conditions ticked from a list	Self-reported work-impairment: SA days and work cutback days	Age, gender, socio-economic factors[c], work characteristcs[i]	Next after cancer, major depression, panic disorder and GAD were associated with the highest number of work-impairment days. Comorbidity was associated with higher work impairment than expected by an additive model.
Kessler et al 1999 (187) USA	Estimate short-term disability associated with major depression	General population (8,098 and 3,032)	Cross-sectional Two population based surveys 1990-1992, 1996	Major depression measured by CIDI, symptom severity measured by HSCL	Self-reported SA days in the past thirty days	Age, gender, socio-demographics[b], socio-economic factors[c], somatic illness[g]	Depressed workers had between 1.5 and 3.2 more SA than non-depressed workers during a thirty day period.
Hensing et al 1998 (186) Sweden	Compare the role of mental disorders on SA	Women in the general population (292)	Cross-sectional Population based survey 1989-1990	Mental disorders assessed by CIDI	SA with diagnosis from official registries, SA episodes and days each year during follow-up	Age, gender, socio-demographics[b], socio-economic factors[c], general health[f]	Women with mental disorders had increased number of SA episodes and SA days in all SA diagnostic groups.

Table C cont. Overview over key cross-sectional studies examining the relationship between common mental disorders and sickness absence[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Hensing et al 1997 (185) Sweden	Assess SA among women in relation to mental disorder	Women in the general population (292)	Cross-sectional Population based survey 1989-1990	Mental disorders assessed by CIDI	General SA from official registries 1981-1990, number of SA episodes and SA days each year during follow-up	Age, gender, socio-demographics[b], socio-economic factors[c], general health[f]	Women with a mental disorder had higher rates of SA than women without mental disorder. Higher SA among women with comorbid mental and physical disorder.
Kessler & Frank 1997 (39) USA	Examine relationships between mental disorders and work loss days	General population (4,091)	Cross-sectional Population based survey 1990-1992	Mental disorders assessed with CIDI	Self-reported SA and work cutback previous 30 days	Work characteristcs[i]	Mental disorders were associated with SA, number of SA days do not differ significantly across occupations. Comorbidity between different mental disorders increases the number of SA days compared with pure disorders.
Kopp et al 1995 (184) Hungary	Analyse the relationship between socioeconomic factors, severity of depressive symptomatology and SA rate	General working population (20,902)	Cross-sectional Population based survey 1988	Depression measured by BDI	Self-reported number of SA days due to a given illness previous year	Age, gender, socio-demographics[b], socio-economic factors[c], work characteristcs[i]	Severity of depression was closely correlated with SA. Depression seemed to mediate between socioeconomic factors and higher SA rate.
Kouzis et al 1994 (183) USA	Examine days missed from work or usual activities for different severity levels of emotional distress	General population (3,481)	Cross-sectional Population based survey 1981	Mental disorders assessed with DIS	Self-reported SA due to emotional problems and physical illness	Age, gender, socio-demographics[b], socio-economic factors[c], somatic illness[g], work characteristcs[i]	Mental disorders were strongly associated with SA.

Table D. Overview over key longitudinal studies examining the relationship between common mental disorders and sickness absence[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Stansfeld et al 2011 (17) UK	Examine whether sub-clinical as well as clinical CMD predict long-term SA diagnosed with both psychiatric and non-psychiatric illness. Examine whether recent CMD and CMD present at two occasions have a stronger association with SA than less recent and single episodes of CMD.	Civil servants (5,104)	Longitudinal Two-wave health study 1989 & 1991-1993 Follow-up 1991-1998	CMD measured by GHQ	SA, including SA diagnosis, from civil service records	Age, gender, socio-demographics[b], socio-economic factors[c], health related behaviour[d], general health[f], somatic illness[g] work characteristics[i]	Clinical, but not sub-clinical CMD were associated with increased risk for long-term SA for psychiatric diagnoses for men, but not for women. Risk of psychiatric SA was associated with recent CMD and CMD present at two occasions for men only. CMD was not associated with increased risk of non-psychiatric SA after adjustment for covariates.

Table D cont. Overview over key longitudinal studies examining the relationship between common mental disorders and sickness absence[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Foss et al 2010 (197) Norway	Study individual and personal predictors of LTSA due to mental disorders	General population (8,333)	Longitudinal Population based survey 2000-2001 Follow-up until 2005	Mental distress measured by HSCL	LTSA, including mental disorder diagnosis, from official records	Age, gender, socio-economic factors[c], health related behaviour[d], general health[f], work characteristics[i], psychosocial factors[j]	Mental distress had a strong and independent effect on LTSA. The effect of support from superior on LTSA was mediated through mental distress.
Lexis et al 2009 (193) The Netherlands	Study the relationship between depressive complaints and SA	General working population (3,339)	Cross-sectional and longitudinal Population based survey 2001 10 month follow-up	Depressive complaints measured by HADS	SA from company records	Age, gender, socio-economic factors[c], health related behaviour[d], somatic illness[g], work characteristics[i]	Higher levels of depressive complaints were associated with shorter time to first SA episode, longer duration of this and higher number of SA days.
Bültmann et al 2006 (16) Denmark	Examine the impact of depressive symptoms on LTSA	General working population (4,747)	Longitudinal Population based survey 2000 78 weeks follow-up	Depressive symptoms measured by MHI-5	LTSA from official records	Age, gender, socio-demographics[b], health related behaviour[d], physical measures[e], somatic illness[g]	Increased risk of LTSA during follow-up among men and women with severe depressive symptoms. The effects were not linear, but occurred mostly only among those with high levels of depressive symptoms.

Table D cont. Overview over key longitudinal studies examining the relationship between common mental disorders and sickness absence[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Bültmann et al 2005 (196) The Netherlands	Examine mental distress as risk factor for SA and the influence of fatigue in this relationship	General working population (6,403)	Longitudinal Population based survey 1998 18 months follow-up	Mental distress measured by GHQ, fatigue measured by CIS	SA lasting more than 42 consecutive days from company records	Age, gender, socio-economic factors[c], health related behaviour[d], somatic illness[g]	Mental distress was related to onset of SA. Adjustment for fatigue weakened the associations.
Laitinen-Krispijn & Bijl 2000 (40) The Netherlands	Determine to what extent different types of mental disorders are related to an increased likelihood of SA and whether this increase depends on gender	General working population (3,695)	Longitudinal Two-wave population based survey 1996 1 year follow-up	Mental disorders assessed by CIDI	Self-reported SA	Age, somatic illness[g]	Major depressive disorder, dysthymia, simple phobia and drug abuse/dependence were predictive of SA in men. The associations were weaker among women, with none of the mental disorders significantly related to likelihood of SA.
Broadhead et al 1990 (20) USA	Examine the relationship between depression and depressive symptoms on disability and SA days	General population (2,980)	Longitudinal Population based survey, 1982-1983 1 year follow-up	Mental disorders measured by DIS	Self-reported SA days	Age, gender, socio-demographics[b] socio-economic factors[c], health related behaviour[d], somatic illness[g], mental health[h], psychosocial factors[j]	Individuals with major depression had threefold increased risk of SA compared with asymptomatic individuals, but the result was not significant. No significantly increased risk for SA was found among individuals with dysthymia or minor depression.

Table E. Overview over key studies examining the transition from sickness absence to ill health retirement or return to work[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Alexanderson et al (157) 2012 France	To investigate all-cause and diagnosis specific SA as long-term risk markers for DP	Employees in one company (20,434)	Longitudinal Company records 1990 to 1992 Follow-up until 2007	SA diagnosis	DP	Age, work-characteristics[i]	SA tripled the risk for DP among men, and doubled the risk for DP among women. Men with a SA diagnosis of mental disorder had much higher risk for DP than women with a SA diagnosis of mental disorder.
Bratberg et al 2009 (182) Norway	To assess the cumulative incidence of LTSA with psychiatric diagnosis in 1997, and identify contextual and individual predictors of further transition to DP	General population on SA (19,382)	Longitudinal Official records 1997 Follow-up until 2002	LTSA diagnosis of mental disorder	DP	Age, gender, socio-demographics[b] socio-economic factors[c], work characteristics[i]	Men had higher risk of DP than women. Higher age, lower education and lower income, and living in a deprived county were also risk factors for DP.
Karlsson et al 2008 (178) Sweden	Assess the importance of SA diagnosis and socio-demographic variables as risk factors for DP, and compare these factors by gender and over time	General population on SA (19,379)	Longitudinal Population-based survey Official records 1985-87 Two waves of follow-up (0-5 and 6-10 years)	SA diagnosis, socio-demographic factors	DP	Age, gender, socio-demographics[b] socio-economic factors[c], work characteristics[i]	Among men, those with a SA diagnosis of a mental disorder had the highest risk of DP both 0-5 and 6-10 after inclusion. Among women, those with a musculoskeletal SA diagnosis had the highest risk of DP.

Table E cont. Overview over key studies examining the transition from sickness absence to ill health retirement or return to work[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Gjesdal et al 2008 (116) Norway	Investigate the incidence of different mental disorder diagnosis in LTSA, test predictors of the transition to DP and explore gender differences	General population on SA (517)	Longitudinal Official records 1994 Follow-up until 1999	LTSA diagnosis of mental disorder	DP	Age, gender, socio-economic factors[c],	The most common SA diagnosis was depression for both genders. 1/3 of the men and 1/4 of the women obtained DP during follow-up. Women had more often LTSA with a mental disorder diagnosis, while men were at a higher risk for DP.
Vaez et al 2007 (179) Sweden	To investigate SA and DP among employees initially on LTSA due to mental disorders, with regard to gender, age, SES, and previous SA	General population on SA due to mental disorder (4,891)	Longitudinal, prospective and retrospective Official records 1999 Follow-up 1996-2002	LTSA with psychiatric diagnoses from official records	SA and DP	Age, gender, work characteristics[i]	Low mean number of SA days per year prior to LTSA in 1999, but SA days increased dramatically by 2000. Higher rate of DP among men during follow-up, while women had higher rate of LTSA. Risk of LTSA decreased with age, while risk of DP increased with age.
Kivimäki et al 2007 (177) Sweden	To investigate diagnosis specific SA as risk factor for subsequent DP	General population (176,629)	Longitudinal Population-based survey Official records 1985 Follow-up 1996	SA diagnosis	DP	Age, gender, socio-demographics[b]	Individuals with SA for a mental disorder had the highest risk for DP during follow-up, and had 14.1 times higher risk for DP for a mental disorder than individuals with no SA.

Table E cont. Overview over key studies examining the transition from sickness absence to ill health retirement or return to work[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Gjesdal et al 2004 (180) Norway	To investigate the importance of LTSA diagnosis on subsequent DP	General population on SA (3,628)	Longitudinal Official records 1994 Follow-up until 1999	SA diagnosis	DP	Age, gender, socio-demographics[b] socio-economic factors[c], work characteristics[i]	Men with LTSA due to a mental disorder had increased DP risk.
Gjesdal & Bratberg 2003 (175) Norway	To identify predictors for the transition from LTSA to DP with special emphasis on SA diagnosis and duration of SA episodes	General population on LTSA (10,077)	Longitudinal Official records 1990-1991 3 years follow-up	LTSA diagnosis and duration of SA episode	DP	Age, gender, socio-demographics[b] socio-economic factors[c], work characteristics[i]	Age, part-time employment, and duration of LTSA over 197 days increased the risk of DP. Compared with a SA diagnosis of musculoskeletal disorders, diagnosis of mental problems, disease in the nervous system, respiratory system and circulatory system indicated high risk of DP. Only men SA due to a mental disorder had a statistically significant risk for DP.

Table F. Overview over key record-based studies examining the relationship between common mental disorders and ill health retirement[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Cattrell et al 2011 (170) UK	Explore the reasons for decline in IB for musculoskeletal disorders and the overtaking of mental disorders as main reason for IB	IB recipients in the general population	Observational Official records 1997-2007	IB diagnosis of mental/behavioural and musculoskeletal disorders	New IB awards	Regions	Annual numbers of IB for mental/behavioural disorders was fairly constant over the study period, while there was a decline in IB awards for musculoskeletal disorders. Regional differences were found.
Thorlacius et al 2010 (165) Iceland	To explore longitudinal changes in the importance of mental and behavioural disorders and their subgroups among people receiving DP	DP recipients in the general population	Observational Official DP records 1990-2007	DP diagnosis	New DP awards	Gender	The rate of DP due to mental and behavioural disorders increased from 14% to 30% among women, and from 20% to 35% among men from 1990 to 2007. There was a marked increase in DP due to four subgroups of mental disorders.
Brown et al 2008 (166) Scotland	Examine reasons for claiming IB	IB recipients in the general population	Observational Official records 2000-2007	IB diagnosis	New IB awards	Age, gender, work characteristics[l]	There was a continuous rise in IB claims for mental disorders and corresponding fall in IB claims for musculoskeletal disorders in the period 2000-2007. Some regional differences were found. Individuals with a poor employment history were more likely to claim IB because of a mental health problem.

Table F cont. Overview over key record-based studies examining the relationship between common mental disorders and ill health retirement[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Prins 2006 (167) Belgium, Canada, Germany, the Netherlands, Sweden and Switzerland	Compare cross-national trends in DP award due to mental health problems	DP recipients in the general population	Observational Official statistics over DP recipients 1993-2002	Size, trends, diagnostic patterns, risk groups	New DP awards	Gender	Steep increase in number of general DP recipients cross-nationally, and specific increase in DP awards for mental disorders. More women than men received DP for mental disorders.
Andersson et al 2006 (168) Norway	Describe regional differences in the incidence of DP with psychiatric diagnoses, and determine whether these differences were related to age and/or gender	General population	Observational Official records 1988-2000	DP diagnoses	New DP awards	Age, gender, region	Higher increase in incidence of DP with a psychiatric diagnosis among men and women living in rural regions. Higher incidence among men compared to women in urban regions. The incidence more than doubled in the youngest age group (16-29 years), and decreased in the oldest age group (60-67 years) during the follow-up period.
Moncrieff & Pomerleau 2000 (114) UK	Examine trends in government sickness and DB between 1984 and 1995	General population	Observational Official SA and DB records 1988-2000	IB: Sickness and disability benefit diagnosis		Age, gender, socio-demographics[b] socio-economic factors[c], work characteristics[i]	There was a steadily increase in IB rates during follow-up, particularly among the more permanent forms of benefits. Mental disorders were the second most numerous category, particularly anxiety and depressive disorders.
Salminen et al 1997 (109) Finland	Study the role of depression in DP awards	General population	Official records 1987, 1990, 1994	DP diagnosis of affective disorder	Incidence DP	None	Three fold increase in DPs awarded for affective disorders during the study period.

Table G. Overview over key longitudinal studies examining the relationship between common mental disorders and ill health retirement[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Bültmann et al 2008 (200) Denmark	Examine whether severe depressive symptoms were prospectively associated with DP	General working population (5,106)	Longitudinal Population based survey 1995 10 years follow-up	Depressive symptoms measured by MHI-5	DP from official records	Age, gender, socio-demographics[b], health related behaviour[d], physical measures[e], somatic illness[g]	Severe depressive symptoms predicted DP award during follow-up.
Mykletun et al 2006 (62) Norway	Investigate the contribution of CMD on DP awards, in particular DP awards for physical diagnoses	General population (45,782)	Longitudinal Population based survey 1995-1997 6 to 30 months follow-up	Anxiety and depression measured by HADS	DP, including diagnoses, from official records	Age, gender, socio-demographics[b], socio-economic factors[c], health related behaviour[d], general health[f], somatic illness[g], work characteristics[i]	CMD were predictors of both DP in general, and for DP awarded for non-mental disorders. The effects were stronger in individuals aged 20-44 than individuals aged 45-66. Somatic symptoms were important covariates.

Table G. Overview over key longitudinal studies examining the relationship between common mental disorders and ill health retirement[a]. Use of abbreviations and uppercase letters as in Table B.

First author Year (Ref. no.) Country	Aim(s)	Study population (N)	Study design Database Year(s) baseline Follow-up	Independent variable/ Exposure	Dependent variable/ Outcome	Covariates	Main findings
Karpansalo et al 2005 (199) Finland	Examine the prospective effect of depression on early retirement.	Men, aged 42-60 years, in the general population (1,726)	Longitudinal Population based survey 1984 Follow-up until 2000	Depression measured by HPL	DP, including diagnosis, and non-illness related early retirement from official records	Age, socio-economic factors[c], health related behaviour[d], physical measures[e], work characteristics[i]	Men in the highest third of depression score had increased risk of non-illness based pension and DP due to mental disorders, chronic somatic diseases and cardiovascular diseases.
Kouzis & Eaton 2000 (198) USA	Examine the relationship between mental disorders, alcohol abuse or dependence, and transfer payments for disability	General population (15,567)	Longitudinal Population based survey 1980-81 1 year follow-up	Diagnosis of a mental disorder assessed with DIS	Self-reported receipt of disability benefits	Age, gender, socio-demographics[b] socio-economic factors[c], mental health[h], psychosocial factors[j]	Participants with panic disorder were 5.2 times more likely to receive benefits than those without this disorder, respondents with schizophrenia were 4.5 times more likely and those with two or more disorders were 2.8 times more likely to receive a benefit than those without these disorders.

Table H. Materials and methods employed in the three papers of the present PhD project

Aims	Study design	Exposure variables	Outcome variables	Covariates	Statistical analyses
Paper 1					
Examine the prospective effect of CMD[1] on SA[2] in terms of duration of SA, recurrence of SA and changes in effect of CMD on SA over time.	Cohort: HUSK[3] linked with FD-trygd SA[2] registry 6.2 years follow-up	CMD[1] measured by HADS[4]	Duration of first SA episode Number of SA episodes Presence of SA episode in three timespans after baseline	Gender Socio-demographics (marital status, education, income) Health behaviour (physical activity, alcohol consumption, smoking) Physical measures (BMI[5], WHR[6], pulse, blood pressure, cholesterol) Somatic conditions Pain conditions: back pain, fibromyalgia	Descriptive analyses Cox regression Multi-nominal logistic regression Interaction test
Paper 2					
Examine the prospective effect of CMD[1] on DP[7] award in general and for non-mental diagnoses in particular. Compare the relative contribution of sub case-level and case-level anxiety and depression on DP[7] awards in the population.	Cohort: HUSK[3] linked with FD-trygd DP[7] registry 7.18 years follow-up	CMD[1] measured by HADS[4]	General DP[7] award DP[7] award for non-mental diagnoses Portion of DPs[7] attributable to sub case-level and case-level anxiety and depression	Gender Socio-demographics (marital status, education, income, current work situation) Health behaviour (physical activity, alcohol consumption, smoking) Physical measures (BMI[5], WHR[6], pulse, blood pressure, cholesterol) Somatic conditions, medication use Pain conditions: back pain, fibromyalgia	Descriptive analyses Cox regression PAF[8]
Paper 3					
Quantify lost working years associated with different medico-legal diagnostic groups	Descriptive: FD-trygd DP[7] registry	Medico-legal DP[7] diagnoses Age at DP[7] award	Lost working years before age 67	DP medico-legal diagnoses Age	Descriptive

Abbreviations: [1]CMD: common mental disorders, [2]SA: Sickness absence, [3]HUSK: The Hordaland Health Study, [4]HADS: Hospital Anxiety and Depression Scale, [5]BMI: body mass index, [6]WHR: waist-hip ratio, [7]DP: disability pension, [8]PAF: Population Attributable Fraction

Table I. The items in the Hospital Anxiety and Depression Scale (HADS)

Item #	Text
	HADS-A
1	I feel tense or ”wound up”
3	I get a sort of frightened feeling as if something awful is about to happen
5	Worrying thoughts go through my mind
7	I can sit at ease and feel relaxed
9	I get a sort of frightened feeling like ”butterflies” in the stomach
11	I feel restless as I have to be on the move
13	I get sudden feelings of panic
	HADS-D
2	I still enjoy the things I used to enjoy
4	I can laugh and see the funny side of things
6	I feel cheerful
8	I feel as if I am slowed down
10	I have lost interest in my appearance
12	I look forward with enjoyment to things
14	I can enjoy a good book or radio or TV programme

Responses given on a four-point scale from 0 to 3.
Items 2, 4, 6, 7, 12 and 14 are reversed before summation.

Table J. Categorisation of medico-legal diagnostic information from the disability pension registry in FD-trygd

Categorisation	Labelling in present thesis	ICD-10 terminology	
		ICD-10 code	ICD-10 label
Mental versus non-mental diagnoses			
	Mental disorders	F00-F99	Mental and behavioural disorders
	Non-mental conditions	-	All other ICD-10 codes
Main diagnostic groups			
Main diagnostics groups among disability pension recipients	Mental disorders	F00-F99	Mental and behavioural disorders
	Musculoskeletal disorders	M00-M99	Diseases of the musculoskeletal system and connective tissue
	Other disorders	-	All other ICD-10 codes
Diagnostic chapters			
The seven most prevalent diagnostic chapters among disability pension recipients	Mental disorders	C00-D48	Neoplasms
		F00-F99	Mental and behavioural disorders
		G00-G99	Diseases of the nervous system
		I00-I99	Diseases of the circulatory system
		J00-J99	Diseases of the respiratory system
	Musculo-skeletal disorders	M00-M99	Diseases of the musculoskeletal system and connective tissue
		S00-T98	Injury, poisoning and certain other consequences of external causes
	Other disorders	-	All other ICD-10 codes
	Missing	-	Missing ICD-10 codes
Classes mental disorders			
All classes within the mental disorder chapter		F00-F09	Organic, including symptomatic, mental disorders
	Alcohol and substance use disorders	F10-F19	Mental and behavioural disorders due to psychoactive substance use
	Psychotic disorders	F20-F29	Schizophrenia, schizotypal and delusional disorders
	Depressive disorders	F30-F39	Mood [affective] disorders
	Anxiety disorders	F40-F48	Neurotic, stress-related and somatoform disorders
		F50-F59	Behavioural syndromes associated with physiological disturbances and physical factors
	Personality disorders	F60-F69	Disorders of adult personality and behaviour
	Mental retardation	F70-F79	Mental retardation
	Developmental disorders	F80-F89	Disorders of psychological development
	Developmental disorders	F90-F98	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence
		F99	Unspecified mental disorder

Figure A. Exclusion procedures Paper 1

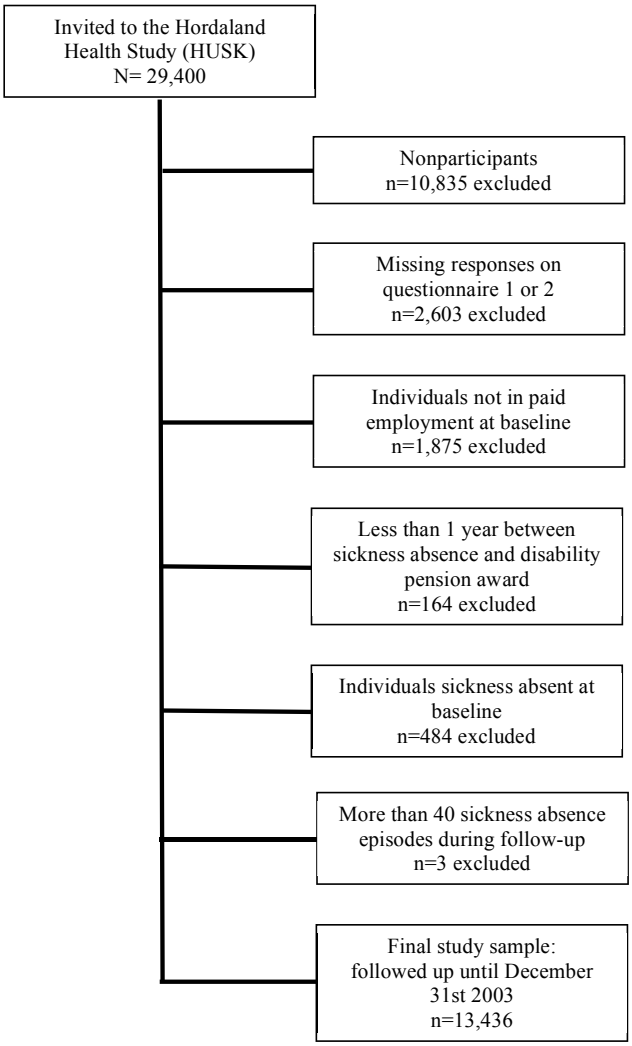
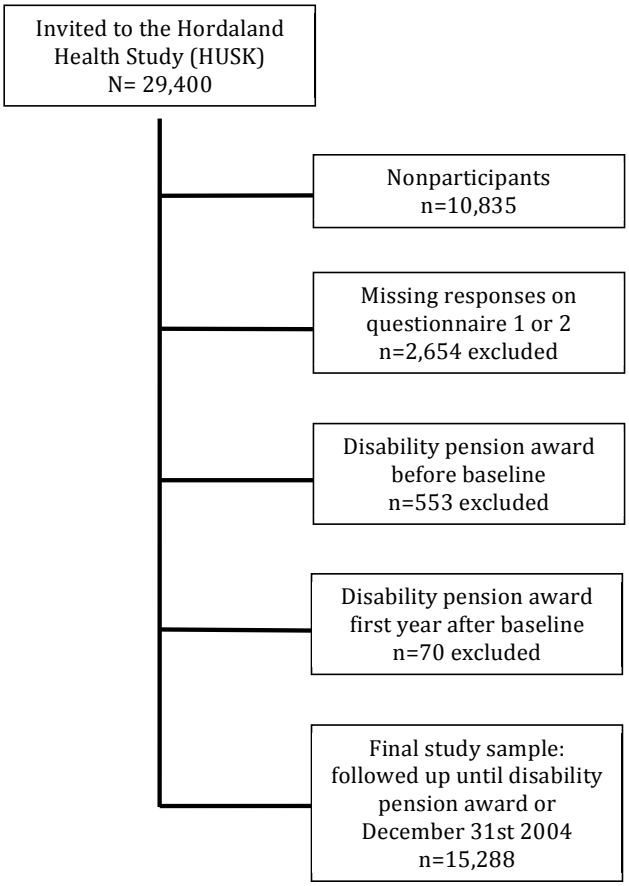


Figure B. Exclusion procedures Paper 2



App. II

Datatilsynet

Universitetet i Bergen - HEMIL-senteret
Christiesgt 13

5015 BERGEN

Deres referanse	Vår referanse (bes oppgitt ved svar)	Dato
Arnstein Mykletun	04/01136-4 /CBR	12. juni 2008

Forlengelse av konsesjon til å behandle personopplysninger i forbindelse med forskningsprosjekt

Det vises til Deres søknad av 31. mars 2008 om forlengelse av forskningsprosjektet "*HUSK/ FD-Trygd - Helsemessige økonomiske og kontekstuelle aspekt ved trygdeytelser*".

Datatilsynet har vurdert søknaden og finner å kunne forlenge konsesjonen i tråd med det omsøkte, til **1. mai 2013**. De øvrige vilkår i konsesjonen gjelder tilsvarende.

Dette er et vedtak som kan påklages i henhold til forvaltningslovens bestemmelser om klage på enkeltvedtak, innen tre uker etter mottak av dette brevet.

Med hilsen

Knut B. Kaspersen
avdelingsdirektør

Cecilie L. B. Rønnevik
seniorrådgiver

Kopi:
Norsk samfunnsvitenskapelig datatjeneste AS, Harald Hårfagres gate 29, 5007 BERGEN (ref 11423)
NESH, Pb 522 Sentrum, 0105 OSLO

Datatilsynet

Arnstein Myklebust
HEMIL-senteret
Universitetet i Bergen
Christiesgt. 13
5015 BERGEN

Deres ref	Vår ref (bes oppgitt ved svar)	Dato
200400994 PB/RH	2004/1136-2 FBB/-	21.10.2004

KONSESJON TIL Å BEHANDLE PERSONOPPLYSNINGER

Vi viser til Deres søknad av 07.09.2004 om konsesjon til å behandle personopplysninger.

Datatilsynet har vurdert søknaden og gir Dem med hjemmel i personopplysningsloven § 33, jf. § 34, konsesjon til å behandle personopplysninger til følgende formål:

Prosjekt 11412 "Prosjekt HUSK/FD-Trygd: Helsemessige, økonomiske og kontekstuelle aspekt ved trygdeytelser"

Behandlingsansvarlig er Universitetet i Bergen ved øverste leder. Gjennomføringen av det daglige ansvaret kan delegeres.

Konsesjonen er gitt under forutsetning av at behandlingen foretas i henhold til søknaden og de bestemmelser som følger av personopplysningsloven med forskrifter.

Dersom det skjer endringer i behandlingen i forhold til de opplysninger som er gitt i søknaden, må dette fremmes i ny konsesjonssøknad.

I medhold av personopplysningsloven § 35, fastsettes i tillegg følgende vilkår for behandlingen:

1. Personopplysningene oppbevares avidentifisert av forsker. Respondenten tillates identifisert ved et tilfeldig valgt referansenummer, som knytter seg til en navneliste. Navnelisten skal bare forefinnes hos SSB.
2. Den behandlingsansvarlige skal hvert tredje år sende Datatilsynet bekreftelse på at behandlingen skjer i overensstemmelse med søknaden og personopplysningslovens regler.
3. Personopplysninger slettes eller anonymiseres når de ikke lenger er nødvendig, og senest ved prosjektslutt 01.05.2008.

Datatilsynet tar forbehold om at konsesjonen kan bli trukket tilbake eller at nye og endrede vilkår kan bli gitt dersom dette er nødvendig ut fra personvernhensyn.

Med hilsen

Hanne Pernille Gulbrandsen (e f)
rådgiver

Frode Bergland Bjørnstad
rådgiver
(saksbehandler,
telefon 22 39 69 00)

kopi: NSD ved personvernombudet

HORDALANDSUNDERSØKELSEN '97 - '99 (HUSK)

SAMTYKKEERKLÆRING

I brosjyren "HUSK" er jeg orientert om Hordalands-undersøkelsens formål. Jeg har også sett informasjonsskrivet "HUSK INFO" som bl.a. omtaler delprosjekter, og er kjent med at undersøkelsen består av spørreskjema, blodprøve og måling av blodtrykk, høyde, vekt, liv- og hoftevidde.

Jeg er kjent med at opplysninger om meg blir behandlet strengt fortrolig og at undersøkelsen er vurdert og tilrådd av Den regionale komité for medisinsk forskningsetikk og godkjent av Datatilsynet. Det er ikke satt noen spesiell tidsbegrensning for hvor lenge opplysningene kan lagres, men jeg er klar over at jeg på hvilket som helst tidspunkt kan trekke meg fra undersøkelsen og kan reservere meg mot bruk av opplysninger om meg.

1. Jeg samtykker i at resultater fra blodprøven og andre deler av undersøkelsen, samt resultater fra eventuelle spesialundersøkelser, blir sendt til den legen jeg har oppgitt på spørreskjemaet.

2. Dersom jeg ikke har oppgitt navn på lege, eller legen min ikke deltar i undersøkelsen, samtykker jeg i at mine resultater sendes til kommunelege I.

3. Jeg samtykker i at jeg kan få tilbud om spesialundersøkelser, og at jeg kan bli kontaktet av en lege med tanke på tilbud om behandling eller for å forebygge sykdom.

4. Jeg samtykker i at mine resultater kan brukes til medisinsk forskning, eventuelt ved å sammenholde opplysninger om meg med opplysninger fra andre helse-, trygde- og sykdomsregistre, eller med mine resultater fra tidligere helseundersøkelser i Hordaland. Når disse opplysningene sammenholdes, vil mitt navn og personnummer ikke bli tatt med.

5. Jeg samtykker i at blodprøve oppbevares. All bruk av denne vil bare skje etter godkjenning fra Datatilsynet og Den regional komité for medisinsk forskningsetikk.

Vennligst stryk det/de avsnitt du reserverer deg mot.

....

Sted og dato Underskrift

UNIVERSITETET I BERGEN

Det medisinske fakultet

REGIONAL KOMITE FOR
MEDISINSK FORSKNINGSETIKK
HELSEREGION III

UNIVERSITY OF BERGEN

Faculty of Medicine

Bergen, 10. september 1997
Jnr. 208/97-67.97

Professorstipendiat Kjell Haug
Institutt for samfunnsmedisinske fag
Ulriksdal 8c
5009 Bergen

Ad. prosjekt: Arbeid - sykefravær - trygd. Delprosjekt under Helseundersøkelsen i Hordaland 1997-1999 (HUSK).

Det vises til ditt brev dat. 11.8.97 med svar på komitéens kommentarer til dette prosjektet.

Den regionale komité for medisinsk forskningsetikk fikk framlagt brevet i sitt møte den 28. august 1997. Komitéen har ikke ytterligere merknader til prosjektet, som tilrås gjennomført.

Prosjektet er endelig klarert fra komitéens side. Vi ønsker lykke til med gjennomføringen av prosjektet og minner om at komitéen setter pris på en sluttrapport, eventuelt en kopi av trykt publikasjon når prosjektet er fullført.

Vennlig hilsen

Olav Dahl
leder

Kjell O. Heggestad
sekretær

Kopi: HUSK styringsgruppe v/ Grethe S. Tell

Postadresse/Mailing address:
N-5020 Bergen
Norway

Gateadresse/Street address:
Harald Hårfagres gt. 1
N-5007 Bergen
Norway

Telefon/Telephone: +47 55 58 20 86 - Telefax: +47 55 58 96 82

Regional komite for medisinsk forskningsetikk
Helseregion III
v/leder professor Oddmund Søvik

Bergen 11.august 1997

Ad prosjekt: Arbeid -sykefravær-trygd. Delprosjekt under Helseundersøkelsen i Hordaland 1997-99 (HUSK).

Det vises til brev datert 25.juni 1997 jnr.208/97-67.97
Takk for nyttige kommentarer/spørsmål som vil bli besvart i den rekkefølgen de er stilt:

- De nødvendige tillatelser vil bli innhentet fra Datatilsynet og eventuelt andre registre før koblinger vil bli foretatt. Dette vil først være aktuelt om flere år fra prosjektstart. De første årene vil vi bare gjøre epidemiologiske analyser på innsamlede, anonyme data slik de fremkommer i spørreskjemaene til hovedprosjektet i HUSK.
- Det skal ikke benyttes egne spørreskjemaer for det aktuelle subprosjektet. Alle spørsmål som vil bli benyttet fremkommer av spørreskjemaene i HUSK og er inkorporert i disse. Disse skjemaene er tilsendt fra prosjektsenteret.
- I det aktuelle subprosjektet vil vi bare benytte anonymiserte data til epidemiologiske undersøkelser. Framtidige koblinger mellom våre data og data fra andre registre vil skje sentralt og samlet for hele HUSK. Vi vil ikke ha tilgang på individuelle/personidentifiserbare opplysninger. Derav følger at forskningsprosjektet vil bli holdt helt adskilt fra den alminnelige saksbehandlingen i Rikstrygdeverket.

Med vennlig hilsen

Kjell Haug
professorstipendiat dr med
prosjektleder

Kopi: HUSK styringsgruppe v/professor Grethe S Tell

UNIVERSITETET I BERGEN
Det medisinske fakultet

UNIVERSITY OF BERGEN
Faculty of Medicine

REGIONAL KOMITE FOR
MEDISINSK FORSKNINGSETIKK
HELSEREGION III

Bergen, 25. juni 1997
Jnr. 208/97-67.97

Professorstipendiat Kjell Haug
Institutt for samfunnsmedisinske fag
Ulriksdal 8c
5009 Bergen

Ad. prosjekt: Arbeid - sykefravær - trygd. Delprosjekt under Helseundersøkelsen i Hordaland 1997-1999 (HUSK).

Det vises til din søknad dat. 14.5.97 om etisk vurdering av dette prosjektet.

Den regionale komité for medisinsk forskningsetikk behandlet prosjektet i sitt møte den 19. juni 1997. Komitéen har følgende merknader og spørsmål til prosjektet:

- Komitéen forutsetter at de nødvendige tillatelser innhentes fra Datatilsynet og fra de ulike registrene.
- Det er noe uklart for komitéen om de aktuelle spørreskjema er framlagt eller ikke. Framgår spørsmålene som skal stilles i dette prosjektet av de felles spørreskjemaer som skal brukes i HUSK? Skal denne undersøkelsen innarbeides i den felles samtykkeerklæringen?
- Komitéen vil understreke at forskningsprosjektet må holdes helt adskilt fra den alminnelige saksbehandling i Trygdeetaten. Komiteen forutsetter således at individuelle opplysninger om helse og personlige forhold som framkommer i forskningsprosjektet ikke bringes videre.

Komitéen vil ta endelig stilling til prosjektet når en tilbakemelding på disse momentene foreligger. Vennligst oppgi vårt journalnummer i senere korrespondanse.

Vennlig hilsen

Oddmund Søvik
leder

Kjell O. Heggestad
sekretær

Kopi: HUSK styringsgruppe v/ Grethe S. Tell

Postadresse/Mailing address:
N-5020 Bergen
Norway

Gateadresse/Street address:
Harald Hårfagres gt. 1
N-5007 Bergen
Norway

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UNIVERSITETET I BERGEN

HEMIL-senteret

Senter for forskning om helsefremmende arbeid, miljø og livsstil

Regional etisk komite
Helseregion 3

Bergen 14. Mai 1997

Delprosjektet " Arbeid - sykefravær - trygd" under Hordalandsundersøkelsen '97-'99.

Det søkes herved om behandling av dette prosjekt i forbindelse med behandling av øvrige delprosjekter under samme hovedprosjekt.

Protokoll for prosjektet er vedlagt. Det vises også til forslag til spørreskjema, som imidlertid ennå ikke er ferdig utarbeidet. I tillegg kan følgende opplysninger gis:

Dette delprosjektet baserer seg på de opplysninger respondentene selv gir om seg selv, sine arbeidsforhold og sine trygdemessige forhold i Spørreskjema I og II i Hordalandsundersøkelsen.

Respondentene vil bli fulgt opp med hensyn på trygdestatus gjennom kobling mellom Hordalandsundersøkelsens datafil og RTV's registre for sykepenger, attføringsstønad og uførepensjon. Vi tar utgangspunkt i den avtalen som foreligger for kobling av data ved Medisinsk Fødselsregister og RTV's registre. Koblingen vil følge vanlige regler for annonymitet og forutsetter godkjennelse fra Dataregisteret.

I samtykkeerklæringen vil respondentene gi sitt samtykke til en slik kobling.

Forøvrig tar ikke prosjektet sikte på noen annen form for oppfølgning eller intervensjon ovenfor respondentene.

Med vennlig hilsen

John Gunnar Mæland
professor dr. med.

Øisteinsgt. 3 - 5007 Bergen Telefon: 55 58 28 08 Telefax: 55 58 98 87
Etablert i samarbeid med Nasjonalforeningen for folkehelsen 1988
Samarbeidssenter for Verdens Helseorganisasjon (WHO)

UNIVERSITETET I BERGEN

Det medisinske fakultet

REGIONAL KOMITE FOR
MEDISINSK FORSKNINGSETIKK
HELSEREGION III

UNIVERSITY OF BERGEN

Faculty of Medicine

Bergen, 10. september 1997
Jnr. 311/97-64.97

Professor Grethe S. Tell
Institutt for samfunnsmedisinske fag
Seksjon for forebyggende medisin
Armauer Hansens hus
Haukeland sykehus

Ad. prosjekt: Helseundersøkelsen i Hordaland (HUSK): Paraplyprosjekt.

Det vises til ditt brev dat. 13. august 1997 med svar på komitéens synspunkter vedrørende dette prosjektet.

Den regionale komité for medisinsk forskningsetikk fikk framlagt brevet i sitt møte den 28. august 1997. Komitéens innvendinger og merknader er nå tilfredsstillende ivaretatt.

Paraplyprosjektet er endelig klarert fra komitéens side. Vi ønsker lykke til med gjennomføringen av prosjektet og minner om at komitéen setter pris på en sluttrapport, eventuelt en kopi av trykt publikasjon når prosjektet er fullført.

Vennlig hilsen

Olav Dahl
leder

Kjell O. Heggestad
sekretær

Postadresse/Mailing address:
N-5020 Bergen
Norway

Gateadresse/Street address:
Harald Hårfagres gt. 1
N-5007 Bergen
Norway

Telefon/Telephone: +47 55 58 20 86 - Telefax: +47 55 58 96 82

Datatilsynet

Konsesjon for oppretting av personregister

I medhald av Lov om personregistre mm av 9. juni 1978
nr 48 § 9, jf Kgl res av 21. desember 1979 pkt 1 får

Statens helseundersøkelser

konsesjon for å opprette personregister.

Konsesjonen gjelder for

Helseundersøkelsen i Hordaland

HUSK-REGISTERET

Konsesjonsdokumentet er lagt ved. Reglar og vilkår som er fastsette i konsesjonen, skal bli gjort kjende for tilsette i verksemda.

Georg Apenes
Direktør

Datatilsynet

Statens Helseundersøkelser
Postboks 8155 Dep

0033 OSLO

Deres ref	Vår ref	Dato
370/97 AT/en	97/1504-2 MWJ/-	08.09.97

KONSESJON TIL HELSEUNDERSØKELSEN I HORDALAND (HUSK-REGISTERET)

Vi viser til Deres søknad av 27.05.97.

Datatilsynet finner å kunne gi tillatelse til opprettelse av et register i forbindelse med Helseundersøkelsen i Hordaland. Konsesjonen gis med hjemmel i personregisterlovens § 9.

Nedenfor følger en nærmere redegjørelse for noen av punktene i konsesjonen. Det dreier seg i hovedsak om to forhold. For det første vilkårene for opprettelsen og bruk av HUSK-registeret. For det andre vilkårene for kobling av HUSK-registeret med personopplysninger fra andre undersøkelser eller registre.

1. HUSK-registeret:

Det er en forutsetning for konsesjonen at all deltakelse i undersøkelsen er frivillig, og at all registrering baserer seg på et informert skriftlig samtykke fra deltakerne. Datatilsynet finner det svært viktig at deltakerene får full informasjon om alle deler av prosjektet. Bare på denne måten kan deltakeren avgi et reelt samtykke.

Registeret vil inneholde til dels svært sensitive opplysninger. Opplysningene skal oppbevares i uoverskuelig fremtid og skal brukes i sammenhenger som ennå ikke er klarlagt. Dette bør deltakerne gjøres kjent med. Etter Datatilsynets oppfatning vil et samtykke basert på et grundig informasjonsskriv, som tar opp alle sidene ved prosjektet, kunne avhjelpe eventuelle betenkeligheter som knytter seg til opprettelsen av et register med dette innhold.

Det må utarbeides et innformasjonsskriv inneholdende minimum de følgende punkter:

- Hvem som er ansvarlig for undersøkelsen.

Postadresse:
Postboks 8177 Dep
0034 OSLO

Kontoradresse:
Tollbugt 3
0152 OSLO

Telefon :
22 42 19 10

Telefaks:
22 42 23 50

- Formålet med undersøkelsen. Informasjonen må legge vekt på at undersøkelsen både har en side mot forskning og en mot helsekontroll. Det må gjøres oppmerksom på at registeret bl.a. skal brukes til å undersøke mulige sammenhenger mellom opplysningene i registeret. Det må også komme frem at registeret kan bli koblet med andre registre dersom Datatilsynet gir tillatelse til koblingen. Det bør her nevnes eksempler på hvilke registre som kan være aktuelle (se for øvrig pkt.2.2, nedenfor).

- Hvem som i fremtiden kan få tilgang til opplysninger fra registeret.

- Informasjon om mulighetene for å trekke seg fra undersøkelsen underveis (se konsesjonens pkt 2.5).

- Informasjon om hvordan undersøkelsen gjennomføres. At den både omfatter spørreskjema og fysisk undersøkelse.

- Informasjon om tidsperspektivet og begrunnelse for oppbevaring av opplysningene i så lang tid. Det innebærer at det skal informeres om at dette er et prosjekt uten konkrete planer for prosjektavslutning og at sletting derfor ikke vil forekomme med mindre man ber om dette.

- Informasjon om de delundersøkelsene som faller inn under konsesjonen, samt informasjon om at man vil kunne få tilbud om senere tileggsundersøkelser, og at deltakelse vil være frivillig.

Dersom respondenten har underskrevet samtykkeerklæring med dette innhold, kan registeret uten nærmere godkjennelse benyttes til undersøkelser som kun baserer seg på opplysninger som finnes i HUSK-registeret. Dersom registeret skal kobles med andre registre, eller en undersøkelse på andre måter gjør bruk av opplysninger utenfor registeret, vil det imidlertid være nødvendig med særskilt tillatelse fra Datatilsynet (se nedenfor).

2. Oppfølgningsundersøkelser:

2.1 Nye spørreundersøkelser:
Dette er prosjekter hvor den registrerte kontaktes for å svare på nye spørsmål eller bli utsatt for nye fysiske prøver. Dersom det ved disse prosjektene blir opprettet nye registre, eller tilført HUSK-registeret nye opplysninger, betinger dette tillatelse fra Datatilsynet. For slike prosjekter vil det bli stilt vilkår om samtykke fra den registrerte. Samtykke vil uansett være en nødvendig forutsetning for den praktiske gjennomføring av denne type prosjekter. Det må da også informeres om bruken av opplysningene (jf. ovenfor) og om opplysningene skal inngå som en del av HUSK-registeret.

2.2 Registerundersøkelser:

Postadresse:
Postboks 8177 Dep
0034 OSLO

Kontoradresse:
Tollbugt 3
0152 OSLO

Telefon :
22 42 19 10

Telefaks:
22 42 23 50

Senere prosjekter som innebærer en kobling av HUSK-registeret med andre registre, skal forelegges Datatilsynet for godkjenning. Ved en slik søknad vil Datatilsynet vurdere hvorvidt samtykket fra den registrerte omfatter den planlagte bruk av opplysningene i HUSK-registeret. Dersom samtykket ikke omfatter denne bruken, må det innhentes et nytt informert samtykke for det aktuelle prosjektet. For å unngå at man til stadighet må innhente nye samtykker, anbefales det derfor at det generelle samtykket som innhentes i forbindelse med selve Hordalandundersøkelsen, er mest mulig utfyllende. Det kan i denne sammenheng være hensiktsmessig å skissere mulig framtidig bruk enda mer spesifikt enn hva som er stilt som krav i punkt 1 ovenfor.

2.3 Blodprøver:
Når det gjelder bruk av blodprøver vil Datatilsynet ta stilling til dette etter søknad i hvert enkelt tilfelle. Spørsmålet må først forelegges Den regionale komite for medisinsk etikk for vurdering. Komitéen tar stilling til om den planlagte bruken av blodprøven ligger innenfor det man må anta at deltakerene har samtykket til, og om det ellers kan reises etiske innvendinger mot undersøkelsen. Ved bruk av blodprøven kan det stilles vilkår om at den registrerte må gi samtykke til den aktuelle bruken. Er den registrerte død, kan Datatilsynet gi tillatelse til bruken dersom den registrerte har samtykket i at blodprøven kan brukes i prosjekt som er anbefalt av Etisk komite og Datatilsynet. Blodprøven kan ikke under noen omstendighet brukes til undersøkelser som danner grunnlag for oppsøkende virksomhet ovenfor den registrertes slektninger.

2.4 Anonyme undersøkelser:
Prosjekter som ikke innebærer utlevering av personopplysninger, eller at det tilføres nye personopplysninger til HUSK-registeret, kan gjennomføres uten konsesjon fra Datatilsynet. Forutsetningen for dette er at de opplysninger som benyttes ikke på noe tidspunkt kan ledes tilbake til den enkelte registrerte.

Med hilsen

Georg Apenes
direktør

for Gorecki Vanvidsen
Michal Wiik Johansen
førstekonsulent

Vedlegg

Postadresse:
Postboks 8177 Dep
0034 OSLO

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Telefon :
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Telefaks:
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UNIVERSITETET I BERGEN
Institutt for samfunnsmedisinske fag
Seksjon for forebyggende medisin

UNIVERSITY OF BERGEN
Department of Public Health and Primary Health Care
Division for Preventive Medicine

14. mai 1997

Regional komité for medisinsk forskningsetikk
Helseregion III

Vedrørende søknader i forbindelse med HUSK Hordalandsundersøkelsen '97-'99

Vi har vært i kontakt med Professor Per Åge Høisæter angående framgangsmåte for søknader til Regional komité for medisinsk forskningsetikk for delprosjekter tilknyttet HUSK. Det ble foreslått at de enkelte søknadene for delprosjektene sendes samlet til komiteen for å lette behandlingen av disse.

HUSK er et samarbeidsprosjekt mellom Statens helseundersøkelser (SHUS) og Universitetet i Bergen (UiB). Bakgrunnen er at SHUS høsten 1997 setter i gang den neste '40-åringsundersøkelsen' i Hordaland fylke, i samarbeid med fylkeslegen. I denne sammenheng har en rekke forskere ved UiB gått sammen om å definere et forskningsprosjekt tilknyttet denne helseundersøkelsen (HUSK). Dette samarbeidet vil føre til at prosjekter lar seg gjennomføre på en så kostnadsbesparende og effektiv måte som mulig. I tillegg øker verdien av de enkelte prosjektene fordi de vil dra nytte av informasjon innhentet fra alle de andre delprosjektene, i tillegg til hovedprosjektet (helseundersøkelsen).

Vedlagt er de spørreskjemaene som skal benyttes i HUSK. Skjema 1 vil bli sendt ut fra SHUS med innbydelsen til helseundersøkelsen, og vil bli samlet inn ved ankomst til denne. Skjema 2 vil bli delt ut i forbindelse med undersøkelsen og deltakerne vil få tilbud om enten å fylle det ut på stedet før de går, eller ta det med hjem og returnere det utfylte skjemaet i en ferdig frankert konvolutt. Skjemaene foreligger foreløpig kun som utkast og må formatteres, men innholdsmessig vil de ikke forandres vesentlig.

Helseundersøkelsen omfatter det standard repertoiret som brukes ved 40-åringsundersøkelsene: spørreskjema, blodtrykk, høyde, vekt, hofte- og livvidde, samt blodprøve som analyseres for blodlipider og glukose. Dette anses som et helsetilbud til deltakerne, som får et brev med sine resultater fra undersøkelsen med kommentarer til hva de evt. kan gjøre for å redusere sin risiko for hjerte-karsykdom. I brevet står det også om de trenger etterundersøkelse hos sin egen lege. Deltakerne blir bedt om å oppgi navnet på sin lege, og gir evt. samtykke til at resultatene kan sendes denne. Legene får i tillegg tilsendt informasjon om behandling av høyrisikopersoner. Brosjyren som skal sendes deltakerne med invitasjon til undersøkelsen er under utarbeidelse. Når det gjelder innholdet i undersøkelsen vil teksten i hovedtrekk følge teksten i brosjyrer brukt i tidligere undersøkelser, og vi legger ved kopi av brosjyren som nå brukes i Nord-Trøndelag. En kopi av svarbrevet som skal brukes er vedlagt.

I tillegg vil en fullblodsprøve og rester av serumprøven bli nedfrosset for senere analyser. Fullblodsprøven er en del av CONOR (COhort of NORway) samarbeidet mellom Tromsø-undersøkelsene, HUNT, og senere Oslo. En kopi av samtykkeerklæringen er vedlagt. Denne er identisk med den som nå brukes ved Helseundersøkelsen i Nord-Trøndelag; HUNT.

Kontoradresse/Office address:
Armauer Hansens hus
Haukeland Sykehus
N-5021 BERGEN, NORWAY

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+ 47 55 97 46 68

Telefax:
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Helseundersøkelsen omfatter alle personer i Hordaland som har fylt 40 år siden forrige undersøkelse i 1992/93. Dette omfatter alle mellom 39-45 år (fem årskull), ca. 29.000 personer. Disse vil bli bedt om å svare på skjema 1 og 2, og om å delta i helseundersøkelsen. Skjema 2 foreligger i fire versjoner, 2 for menn og 2 for kvinner. Dette for at ikke skjemaene skal bli altfor lange.

I tillegg til de delprosjektene som kun deltar med spørsmål i spørreskjemaene uten tilbakemelding om resultater og som ikke vil få personidentifiserbare analysefiler fra SHUS, er følgende delprosjekter definert:

Jernoverskudd (Professor Rune Ulvik)
I et utvalg på 5000 personer vil forekomst, årsak og antioksidantstatus kartlegges. Behandlingstrengende personer vil bli tilbudt behandling. Protokoll vedlagt.

Arbeidsrelaterte plager i Hordaland (Førsteamanuensis Bente Moen)
Forekomsten av arbeidsrelaterte helseplager skal kartlegges. Protokoll vedlagt.

Arbeid-sykefravær-trygd (Førsteamanuensis Kjell Haug, Professor John Gunnar Mæland)
Første del er en tverrsnittsundersøkelse der en vil beskrive hvilke krav arbeidstakere opplever i egen arbeidssituasjon i forhold til egne ressurser og arbeidsevne, samt hvilke forventninger de har til egen framtidig yrkesaktivitet. Andre del er en oppfølgingsstudie der funn fra første del vil bli samkjørt med framtidige trygdedata fra Rikstrygdeverket. Protokoll vedlagt.

Søvnplager hos voksne menn og kvinner i Hordaland (Professor Reidun Ursin)
En kartlegging av søvnproblemer og dets konsekvenser vil bli foretatt. Protokoll vedlagt.

Kvinnekohort for prospektive studier for urininkontinens, urinveisinfeksjon og legemiddelepidemiologi (Professor Steinar Hunskår). Et tilfeldig utvalg av 2900 kvinnelige HUSK deltakere blir spurt om å delta i en longitudinell undersøkelse om nevnte temaer. Protokoll sendt inn tidligere. Et eksemplar vedlagt her.

Astma - bruk av helsetjenester (Professor Amund Gulsvik)
I et underutvalg av 3500 mannlige HUSK deltakere som deltok i en tidligere undersøkelse av lungefunksjon i 1985, samt et tilfeldig utvalg av 3500 kvinner, vil vi tilby målinger av lungefunksjon og bronkodilatasjonstest. De vil også bli bedt om å fylle ut et kort relevant spørreskjema. Protokoll vedlagt.

Vinterdepresjoner hos voksne kvinner og menn i Hordaland (Professor Fred Holsten)
Omfanget av vinterdepresjoner vil bli kartlagt ved hjelp av spørreskjema. Behandlingstrengende personer vil bli tilbudt behandling. Protokoll vedlagt. Vi gjør oppmerksom på at kun del 1 (karlegging av forekomsten av sesongvariasjon) inngår som en del av HUSK. Det skisserte randomiserte forsøket beskrevet i punktene 2. og 3. er ikke godkjent av HUSK Styringsgruppe.

Tvangslidelser hos voksne kvinner og menn i Hordaland (Professor Fred Holsten)
Omfanget av tvangslidelser vil bli kartlagt ved hjelp av spørreskjema. Behandlingstrengende personer vil bli tilbudt behandling. Protokoll vedlagt. Vi gjør oppmerksom på at kun delene a, b, og c (karlegging av forekomsten av tvangslidelser) inngår som en del av HUSK. Det skisserte randomiserte forsøket beskrevet i punkt d. er ikke godkjent av HUSK Styringsgruppe.

Hypokondri hos voksne kvinner og menn i Hordaland (Førsteamanuensis Ingvard Wilhelmsen). Omfanget av hypokondri vil bli kartlagt ved hjelp av spørreskjema. Behandlingstrengende personer vil bli tilbudt behandling. Protokoll vedlagt.

Familiær belastning av prostatacancer (Overlege August Bakke).
Familiære belastning av prostatacancer vil bli kartlagt ved hjelp av to spørsmål. Serum fra alle mannlige deltakere vil bli frosset for senere å analyseres som del av nestede pasient-kontrollstudier.

Fem års oppfølging av homocysteinkohorten i Hordaland (Professor Stein Emil Vollset).
Ved siste helseundersøkelse i Hordaland 1992-93 ble aminosyren homocystein målt. Denne er nå akseptert som en meget sterk risikofaktor for hjertekarsykom. Et utvalg av de som deltok forrige gang vil bli inviterte til å delta også denne gang. Dette omfatter to grupper på henholdsvis 45-49 år og 71-74 år, som vil bli tilbudt samme helseundersøkelse som den yngre gruppen, samme skjema 1, men et separat skjema 2 samt et kostholdsskjema. Protokoll vedlagt.

En epidemiologisk studie av osteoporose i Hordaland (Professor Grethe S. Tell).
Denne studien vil omfatte 6000 deltakere i HUSK, i alle aldersgruppene. Benmineraltetthet og kroppssammensetning vil bli målt ved hjelp av et densitometer. Protokoll vedlagt.

Prevalens av Primært Sjøgrens syndrom i to norske befolkningsgrupper på 40-49 år og 71-74 år (Professor Hans Jacob Haga). På basis av fire spørsmål om symptomer vil et utvalg av 200 personer som svarer positivt få tilbud om etterundersøkelse for å se om de har Sjøgrens syndrom. Protokoll sendt inn tidligere. Et eksemplar vedlagt her.

Søknad om konsesjon til Datatilsynet oversendes direkte fra SHUS, da all personidentifiserbar informasjon vil ligge der. De delprosjektene der tilbakemelding ikke vil skje vil da bli dekket av hovedkonsesjonen. For de prosjektene der tilbakemelding vil bli gitt til enkeltpersoner og/eller deres leger er dette beskrevet i disse.

Dersom ytterligere informasjon kreves, står jeg eller delprosjektledere gjerne til disposisjon.

Med hilsen

Grethe S. Tell
Professor dr.philos., Prosjektleder for HUSK

Vedlegg: Spørreskjema 1 og 2
Samtykkeerklæring
Kopi av brosjyre som nå brukes i Nord-Trøndelag
Kopi av svarbrev til deltakerne

Doctoral Theses at The Faculty of Psychology, University of Bergen

1980	Allen, H.M., Dr. philos.	Parent-offspring interactions in willow grouse (Lagopus L. Lagopus).
1981	Myhrer, T., Dr. philos.	Behavioral Studies after selective disruption of hippocampal inputs in albino rats.
1982	Svebak, S., Dr. philos.	The significance of motivation for task-induced tonic physiological changes.
1983	Myhre, G., Dr. philos.	The Biopsychology of behavior in captive Willow ptarmigan.
	Eide, R., Dr. philos.	PSYCHOSOCIAL FACTORS AND INDICES OF HEALTH RISKS. The relationship of psychosocial conditions to subjective complaints, arterial blood pressure, serum cholesterol, serum triglycerides and urinary catecholamines in middle aged populations in Western Norway.
	Værnes, R.J., Dr. philos.	Neuropsychological effects of diving.
1984	Kolstad, A., Dr. philos.	Til diskusjonen om sammenhengen mellom sosiale forhold og psykiske strukturer. En epidemiologisk undersøkelse blant barn og unge.
	Løberg, T., Dr. philos.	Neuropsychological assessment in alcohol dependence.
1985	Hellesnes, T., Dr. philos.	Læring og problemløsning. En studie av den perseptuelle analysens betydning for verbal læring.
	Håland, W., Dr. philos.	Psykoterapi: relasjon, utviklingsprosess og effekt.
1986	Hagtvet, K.A., Dr. philos.	The construct of test anxiety: Conceptual and methodological issues.
	Jellestad, F.K., Dr. philos.	Effects of neuron specific amygdala lesions on fear-motivated behavior in rats.
1987	Aarø, L.E., Dr. philos.	Health behaviour and sosioeconomic Status. A survey among the adult population in Norway.
	Underlid, K., Dr. philos.	Arbeidsløyse i psykososialt perspektiv.
	Laberg, J.C., Dr. philos.	Expectancy and classical conditioning in alcoholics' craving.
	Vollmer, F.C., Dr. philos.	Essays on explanation in psychology.
	Ellertsen, B., Dr. philos.	Migraine and tension headache: Psychophysiology, personality and therapy.
1988	Kaufmann, A., Dr. philos.	Antisosial atferd hos ungdom. En studie av psykologiske determinanter.

	Mykletun, R.J., Dr. philos.	Teacher stress: personality, work-load and health.
	Havik, O.E., Dr. philos.	After the myocardial infarction: A medical and psychological study with special emphasis on perceived illness.
1989	Bråten, S., Dr. philos.	Menneskedyaden. En teoretisk tese om sinnets dialogiske natur med informasjons- og utviklingspsykologiske implikasjoner sammenholdt med utvalgte spedbarnsstudier.
	Wold, B., Dr. psychol.	Lifestyles and physical activity. A theoretical and empirical analysis of socialization among children and adolescents.
1990	Flaten, M.A., Dr. psychol.	The role of habituation and learning in reflex modification.
1991	Alsaker, F.D., Dr. philos.	Global negative self-evaluations in early adolescence.
	Kraft, P., Dr. philos.	AIDS prevention in Norway. Empirical studies on diffusion of knowledge, public opinion, and sexual behaviour.
	Endresen, I.M., Dr. philos.	Psychoimmuniological stress markers in working life.
	Faleide, A.O., Dr. philos.	Asthma and allergy in childhood. Psychosocial and psychotherapeutic problems.
1992	Dalen, K., Dr. philos.	Hemispheric asymmetry and the Dual-Task Paradigm: An experimental approach.
	Bø, I.B., Dr. philos.	Ungdoms sosiale økologi. En undersøkelse av 14-16 åringers sosiale nettverk.
	Nivison, M.E., Dr. philos.	The relationship between noise as an experimental and environmental stressor, physiological changes and psychological factors.
	Torgersen, A.M., Dr. philos.	Genetic and environmental influence on temperamental behaviour. A longitudinal study of twins from infancy to adolescence.
1993	Larsen, S., Dr. philos.	Cultural background and problem drinking.
	Nordhus, I.H., Dr. philos.	Family caregiving. A community psychological study with special emphasis on clinical interventions.
	Thuen, F., Dr. psychol.	Accident-related behaviour among children and young adolescents: Prediction and prevention.
	Solheim, R., Dr. philos.	Spesifikke lærevansker. Diskrepanskriteriet anvendt i seleksjonsmetodikk.
	Johnsen, B.H., Dr. psychol.	Brain assymetry and facial emotional expressions: Conditioning experiments.
1994	Tønnessen, F.E., Dr. philos.	The etiology of Dyslexia.
	Kvale, G., Dr. psychol.	Psychological factors in anticipatory nausea and vomiting in cancer chemotherapy.

	Asbjørnsen, A.E., Dr. psychol.	Structural and dynamic factors in dichotic listening: An interactional model.
	Bru, E., Dr. philos.	The role of psychological factors in neck, shoulder and low back pain among female hospitale staff.
	Braathen, E.T., Dr. psychol.	Prediction of exellence and discontinuation in different types of sport: The significance of motivation and EMG.
	Johannessen, B.F., Dr. philos.	Det flytende kjønnet. Om lederskap, politikk og identitet.
1995	Sam, D.L., Dr. psychol.	Acculturation of young immigrants in Norway: A psychological and socio-cultural adaptation.
	Bjaalid, I.-K., Dr. philos	Component processes in word recognition.
	Martinsen, Ø., Dr. philos.	Cognitive style and insight.
	Nordby, H., Dr. philos.	Processing of auditory deviant events: Mismatch negativity of event-related brain potentials.
	Raaheim, A., Dr. philos.	Health perception and health behaviour, theoretical considerations, empirical studies, and practical implications.
	Seltzer, W.J., Dr.philos.	Studies of Psychocultural Approach to Families in Therapy.
	Brun, W., Dr.philos.	Subjective conceptions of uncertainty and risk.
	Aas, H.N., Dr. psychol.	Alcohol expectancies and socialization: Adolescents learning to drink.
	Bjørkly, S., Dr. psychol.	Diagnosis and prediction of intra-institutional aggressive behaviour in psychotic patients
1996	Anderssen, N., Dr. psychol.	Physical activity of young people in a health perspective: Stability, change and social influences.
	Sandal, Gro Mjeldheim, Dr. psychol.	Coping in extreme environments: The role of personality.
	Strumse, Einar, Dr. philos.	The psychology of aesthetics: explaining visual preferences for agrarian landscapes in Western Norway.
	Hestad, Knut, Dr. philos.	Neuropsychological deficits in HIV-1 infection.
	Lugoe, L.Wycliffe, Dr. philos.	Prediction of Tanzanian students' HIV risk and preventive behaviours
	Sandvik, B. Gunnhild, Dr. philos.	Fra distriktsjordmor til institusjonsjordmor. Fremveksten av en profesjon og en profesjonsutdanning
	Lie, Gro Therese, Dr. psychol.	The disease that dares not speak its name: Studies on factors of importance for coping with HIV/AIDS in Northern Tanzania
	Øygard, Lisbet, Dr. philos.	Health behaviors among young adults. A psychological and sociological approach
	Stormark, Kjell Morten, Dr. psychol.	Emotional modulation of selective attention: Experimental and clinical evidence.

	Einarsen, Ståle, Dr. psychol.	Bullying and harassment at work: epidemiological and psychosocial aspects.
1997	Knivsberg, Ann-Mari, Dr. philos.	Behavioural abnormalities and childhood psychopathology: Urinary peptide patterns as a potential tool in diagnosis and remediation.
	Eide, Arne H., Dr. philos.	Adolescent drug use in Zimbabwe. Cultural orientation in a global-local perspective and use of psychoactive substances among secondary school students.
	Sørensen, Marit, Dr. philos.	The psychology of initiating and maintaining exercise and diet behaviour.
	Skjæveland, Oddvar, Dr. psychol.	Relationships between spatial-physical neighborhood attributes and social relations among neighbors.
	Zewdie, Teka, Dr. philos.	Mother-child relational patterns in Ethiopia. Issues of developmental theories and intervention programs.
	Wilhelmsen, Britt Unni, Dr. philos.	Development and evaluation of two educational programmes designed to prevent alcohol use among adolescents.
	Manger, Terje, Dr. philos.	Gender differences in mathematical achievement among Norwegian elementary school students.
1998		
V	Lindstrøm, Torill Christine, Dr. philos.	«Good Grief»: Adapting to Bereavement.
	Skogstad, Anders, Dr. philos.	Effects of leadership behaviour on job satisfaction, health and efficiency.
	Haldorsen, Ellen M. Håland, Dr. psychol.	Return to work in low back pain patients.
	Besemer, Susan P., Dr. philos.	Creative Product Analysis: The Search for a Valid Model for Understanding Creativity in Products.
H	Winje, Dagfinn, Dr. psychol.	Psychological adjustment after severe trauma. A longitudinal study of adults' and children's posttraumatic reactions and coping after the bus accident in Måbødalen, Norway 1988.
	Vosburg, Suzanne K., Dr. philos.	The effects of mood on creative problem solving.
	Eriksen, Hege R., Dr. philos.	Stress and coping: Does it really matter for subjective health complaints?
	Jakobsen, Reidar, Dr. psychol.	Empiriske studier av kunnskap og holdninger om hiv/aids og den normative seksuelle utvikling i ungdomsårene.
1999		
V	Mikkelsen, Aslaug, Dr. philos.	Effects of learning opportunities and learning climate on occupational health.
	Samdal, Oddrun, Dr. philos.	The school environment as a risk or resource for students' health-related behaviours and subjective well-being.
	Friestad, Christine, Dr. philos.	Social psychological approaches to smoking.

	Ekeland, Tor-Johan, Dr. philos.	Meining som medisin. Ein analyse av placebofenomenet og implikasjoner for terapi og terapeutiske teoriar.
H	Saban, Sara, Dr. psychol.	Brain Asymmetry and Attention: Classical Conditioning Experiments.
	Carlsten, Carl Thomas, Dr. philos.	God lesing – God læring. En aksjonsrettet studie av undervisning i fagtekstlesing.
	Dundas, Ingrid, Dr. psychol.	Functional and dysfunctional closeness. Family interaction and children's adjustment.
	Engen, Liv, Dr. philos.	Kartlegging av leseferdighet på småskoletrinnet og vurdering av faktorer som kan være av betydning for optimal leseutvikling.
2000		
V	Hovland, Ole Johan, Dr. philos.	Transforming a self-preserving "alarm" reaction into a self-defeating emotional response: Toward an integrative approach to anxiety as a human phenomenon.
	Lillejord, Sølvi, Dr. philos.	Handlingsrasjonalitet og spesialundervisning. En analyse av aktørperspektiver.
	Sandell, Ove, Dr. philos.	Den varme kunnskapen.
	Oftedal, Marit Petersen, Dr. philos.	Diagnostisering av ordavkodingsvansker: En prosessanalytisk tilnærmingsmåte.
H	Sandbak, Tone, Dr. psychol.	Alcohol consumption and preference in the rat: The significance of individual differences and relationships to stress pathology
	Eid, Jarle, Dr. psychol.	Early predictors of PTSD symptom reporting; The significance of contextual and individual factors.
2001		
V	Skinstad, Anne Helene, Dr. philos.	Substance dependence and borderline personality disorders.
	Binder, Per-Einar, Dr. psychol.	Individet og den meningsbærende andre. En teoretisk undersøkelse av de mellommenneskelige forutsetningene for psykisk liv og utvikling med utgangspunkt i Donald Winnicotts teori.
	Roald, Ingvild K., Dr. philos.	Building of concepts. A study of Physics concepts of Norwegian deaf students.
H	Fekadu, Zelalem W., Dr. philos.	Predicting contraceptive use and intention among a sample of adolescent girls. An application of the theory of planned behaviour in Ethiopian context.
	Melesse, Fantu, Dr. philos.	The more intelligent and sensitive child (MISC) mediational intervention in an Ethiopian context: An evaluation study.
	Råheim, Målfrid, Dr. philos.	Kvinners kroppserfaring og livssammenheng. En fenomenologisk – hermeneutisk studie av friske kvinner og kvinner med kroniske muskelsmerter.
	Engelsen, Birthe Kari, Dr. psychol.	Measurement of the eating problem construct.

	Lau, Bjørn, Dr. philos.	Weight and eating concerns in adolescence.
2002		
V	Ihlebæk, Camilla, Dr. philos.	Epidemiological studies of subjective health complaints.
	Rosén, Gunnar O. R., Dr. philos.	The phantom limb experience. Models for understanding and treatment of pain with hypnosis.
	Høines, Marit Johnsen, Dr. philos.	Fleksible språkrom. Matematikklæring som tekstutvikling.
	Anthun, Roald Andor, Dr. philos.	School psychology service quality. Consumer appraisal, quality dimensions, and collaborative improvement potential
	Pallesen, Ståle, Dr. psychol.	Insomnia in the elderly. Epidemiology, psychological characteristics and treatment.
	Midthassel, Unni Vere, Dr. philos.	Teacher involvement in school development activity. A study of teachers in Norwegian compulsory schools
	Kallestad, Jan Helge, Dr. philos.	Teachers, schools and implementation of the Olweus Bullying Prevention Program.
H	Ofte, Sonja Helgesen, Dr. psychol.	Right-left discrimination in adults and children.
	Netland, Marit, Dr. psychol.	Exposure to political violence. The need to estimate our estimations.
	Diseth, Åge, Dr. psychol.	Approaches to learning: Validity and prediction of academic performance.
	Bjuland, Raymond, Dr. philos.	Problem solving in geometry. Reasoning processes of student teachers working in small groups: A dialogical approach.
2003		
V	Arefjord, Kjersti, Dr. psychol.	After the myocardial infarction – the wives' view. Short- and long-term adjustment in wives of myocardial infarction patients.
	Ingjaldsson, Jón Þorvaldur, Dr. psychol.	Unconscious Processes and Vagal Activity in Alcohol Dependency.
	Holden, Børge, Dr. philos.	Følger av atferdsanalytiske forklaringer for atferdsanalysens tilnærming til utforming av behandling.
	Holsen, Ingrid, Dr. philos.	Depressed mood from adolescence to 'emerging adulthood'. Course and longitudinal influences of body image and parent-adolescent relationship.
	Hammar, Åsa Karin, Dr. psychol.	Major depression and cognitive dysfunction- An experimental study of the cognitive effort hypothesis.
	Sprugevica, Ieva, Dr. philos.	The impact of enabling skills on early reading acquisition.
	Gabrielsen, Egil, Dr. philos.	LESE FOR LIVET. Lesekompetansen i den norske voksenbefolkningen sett i lys av visjonen om en enhetsskole.
H	Hansen, Anita Lill, Dr. psychol.	The influence of heart rate variability in the regulation of attentional and memory processes.

	Dyregrov, Kari, Dr. philos.	The loss of child by suicide, SIDS, and accidents: Consequences, needs and provisions of help.
2004		
V	Torsheim, Torbjørn, Dr. psychol.	Student role strain and subjective health complaints: Individual, contextual, and longitudinal perspectives.
	Haugland, Bente Storm Mowatt Dr. psychol.	Parental alcohol abuse. Family functioning and child adjustment.
	Milde, Anne Marita, Dr. psychol.	Ulcerative colitis and the role of stress. Animal studies of psychobiological factors in relationship to experimentally induced colitis.
	Stornes, Tor, Dr. philos.	Socio-moral behaviour in sport. An investigation of perceptions of sportspersonship in handball related to important factors of socio-moral influence.
	Mæhle, Magne, Dr. philos.	Re-inventing the child in family therapy: An investigation of the relevance and applicability of theory and research in child development for family therapy involving children.
	Kobbeltvedt, Therese, Dr. psychol.	Risk and feelings: A field approach.
2004	Thomsen, Tormod, Dr. psychol.	Localization of attention in the brain.
H		
	Løberg, Else-Marie, Dr. psychol.	Functional laterality and attention modulation in schizophrenia: Effects of clinical variables.
	Kyrkjebø, Jane Mikkelsen, Dr. philos.	Learning to improve: Integrating continuous quality improvement learning into nursing education.
	Laumann, Karin, Dr. psychol.	Restorative and stress-reducing effects of natural environments: Experiencal, behavioural and cardiovascular indices.
	Holgersen, Helge, PhD	Mellom oss - Essay i relasjonell psykoanalyse.
2005		
V	Hetland, Hilde, Dr. psychol.	Leading to the extraordinary? Antecedents and outcomes of transformational leadership.
	Iversen, Anette Christine, Dr. philos.	Social differences in health behaviour: the motivational role of perceived control and coping.
2005	Mathisen, Gro Ellen, PhD	Climates for creativity and innovation: Definitions, measurement, predictors and consequences.
H		
	Sævi, Tone, Dr. philos.	Seeing disability pedagogically – The lived experience of disability in the pedagogical encounter.
	Wiium, Nora, PhD	Intrapersonal factors, family and school norms: combined and interactive influence on adolescent smoking behaviour.
	Kanagaratnam, Pushpa, PhD	Subjective and objective correlates of Posttraumatic Stress in immigrants/refugees exposed to political violence.
	Larsen, Torill M. B. , PhD	Evaluating principals` and teachers` implementation of Second Step. A case study of four Norwegian primary schools.

	Bancila, Delia, PhD	Psychosocial stress and distress among Romanian adolescents and adults.
2006		
V	Hillestad, Torgeir Martin, Dr. philos.	Normalitet og avvik. Forutsetninger for et objektivt psykopatologisk avviksbegrep. En psykologisk, sosial, erkjennelsesteoretisk og teorihistorisk framstilling.
	Nordanger, Dag Øystein, Dr. psychol.	Psychosocial discourses and responses to political violence in post-war Tigray, Ethiopia.
	Rimol, Lars Morten, PhD	Behavioral and fMRI studies of auditory laterality and speech sound processing.
	Krumsvik, Rune Johan, Dr. philos.	ICT in the school. ICT-initiated school development in lower secondary school.
	Norman, Elisabeth, Dr. psychol.	Gut feelings and unconscious thought: An exploration of fringe consiousness in implicit cognition.
	Israel, K Pravin, Dr. psychol.	Parent involvement in the mental health care of children and adolescents. Emperical studies from clinical care setting.
	Glasø, Lars, PhD	Affects and emotional regulation in leader-subordinate relationships.
	Knutsen, Ketil, Dr. philos.	HISTORIER UNGDOM LEVER – En studie av hvordan ungdommer bruker historie for å gjøre livet meningsfullt.
	Matthiesen, Stig Berge, PhD	Bullying at work. Antecedents and outcomes.
2006		
H	Gramstad, Arne, PhD	Neuropsychological assessment of cognitive and emotional functioning in patients with epilepsy.
	Bendixen, Mons, PhD	Antisocial behaviour in early adolescence: Methodological and substantive issues.
	Mrumbi, Khalifa Maulid, PhD	Parental illness and loss to HIV/AIDS as experienced by AIDS orphans aged between 12-17 years from Temeke District, Dar es Salaam, Tanzania: A study of the children's psychosocial health and coping responses.
	Hetland, Jørn, Dr. psychol.	The nature of subjective health complaints in adolescence: Dimensionality, stability, and psychosocial predictors
	Kakoko, Deodatus Conatus Vitalis, PhD	Voluntary HIV counselling and testing service uptake among primary school teachers in Mwanza, Tanzania: assessment of socio-demographic, psychosocial and socio-cognitive aspects
	Mykletun, Arnstein, Dr. psychol.	Mortality and work-related disability as long-term consequences of anxiety and depression: Historical cohort designs based on the HUNT-2 study
	Sivertsen, Børge, PhD	Insomnia in older adults. Consequences, assessment and treatment.
2007		
V	Singhammer, John, Dr. philos.	Social conditions from before birth to early adulthood – the influence on health and health behaviour

	Janvin, Carmen Ani Cristea, PhD	Cognitive impairment in patients with Parkinson's disease: profiles and implications for prognosis
	Braarud, Hanne Cecilie, Dr.psychol.	Infant regulation of distress: A longitudinal study of transactions between mothers and infants
	Tveito, Torill Helene, PhD	Sick Leave and Subjective Health Complaints
	Magnussen, Liv Heide, PhD	Returning disability pensioners with back pain to work
	Thuen, Elin Marie, Dr.philos.	Learning environment, students' coping styles and emotional and behavioural problems. A study of Norwegian secondary school students.
	Solberg, Ole Asbjørn, PhD	Peacekeeping warriors – A longitudinal study of Norwegian peacekeepers in Kosovo
2007		
H	Søreide, Gunn Elisabeth, Dr.philos.	Narrative construction of teacher identity
	Svensen, Erling, PhD	WORK & HEALTH. Cognitive Activation Theory of Stress applied in an organisational setting.
	Øverland, Simon Nygaard, PhD	Mental health and impairment in disability benefits. Studies applying linkages between health surveys and administrative registries.
	Eichele, Tom, PhD	Electrophysiological and Hemodynamic Correlates of Expectancy in Target Processing
	Børhaug, Kjetil, Dr.philos.	Oppseding til demokrati. Ein studie av politisk oppseding i norsk skule.
	Eikeland, Thorleif, Dr.philos.	Om å vokse opp på barnehjem og på sykehus. En undersøkelse av barnehjemsbarns opplevelser på barnehjem sammenholdt med sanatoriebarns beskrivelse av langvarige sykehusopphold – og et forsøk på forklaring.
	Wadel, Carl Cato, Dr.philos.	Medarbeidersamhandling og medarbeiderledelse i en lagbasert organisasjon
	Vinje, Hege Forbech, PhD	Thriving despite adversity: Job engagement and self-care among community nurses
	Noort, Maurits van den, PhD	Working memory capacity and foreign language acquisition
2008		
V	Breivik, Kyrre, Dr.psychol.	The Adjustment of Children and Adolescents in Different Post-Divorce Family Structures. A Norwegian Study of Risks and Mechanisms.
	Johnsen, Grethe E., PhD	Memory impairment in patients with posttraumatic stress disorder
	Sætrevik, Bjørn, PhD	Cognitive Control in Auditory Processing
	Carvalhosa, Susana Fonseca, PhD	Prevention of bullying in schools: an ecological model

2008		
H	Brønnick, Kolbjørn Selvåg	Attentional dysfunction in dementia associated with Parkinson's disease.
	Posserud, Maj-Britt Rocio	Epidemiology of autism spectrum disorders
	Haug, Ellen	Multilevel correlates of physical activity in the school setting
	Skjerve, Arvid	Assessing mild dementia – a study of brief cognitive tests.
	Kjønniksen, Lise	The association between adolescent experiences in physical activity and leisure time physical activity in adulthood: a ten year longitudinal study
	Gundersen, Hilde	The effects of alcohol and expectancy on brain function
	Omvik, Siri	Insomnia – a night and day problem
2009		
V	Molde, Helge	Pathological gambling: prevalence, mechanisms and treatment outcome.
	Foss, Else	Den omsorgsfulle væremåte. En studie av voksnes væremåte i forhold til barn i barnehagen.
	Westrheim, Kariane	Education in a Political Context: A study of Konwledge Processes and Learning Sites in the PKK.
	Wehling, Eike	Cognitive and olfactory changes in aging
	Wangberg, Silje C.	Internet based interventions to support health behaviours: The role of self-efficacy.
	Nielsen, Morten B.	Methodological issues in research on workplace bullying. Operationalisations, measurements and samples.
	Sandu, Anca Larisa	MRI measures of brain volume and cortical complexity in clinical groups and during development.
	Guribye, Eugene	Refugees and mental health interventions
	Sørensen, Lin	Emotional problems in inattentive children – effects on cognitive control functions.
	Tjomsland, Hege E.	Health promotion with teachers. Evaluation of the Norwegian Network of Health Promoting Schools: Quantitative and qualitative analyses of predisposing, reinforcing and enabling conditions related to teacher participation and program sustainability.
	Helleve, Ingrid	Productive interactions in ICT supported communities of learners
2009		
H	Skorpen, Aina Øye, Christine	Dagliglivet i en psykiatrisk institusjon: En analyse av miljøterapeutiske praksiser
	Andreassen, Cecilie Schou	WORKAHOLISM – Antecedents and Outcomes
	Stang, Ingun	Being in the same boat: An empowerment intervention in breast cancer self-help groups

	Sequeira, Sarah Dorothee Dos Santos	The effects of background noise on asymmetrical speech perception
	Kleiven, Jo, dr.philos.	The Lillehammer scales: Measuring common motives for vacation and leisure behavior
	Jónsdóttir, Guðrún	Dubito ergo sum? Ni jenter møter naturfaglig kunnskap.
	Hove, Oddbjørn	Mental health disorders in adults with intellectual disabilities - Methods of assessment and prevalence of mental health disorders and problem behaviour
	Wageningen, Heidi Karin van	The role of glutamate on brain function
	Bjørkvik, Jofrid	God nok? Selvaktelse og interpersonlig fungering hos pasienter innen psykisk helsevern: Forholdet til diagnoser, symptomer og behandlingsutbytte
	Andersson, Martin	A study of attention control in children and elderly using a forced-attention dichotic listening paradigm
	Almås, Aslaug Grov	Teachers in the Digital Network Society: Visions and Realities. A study of teachers' experiences with the use of ICT in teaching and learning.
	Ulvik, Marit	Lærerutdanning som danning? Tre stemmer i diskusjonen
2010		
V	Skår, Randi	Læringsprosesser i sykepleieres profesjonsutøvelse. En studie av sykepleieres læringserfaringer.
	Roald, Knut	Kvalitetsvurdering som organisasjonslæring mellom skole og skoleeigar
	Lunde, Linn-Heidi	Chronic pain in older adults. Consequences, assessment and treatment.
	Danielsen, Anne Grete	Perceived psychosocial support, students' self-reported academic initiative and perceived life satisfaction
	Hysing, Mari	Mental health in children with chronic illness
	Olsen, Olav Kjellevold	Are good leaders moral leaders? The relationship between effective military operational leadership and morals
	Riese, Hanne	Friendship and learning. Entrepreneurship education through mini-enterprises.
	Holthe, Asle	Evaluating the implementation of the Norwegian guidelines for healthy school meals: A case study involving three secondary schools
H	Hauge, Lars Johan	Environmental antecedents of workplace bullying: A multi-design approach
	Bjørkelo, Brita	Whistleblowing at work: Antecedents and consequences
	Reme, Silje Endresen	Common Complaints – Common Cure? Psychiatric comorbidity and predictors of treatment outcome in low back pain and irritable bowel syndrome

	Helland, Wenche Andersen	Communication difficulties in children identified with psychiatric problems
	Beneventi, Harald	Neuronal correlates of working memory in dyslexia
	Thygesen, Elin	Subjective health and coping in care-dependent old persons living at home
	Aanes, Mette Marthinussen	Poor social relationships as a threat to belongingness needs. Interpersonal stress and subjective health complaints: Mediating and moderating factors.
	Anker, Morten Gustav	Client directed outcome informed couple therapy
	Bull, Torill	Combining employment and child care: The subjective well-being of single women in Scandinavia and in Southern Europe
	Viig, Nina Grieg	Tilrettelegging for læreres deltakelse i helsefremmende arbeid. En kvalitativ og kvantitativ analyse av sammenhengen mellom organisatoriske forhold og læreres deltakelse i utvikling og implementering av Europeisk Nettverk av Helsefremmende Skoler i Norge
	Wolff, Katharina	To know or not to know? Attitudes towards receiving genetic information among patients and the general public.
	Ogden, Terje, dr.philos.	Familiebasert behandling av alvorlige atferdsproblemer blant barn og ungdom. Evaluering og implementering av evidensbaserte behandlingsprogrammer i Norge.
	Solberg, Mona Elin	Self-reported bullying and victimisation at school: Prevalence, overlap and psychosocial adjustment.
2011		
V	Bye, Hege Høivik	Self-presentation in job interviews. Individual and cultural differences in applicant self-presentation during job interviews and hiring managers' evaluation
	Notelaers, Guy	Workplace bullying. A risk control perspective.
	Moltu, Christian	Being a therapist in difficult therapeutic impasses. A hermeneutic phenomenological analysis of skilled psychotherapists' experiences, needs, and strategies in difficult therapies ending well.
	Myrseth, Helga	Pathological Gambling - Treatment and Personality Factors
	Schanche, Elisabeth	From self-criticism to self-compassion. An empirical investigation of hypothesized change prosesses in the Affect Phobia Treatment Model of short-term dynamic psychotherapy for patients with Cluster C personality disorders.
	Våpenstad, Eystein Victor, dr.philos.	Det tempererte nærvær. En teoretisk undersøkelse av psykoterapautens subjektivitet i psykoanalyse og psykoanalytisk psykoterapi.
	Haukebø, Kristin	Cognitive, behavioral and neural correlates of dental and intra-oral injection phobia. Results from one treatment and one fMRI study of randomized, controlled design.

	Harris, Anette	Adaptation and health in extreme and isolated environments. From 78°N to 75°S.
	Bjørknes, Ragnhild	Parent Management Training-Oregon Model: intervention effects on maternal practice and child behavior in ethnic minority families
	Mamen, Asgeir	Aspects of using physical training in patients with substance dependence and additional mental distress
	Espevik, Roar	Expert teams: Do shared mental models of team members make a difference
	Haara, Frode Olav	Unveiling teachers' reasons for choosing practical activities in mathematics teaching
2011		
H	Hauge, Hans Abraham	How can employee empowerment be made conducive to both employee health and organisation performance? An empirical investigation of a tailor-made approach to organisation learning in a municipal public service organisation.
	Melkevik, Ole Rogstad	Screen-based sedentary behaviours: pastimes for the poor, inactive and overweight? A cross-national survey of children and adolescents in 39 countries.
	Vøllestad, Jon	Mindfulness-based treatment for anxiety disorders. A quantitative review of the evidence, results from a randomized controlled trial, and a qualitative exploration of patient experiences.
	Tolo, Astrid	Hvordan blir lærerkompetanse konstruert? En kvalitativ studie av PPU-studenters kunnskapsutvikling.
	Saus, Evelyn-Rose	Training effectiveness: Situation awareness training in simulators
	Nordgreen, Tine	Internet-based self-help for social anxiety disorder and panic disorder. Factors associated with effect and use of self-help.
	Munkvold, Linda Helen	Oppositional Defiant Disorder: Informant discrepancies, gender differences, co-occuring mental health problems and neurocognitive function.
	Christiansen, Øivin	Når barn plasseres utenfor hjemmet: beslutninger, forløp og relasjoner. Under barnevernets (ved)tak.
	Brunborg, Geir Scott	Conditionability and Reinforcement Sensitivity in Gambling Behaviour
	Hystad, Sigurd William	Measuring Psychological Resiliency: Validation of an Adapted Norwegian Hardiness Scale
2012		
V	Roness, Dag	Hvorfor bli lærer? Motivasjon for utdanning og utøving.
	Fjermestad, Krister Westlye	The therapeutic alliance in cognitive behavioural therapy for youth anxiety disorders
	Jenssen, Eirik Sørnes	Tilpasset opplæring i norsk skole: politikeres, skolelederes og læreres handlingsvalg

	Johansen, Venke Frederike	Når det intime blir offentlig. Om kvinners åpenhet om brystkreft og om markedsføring av brystkreftsaken.
	Herheim, Rune	Pupils collaborating in pairs at a computer in mathematics learning: investigating verbal communication patterns and qualities
	Vie, Tina Løkke	Cognitive appraisal, emotions and subjective health complaints among victims of workplace bullying: A stress-theoretical approach
	Jones, Lise Øen	Effects of reading skills, spelling skills and accompanying efficacy beliefs on participation in education. A study in Norwegian prisons.
2012		
H	Danielsen, Yngvild Sørebø	Childhood obesity – characteristics and treatment. Psychological perspectives.
	Horverak, Jøri Gytre	Sense or sensibility in hiring processes. Interviewee and interviewer characteristics as antecedents of immigrant applicants' employment probabilities. An experimental approach.
	Jøsendal, Ola	Development and evaluation of BE smokeFREE, a school-based smoking prevention program
	Osnes, Berge	Temporal and Posterior Frontal Involvement in Auditory Speech Perception
	Drageset, Sigrunn	Psychological distress, coping and social support in the diagnostic and preoperative phase of breast cancer
	Aasland, Merethe Schanke	Destructive leadership: Conceptualization, measurement, prevalence and outcomes
	Bakibinga, Pauline	The experience of job engagement and self-care among Ugandan nurses and midwives
	Skogen, Jens Christoffer	Foetal and early origins of old age health. Linkage between birth records and the old age cohort of the Hordaland Health Study (HUSK)
	Leversen, Ingrid	Adolescents' leisure activity participation and their life satisfaction: The role of demographic characteristics and psychological processes
	Hanss, Daniel	Explaining sustainable consumption: Findings from cross-sectional and intervention approaches
	Rød, Per Arne	Barn i klem mellom foreldrekonflikter og samfunnsmessig beskyttelse