



**Manual tiempos óptimos de incapacidad temporal:
Comparaciones internacionales**

Fernando G. Benavides
Centro de Investigación en Salud Laboral
Universidad Pompeu Fabra

Logos: upf. Universitat Pompeu Fabra Barcelona, cisal, euresp, and the European Union flag.

En los próximos 20' trataré de compartir las siguientes ideas:

- Existe una gran variabilidad en las Guías de tiempos estándar de duración de la incapacidad laboral utilizadas en otros países
- Los cofactores que influyen sobre la duración (aumentando o disminuyendo) de la incapacidad laboral son numerosos
- La gestión de la duración de la incapacidad laboral en otros países se inserta en programas globales de Retorno al Trabajo



Distribution of sickness absence in the European Union countries

D Gimeno, F G Benavides, J Benach, B C Amick III

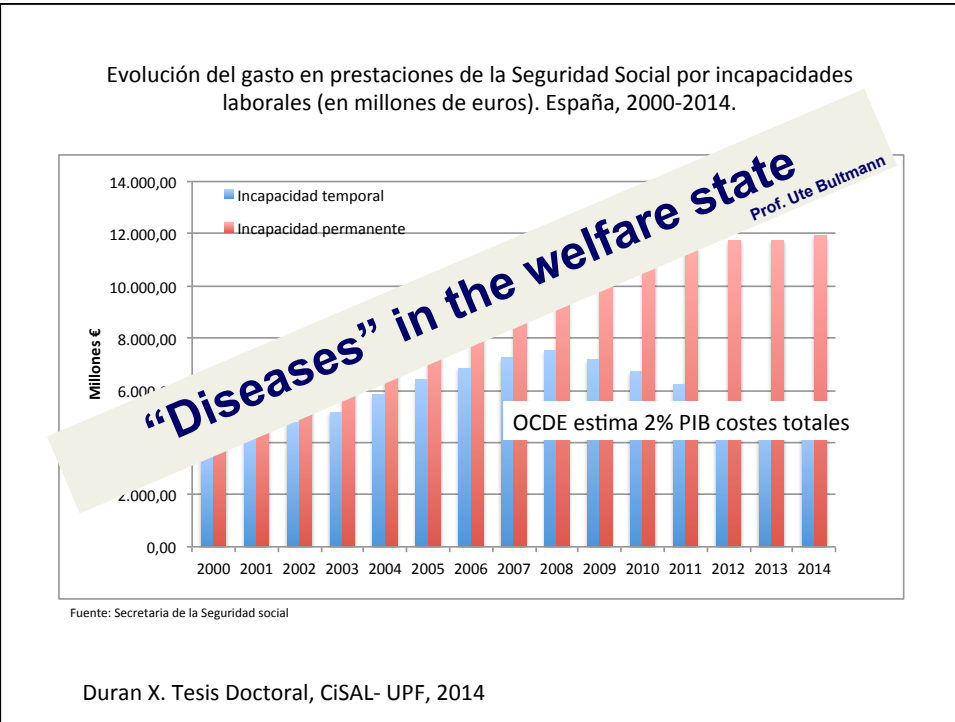
Occup Environ Med 2004;61:867-869. doi: 10.1136/oem.2003.010074

Table 1 Age adjusted percentage of employees with sickness absence* in each of the 15 member states of the European Union, 2000

Country	n	Total		Men		Women	
		%	(95% CI)	%	(95% CI)	%	(95% CI)
Greece	496	6.7	(6.1 to 7.3)	3.5	(3.1 to 3.9)	9.9	(9.1 to 10.7)
Ireland	1078	7.7	(7.1 to 8.3)	9.2	(8.4 to 10.0)	7.3	(6.6 to 8.0)
Portugal	1011	10.3	(9.5 to 11.1)	10.1	(9.3 to 10.9)	6.8	(6.0 to 7.6)
Italy	1117	10.4	(9.6 to 11.2)	9.9	(9.1 to 10.7)	6.4	(5.6 to 7.2)
United Kingdom	1177	13.7	(12.9 to 14.5)	13.3	(12.5 to 14.1)	10.0	(9.2 to 10.8)
Spain	1118	11.8	(11.0 to 12.6)	13.5	(12.7 to 14.3)	8.6	(7.8 to 9.4)
Denmark	1221	12.4	(11.6 to 13.2)	12.9	(12.1 to 13.7)	12.0	(11.2 to 12.8)
France	1212	14.3	(13.5 to 15.1)	15.4	(14.6 to 16.2)	12.9	(12.1 to 13.7)
Belgium	1201	15.6	(14.8 to 16.4)	15.4	(14.6 to 16.2)	15.8	(15.0 to 16.6)
Austria	1236	16.0	(15.2 to 16.8)	20.4	(19.6 to 21.2)	12.1	(11.3 to 12.9)
Sweden	1323	17.0	(16.2 to 17.8)	14.9	(14.1 to 15.7)	18.8	(18.0 to 19.6)
Luxembourg	425	17.4	(16.6 to 18.2)	21.4	(20.6 to 22.2)	11.1	(10.3 to 11.9)
Germany	1265	18.3	(17.5 to 19.1)	21.1	(20.3 to 21.9)	15.0	(14.2 to 15.8)
Netherlands	1367	20.3	(19.5 to 21.1)	21.8	(21.0 to 22.6)	18.9	(18.1 to 19.7)
Finland	1153	24.0	(23.2 to 24.8)	22.0	(21.2 to 22.8)	25.7	(24.9 to 26.5)
Total	16257	14.5	(13.9 to 15.0)	15.5	(14.7 to 16.3)	13.3	(12.6 to 14.1)

*Absent at least one day in the past 12 months by an accident at work, by health problems caused by the work, or by other health problems.

La gestión de la IT es un problema de todos los países que tienen establecida este beneficio social en su sistema de seguridad social



“Diseases” in the welfare state

TRAGEDIA AÉREA EN FRANCIA »

El copiloto ocultó que estaba de baja médica el día del vuelo

Los medios alemanes apuntan a un historial de enfermedad mental

LUIS DONCEL | Montabaur | 27 MAR 2015 - 18:53 CET

Archivado en: Airbus Industrie, Andreas Lubitz, Vuelo GW19525, Germanwings, Accidentes aéreos, Francia, Pilotos aéreos, Accidentes, Aerolíneas bajo costo, Personal vuelo, Víctimas, Aerolíneas, Europa occidental, Empresas transporte, Sucesos, Transporte aéreo, Europa, Empresas, Transporte, Economía



“La fiscalía de Düsseldorf finalizó ayer el registro de la casa del copiloto fallecido. Las autoridades”

REUTERS-LIVE/

Andreas Lubitz amaba su trabajo. Sus compañeros del club aéreo LSC Westerwald recuerdan un joven, quizás algo tímido, pero completamente normal y con amigos que disfrutaba de volar como de ninguna otra cosa. “Él cumplió su sueño e hizo de su hobby su profesión”, señalaba emocionado el jueves el presidente del club, Klaus Radke. “Volar era su pasión”, añadía este viernes Dieter Wagner en el mismo escenario. Pero esa pasión chocaba con los problemas médicos que amenazaban su futuro laboral.

La Fiscalía de Düsseldorf confirmó este viernes las sospechas de que el copiloto de Germanwings estaba bajo tratamiento. Y aportó, además, un dato fundamental: **el médico le había firmado una baja por enfermedad**. Lubitz no podía haber trabajado ese 24 de marzo en el que estaba programado el **vuelo 4U 9525 de Barcelona a Düsseldorf**. Pero el hombre, de 27 años de edad, no siguió los consejos médicos, rompió en pedazos la baja y se subió a la cabina del Airbus ocultando a su compañía aérea esta circunstancia. El resultado, según afirmó el jueves el fiscal francés Brice Robin en Marsella, es que **Lubitz activó el descenso del aparato “con voluntad de destruir el avión”**. Causó así su muerte y la de otras 149 personas.

Incapacidad temporal »

Las bajas laborales de los autónomos duran el doble que las de los asalariados


RAQUEL PASCUAL CORTÉS

Madrid - 30 MAR 2018 - 18:53 CEST

La cantidad de estos procesos es similar en trabajadores por cuenta propia y ajena

Duración media de las bajas por contingencias comunes

En días




Año	Asalariados (días)	Autónomos (días)
2007	37,5	98,6
2008	37,8	99,7
2009	38,1	104,6
2010	40,4	109,7
2011	35,7	94,7
2012	37,1	96,5
2013	36,0	91,9
2014	37,5	90,0
2015	37,8	88,6
2016	38,4	90,1
2017	39,0	91,0

Fuente: Ministerio de Empleo y Seguridad Social

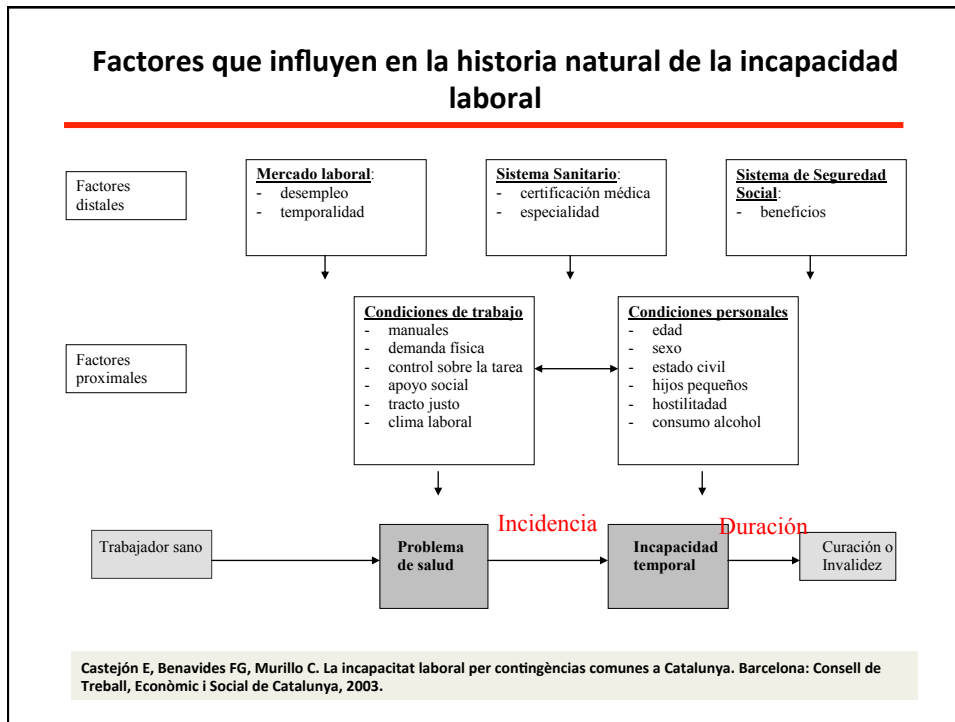
Número de procesos por cada 1.000 trabajadores protegidos

Prevalencia



Año	Asalariados	Autónomos
2007	29,2	32,4
2008	28,0	33,8
2009	24,4	33,8
2010	19,1	31,0
2011	24,4	30,0
2012	19,1	28,0
2013	24,4	27,7
2014	27,7	27,7
2015	29,8	29,8
2016	31,1	29,8
2017	31,1	29,8

A. MERA VIGLIA / CINCO DÍAS



Cross-national comparisons of sickness absence systems and statistics: towards common indicators

David Gimeno^{1,2,3}, Ute Bültmann⁴, Fernando G. Benavides^{2,3}, Kristina Alexanderson⁵, Femke I. Abma⁴, Mònica Ubalde-López^{2,3}, Corné A. M. Roelen⁴, Linnea Kjeldgård⁵, George L. Delclos^{1,2,3}

European Journal of Public Health 2014 24, No. 4, 663–666

Table 1 Characteristics of the systems of SA from work in Spain, Sweden and The Netherlands

Parameters	Spain ^a	Sweden	The Netherlands
Definition	Temporary sick leave to allow recovery while receiving health care from work-related and non-work-related disease or injury.	Sick leave when work incapacitated due to work-related or non-work-related disease or injury.	Sick leave to recover from work-related or non-work-related disease or injury.
Sick leave certification	For <i>non-work-related</i> SA, general practitioner (GP) certify beginning on the 4th day and confirm every week thereafter. The GP assesses patient recovery and certifies the end of the sick leave episode. For <i>work-related</i> SA, occupational physicians certify from the 1st day onwards.	A medical sickness certificate is required after 7 days, earlier if employer demands it. All physicians can issue sickness certificates. During the first 2 weeks, the employer assesses the right to sick pay, after that period it is the Sickness Insurance Agency that assess whether the person is entitled to sick-leave benefits.	For <i>paid (salaried) employment</i> : occupational physicians (OP) within 42 days after calling in sick. For <i>self-employed</i> : medical advisors of the insurance company that compensates work disability within the term that is specified by the insurer.
Maximum duration	12 months, with the possibility of an additional 6 months, following a review by the National Social Security Institute. Thereafter, assessment for disability pension.	A maximum of 364 days during a 15-month period, with some possibilities for prolongation up to 914 days. Thereafter, assessment if whether disability pension can be granted.	24 months, after which employees are assessed for a disability pension by the National Social Security Institute.

Temporary sickness absence systems: a comparison of 3 European countries

Parameters	Netherlands	Spain	Sweden
Definition	Temporary paid sick leave		
Sick leave certifier	Occupational physician	Primary care or occupational physician	Any physician
Maximum duration	24 months	18 months	12 months
Part-time sick leave	Yes	No	Yes
Sick pay	70% of earned wages	60%-80% of base salary	80% of lost wages
Prerequisites for sick pay	Paid job + insurance	Registered with social security	Paid job or unemployment
Waiting period for sick pay (days)	0	0 or 3	1
Payer	Employer (self or private insurance)	Employer (days 4-15) Social Security (> 15)	Employer (days 2-14) Social Security (> 14)
Care provider	National health care system with potential involvement of occupational health services		
Return to work plan	Mandatory within 8 weeks	At employer's discretion	Mandatory within 4 weeks

Supplemental Table 1. Selected parameter of sickness absence (SA) from work in Spain, Sweden and The Netherlands.

Parameters	1-month period ^a		12-month period ^b	
	Spain	The Netherlands	The Netherlands	Sweden
Covered population ^c				
Number	14,936,505	3,328,875	1,033,072	4,302,635
Employment type	Salaried	Self-employed	Salaried	Salaried
Attribution				work & -related
Episodes ^d				
Number				2,577
Number per				31.9
Duration (m)				77.3
Diagnostic ^e				
Most frequent				skeletal (20%), mental (16%), neurologic (16%), respiratory (6%)
Longest duration (days)				31), mental (16%), respiratory (6%), neurologic (16%), skeletal (20%)

Key points

- Cross-national comparative and collaborative research on sickness absence systems and statistics in Europe is desirable to advance knowledge and to enhance return-to-work policies and practices.
- Despite differences in benefits system structure, we propose a few basic, but useful to researchers and policymakers, indicators of sickness absence.

^a January 2011, data from the 1st day of SA onward. ^b January to December 2010, using a 14-day cut-off (see text for details). ^c In Spain, people aged 16-65; in Sweden, people aged 16-65, excluding those who during the 12-month period had disability pension (also part time) and those who died. In The Netherlands, people aged 16-65 years, excluding those who were transferred to disability pension or unemployment benefits and those who died. ^d For Spain data refer to finished episodes during the corresponding period, while for The Netherlands and Sweden data refer to incident episodes. In Sweden, all episodes for the same person followed with a new episode within seven days were combined as one episode but only days for which sickness benefits were considered (see table 1 for details) to calculate duration. In The Netherlands, new episodes occurring within a 28-day time frame are combined into one episode, regardless of diagnosis. ^e Not adjusted for partial return to work, data shown here consider partial days as full sick-leave days. ^f In Spain and The Netherlands, duration of episodes ending in 2010; in Sweden, sick-leave spells were followed until they ended or up to 365 days after start, whichever was first.

European Journal of General Practice, 2012; 18: 219–228

informa
healthcare

Systematic Review


Difficulties with the sickness certification process in general practice and possible solutions: A systematic review

Conclusion

Laurent Sickness certification represents a procedural as well as
Departme. a relational, organizational and political challenge. Well-validated tools or procedures to support doctors in this
Methods: task are lacking. The development of functional assessment and cooperation with occupational physicians
 were retri were retri assessment and cooperation with occupational physicians requires appropriate education and training for present and future GPs'. Further research is needed to refine these strategies.

English or French analysis.

tuas den altas por or enfermedad comun



Expectation of sickness absence duration: a review on statements and methods used in guidelines in Europe and North America *European Journal of Public Health, 2015 26, No. 2, 306–311*

Table 1 Characteristics of guidelines on sickness absence duration

Country: official name	Publisher	Date of publication	Target population ^a	Target audience ^b		Number of diseases as ICD codes (ICD version)
				Certifying Physicians	Claim assessors	
<i>Dutch guidelines:</i> Laboretum	Bohn- Stafleu- Van Lochem	2006-2009	Dutch work force	Occupational Health Physicians	No	114 (ICD 10)
<i>French guidelines:</i> Fiches repères pour arrêt de travail/(Reference documents for sick leave)	Caisse nationale de l'assurance maladie des travailleurs salariés	2009-2013	French work force	GPs and other physicians	IPs	63 (ICD 10)
<i>Spanish guidelines:</i> Manual de Tiempos óptimos de Incapacidad Temporal (Manual for optimal periods of sick leave)	Ministerio de Empleo y Seguridad Social	2013	Spanish work force	GPs and other physicians	No	3300 (ICD 9)
<i>Swedish guidelines:</i> Försäkringsmedicinskt beslutsstöd (Insurance Medicine Decision Support)	Försäkringskassan	2007–2011	Swedish work force	GPs and other physicians	IPs, SIOs	390 (ICD 10)
<i>United States 1:</i> web-based return-to-work toolkit (also called MDG)	Reed Group	2013	Any work force	Health care professionals	Insurance officers	Over 1000 (ICD 9)
<i>United States 2:</i> Official disability guidelines/(also called ODG)	Work Loss Data Institute	2013	Any work force	GPs and other physicians	Insurance officers	65000 (ICD 10)

GP, General Physician; IP, Insurance Physician; SIO, social insurance officer.
 a: The work population the guideline is applicable for.
 b: The people who are supposed to use the guidelines.

Expectation of sickness absence duration: a review on statements and methods used in guidelines in Europe and North America

Table 2 Statements on sickness absence duration: disorders of the low back

	Expected number of days on sickleave	Observed number of days on sickleave	
Health condition	<p>Key points</p> <ul style="list-style-type: none"> Guidelines on expectation of duration of sickness absence are provided by different providers These guidelines give partly different recommendations and their evidence base is unclear So far, the effectiveness of these guidelines has not been evaluated 		
Low Back Pain			US-Guideline 2 N= number of pts.* observed; quartile of pts.; d=days
Sciatica			Median=17d 90 th percentile: =50d
	physical work)	3 rd quartile=94d	

Legend: '-': no data; n.r.: not reported; pts': patients.

(1) French *Optimum*: the number of days in which the majority of employees is able to resume working, (sedentary to physically heavy work); adjust for: age and physical condition of patient, psychological factors, opportunities for work place adaptation, employment and (exceptionally in this fiche repère) socioeconomic context.

(2) Spanish *Optimum*: standard number of days, adjusted for occupational- and age-correction coefficients.

(3) Swedish *Maximum*: for physically easy jobs (little lifting, bending and twisting), and for physically demanding jobs (much lifting, bending and twisting).

(4) US 1 *Optimum*: the window in time during which most employees will return without risk to themselves and others.

(5) US 2 *Optimum*: expert opinions of optimal physiological healing times.

(6) Dutch only includes observations of cases of over 42 days of sickness absence, no expectations.

Guías de gestión de tiempos de duración de incapacidad laboral (relacionadas con el trabajo) en los EEUU

- Official Disability Guidelines (Work Loss Institute) – “ODG”
- Medical Disability Guidelines (Reed Group) – “MDG”



Las 2 Guías están evaluadas con el método AGREE (Appraisal of Guidelines Research Evaluation)

Official Disability Guidelines (ODG)

- Elaboradas por el *Work Loss Data Institute*, entidad privada en EEUU, desde 1996, y algunos Estados establecen su uso:
- Dos módulos:
 - Duración de IT/reincorporación al trabajo
 - Protocolos terapéuticos
- Basadas en la evidencia científica, y en los datos
- Propósito: manejo prospectivo de casos de incapacidad laboral (reducir sobreutilización y tratamientos no efectivos, facilitar la vuelta al trabajo) y presupuestar fondos de reserva
- Múltiples usuarios: médicos, gestores, prevencionistas, recursos humanos



847 Sprains and strains of other and unspecified parts of back - Microsoft Internet Explorer

Punto Medio (p50) y Alto Riesgo (p90).

847.2 Lumbar sprains and strains

Return-To-Work Summary Guidelines		
Dataset	Midrange	At-Risk
Claims data	18 days	71 days
All absences	9 days	47 days

Return-To-Work "Best Practice" Guidelines		
Mild, clerical/modified work:	0 days	
Mild, manual work:	10 days	
Severe, clerical/modified work:	0-3 days	
Severe, manual work:	14-17 days	
Severe, heavy manual work:	35 days	
With radicular signs, see 722.1 (disc d...)		
Obesity comorbidity (BMI >= 30), multiply by: 1.31		

Duración mínima	=	Siempre será Cero
Punto Medio (Mediana)	=	Duración "esperada"
Alto Riesgo	=	¡Alerta!/Duración máxima

Capabilities & Activity Modifications for Restricted Work:
Clerical/modified work: Lifting with knees (with a straight back, no stooping) not more than 5 lbs up to 3 times/hr; squatting up to 4 times/hr; standing or walking with a 5-minute break at least every 20 minutes; sitting with a 5-minute break every 30 minutes; no extremes of extension or flexion; no extremes of twisting; no climbing ladders; driving car only up to 2 hrs/day

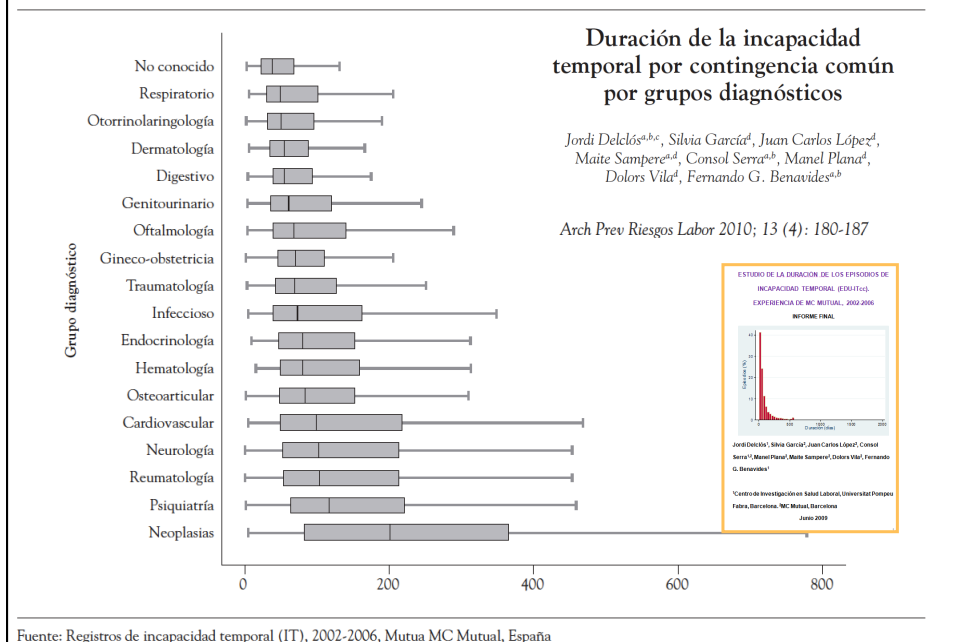
	ITcc	ITcp
Nº episodios	638.091	157.270
Nº días	28.590.892	5.431.526
Población protegida	2.652.943	3.260.173

	ITcc total	ITcp
Incidencia por 1000	240,5	48,2
Coste (días ausencia/afiliado)	10,8	1,7
D mediana (P25-P75)	11 (4-40)	15 (8-35)
D media (DE)	44,8 (0,1)	34,5 (0,2)

CORPORACIÓN mutua



Figura 1. Duración de la incapacidad temporal por contingencia común (episodios de más de 15 días en trabajadores del Régimen General de la Seguridad Social y episodios de más de 3 días en trabajadores del Régimen Especial de Autónomos) según grupos diagnósticos (mediana, percentiles 25 y 75, rango).



Distribución de la duración de la incapacidad temporal por contingencia común por diagnóstico médico (Cataluña, 2006-2008)

Jordi Delclós^{a,b,c,*}, David Gimeno^{a,b,c}, Isabel Torá^a, José Miguel Martínez^{a,b}, Rafael Manzanera^d, Josefina Jardí^d, Constança Alberti^d y Fernando G. Benavides^{a,b}

Gac Sanit. 2013;27(1):81-83

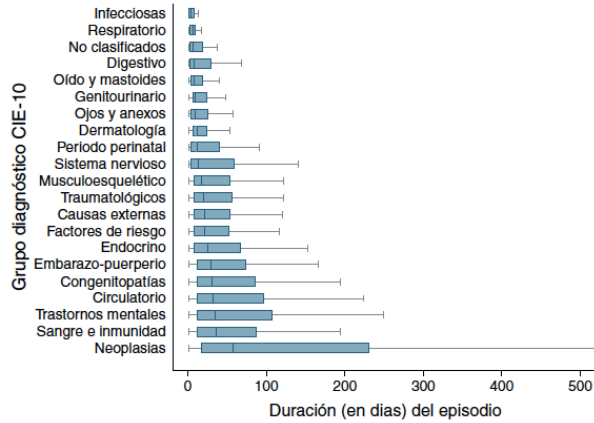


Figura 1. Distribución de la duración de episodios de incapacidad temporal por contingencia común por grupos diagnósticos. Institut Català d'Avaluacions Mèdiques. Sistema Integrat de Gestió de la Incapacitat Temporal, 2006-2008. N = 2.646.352 episodios.

Aplicativo CISAL: basado en todos los casos de ITcc registrados y cerrados por el Institut Català d'Avaluacions Mèdiques (ICAM), entre 2006 y 2008 (n=2.646.352)

Menús

Zona de selección

Selección filtrada

Detalle de los resultados devueltos

Código	Descripción
M54.4	LUMBAGO CON CIATICA
M54.5	LUMBAGO NO ESPECIFICADO

Código	Descripción
M54.4	LUMBAGO CON CIATICA

10%	4	20%	7	30%	10
40%	13	50%	19	60%	29
70%	44	80%	72	90%	127

Número de casos: 78.704
 Media de días de baja: 51

* Días de baja máximos según porcentaje de la población

Distribución de la duración por ITcc por diagnóstico CIE-10 (7.859 códigos)

CIE10	DESCRIPCIÓN	p10	p20	p30	p40	p50	p60	p70	p80	p90	N	Media	DE
M54	Dorsalgia	2	4	5	8	10	13	19	33	73	14121	29	59,87
M54.0	Pánico del cuello	Tiempos INSS (4ª edn) Mujer, 38 años, camarera TE = 30,00 TO = 37,33											
M54.1	Radiculopatía	43	43	150	167		43	43	150	167	7	61	68,35
M54.2	Cervicopatía	59	92	140	297		59	92	140	297	1542	94	130,69
M54.3	Ciática	23	36	63	112		23	36	63	112	76758	43	73,42
M54.4	Lumbago con ciática	29	44	68	117		29	44	68	117	9399	49	80,95
M54.5	Lumbago no especificado	29	44	72	127		29	44	72	127	78704	51	85,06
M54.6	Dolor en la columna dorsal	3	5	7	9	12	18	28	47	89	131036	36	64,65
M54.8	Otras dorsalgias	3	4	5	8	10	14	21	37	82	2400	34	68,70
M54.9	Dorsalgia, no especificada	5	8	13	23	42	64	100	181	274	63	91	115,29
		3	5	7	9	12	18	28	45	87	3983	35	63,48

Official Disability Guidelines

M54.3 Sciatica

Return-To-Work Summary Guidelines		
Dataset	Midrange	At-Risk
All absences	9 days	37 days

M54.5 Low back pain

Return-To-Work Summary Guidelines		
Dataset	Midrange	At-Risk
All absences	9 days	48 days

JOEM • Volume 55, Number 4, April 2013

Influence of New Secondary Diagnoses on the Duration of Non-Work-Related Sickness Absence Episodes

Mònica Ubalde-López, MS, George L. Delclos, MD, PhD, Eva Calvo, MD, and Fernando G. Benavides, MD, PhD

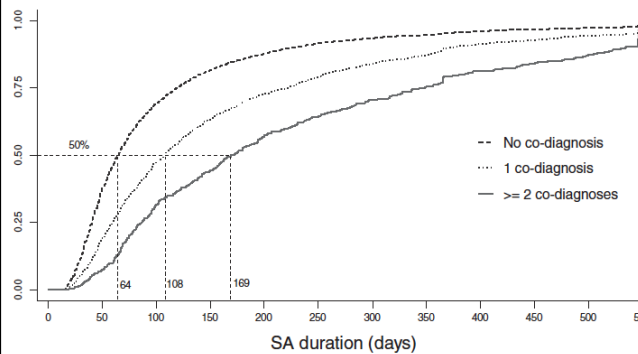
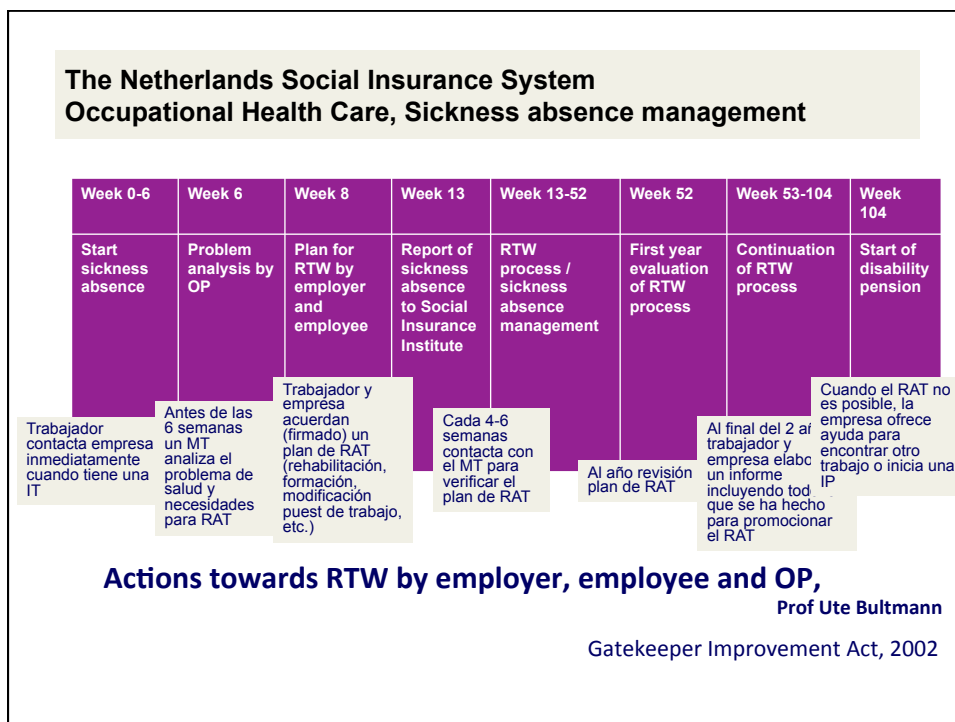
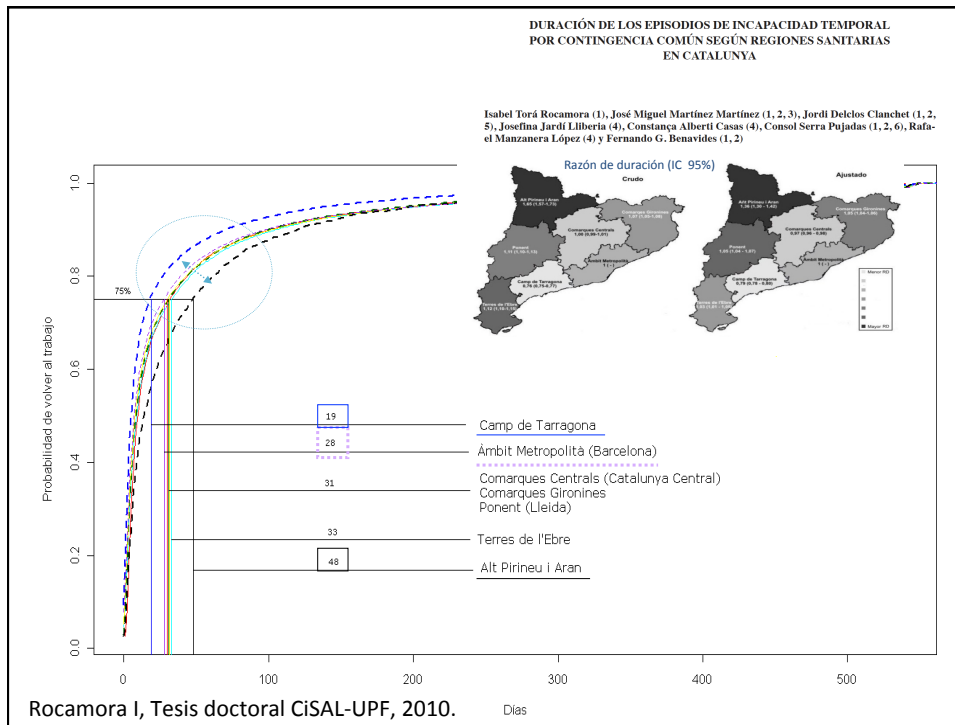



FIGURE 1. Case closure probability by number of co-diagnoses arising in the course of sickness absence episodes from 2004 to 2007.

TABLE 2. Distribution and Duration* of Sickness Absence Episodes by Diagnostic Groups and Number of Codiagnoses

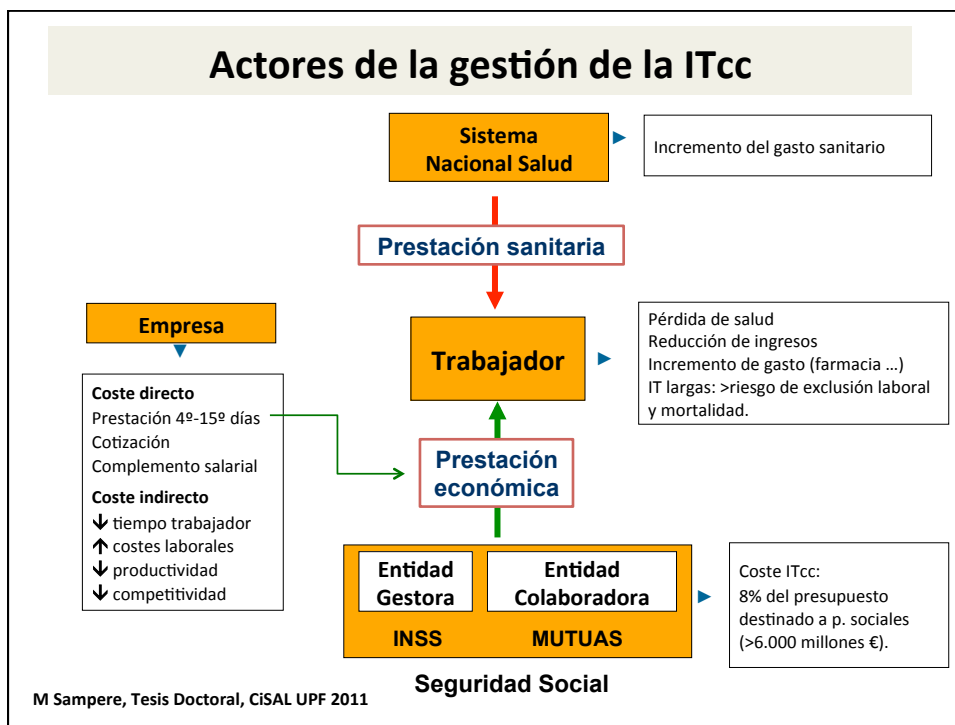
Diagnostic Groups (ICD-9)	Overall		No Codiagnosis		1 Codiagnosis		≥ 2 Codiagnoses	
	n	P50 (P25; P75)	n	P50 (P25,P75)	n	P50 (P25,P75)	n	P50 (P25,P75)
Overall	15,238	68 (41; 131)	13,358	64 (40; 119)	1,402	108 (60; 221)	478	169 (86; 347)



	ITcc	ITcp
Nº episodios	638.091	157.270
Nº días	28.590.892	5.431.526
Población protegida	2.652.943	3.260.173



Grupos de duración	Episodios (%)	Días (%)
1-3	133677 (20,9)	268319 (0,9)
4-15	230795 (36,2)	1821675 (6,4)
16-30	80444 (12,6)	1754721 (6,1)
31-60	75456 (11,8)	3267533 (11,4)
61-90	35861 (5,6)	2653947 (9,3)
91-365	67924 (10,6)	12042843 (42,1)
+ 365	13931 (2,2)	6781854 (23,7)



Occupational Medicine Advance Access published September 2, 2011

Occupational Medicine
doi:10.1093/occmed/kqr141

SHORT REPORT

Effect of working conditions on non-work-related sickness absence

JOEM • Volume 53, Number 6, June 2011 ORIGINAL ARTICLE

M.
F.

Organizational Return to Work Support and Sick Leave Duration: A Cohort of Spanish Workers With a Long-Term Non-Work-Related Sick Leave Episode

J Occup Rehabil
DOI 10.1007/s10926-011-9313-5 Published online: 24 June 2011

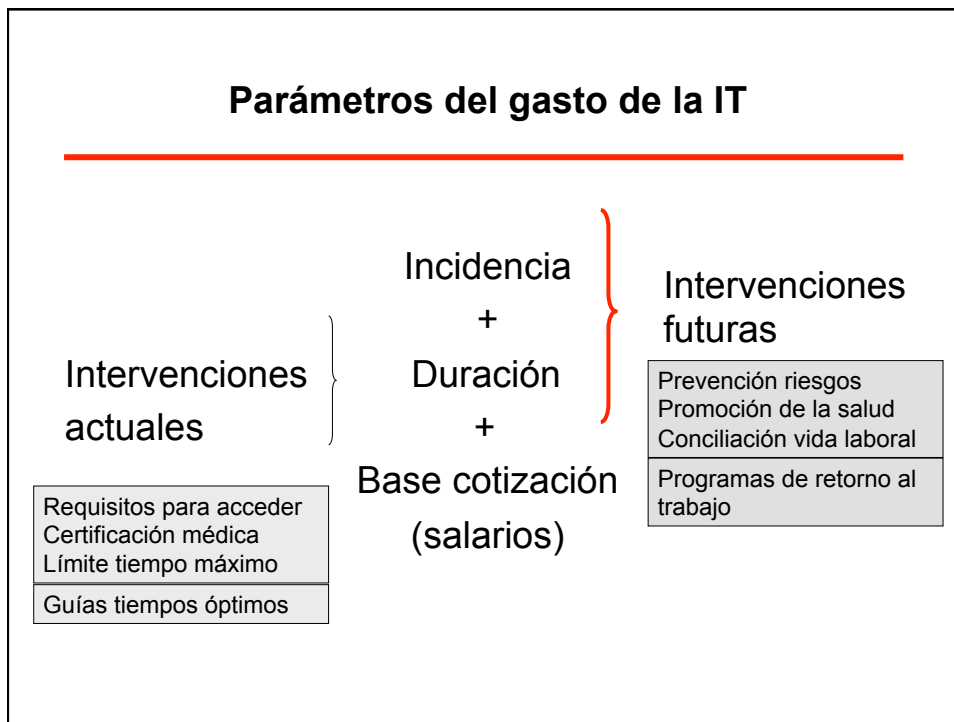
Return to Work Expectations of Workers on Long-Term Non-Work-Related Sick Leave

Maite Sampere · David Gimeno · Consol Serra ·
Manel Plana · Juan Carlos López · José Miguel Martínez ·
George L. Delclos · Fernando G. Benavides

Conclusiones

- La empresa puede ser un agente facilitador en el proceso de retornar al trabajo, aunque el motivo de la enfermedad o el accidente que suscita la IT sea de origen común.
- La autopercepción del trabajador sobre el episodio y las expectativas de RAT se apuntan como un buen indicador del pronóstico de la ITcc.
- La necesidad de incorporar a trabajador y empresa en la investigación de la IT es cada vez más consistente y la complicidad y acción de los agentes para facilitar el RAT, cada vez más necesaria.

Parámetros del gasto de la IT



¿Cuestiones pendientes gestión IT?

- ¿Duración y/o incidencia?
- ¿Media y/o mediana?
- ¿Evidencia y/o expertos?
- ¿Médico de familia y/o del trabajo?
- ¿Comunes y/o profesionales?
- Régimen general y/o autónomo?

...because the devil may be in the details.



Mientras tanto algunas propuestas...

- Tenemos buenos sistemas de información!!
 - INCA-ATRIUM
 - MCVL (muestra 4% de los afiliados desde 2004)
 - Historia clínica
- Conectar ficheros de ATRIUM con la MCVL y Historia clínica
- Estudios longitudinales para identificar patrones de IT y la relación de la ITcc e ITcp, y el paso a la IP

