

# Cœur et Addiction



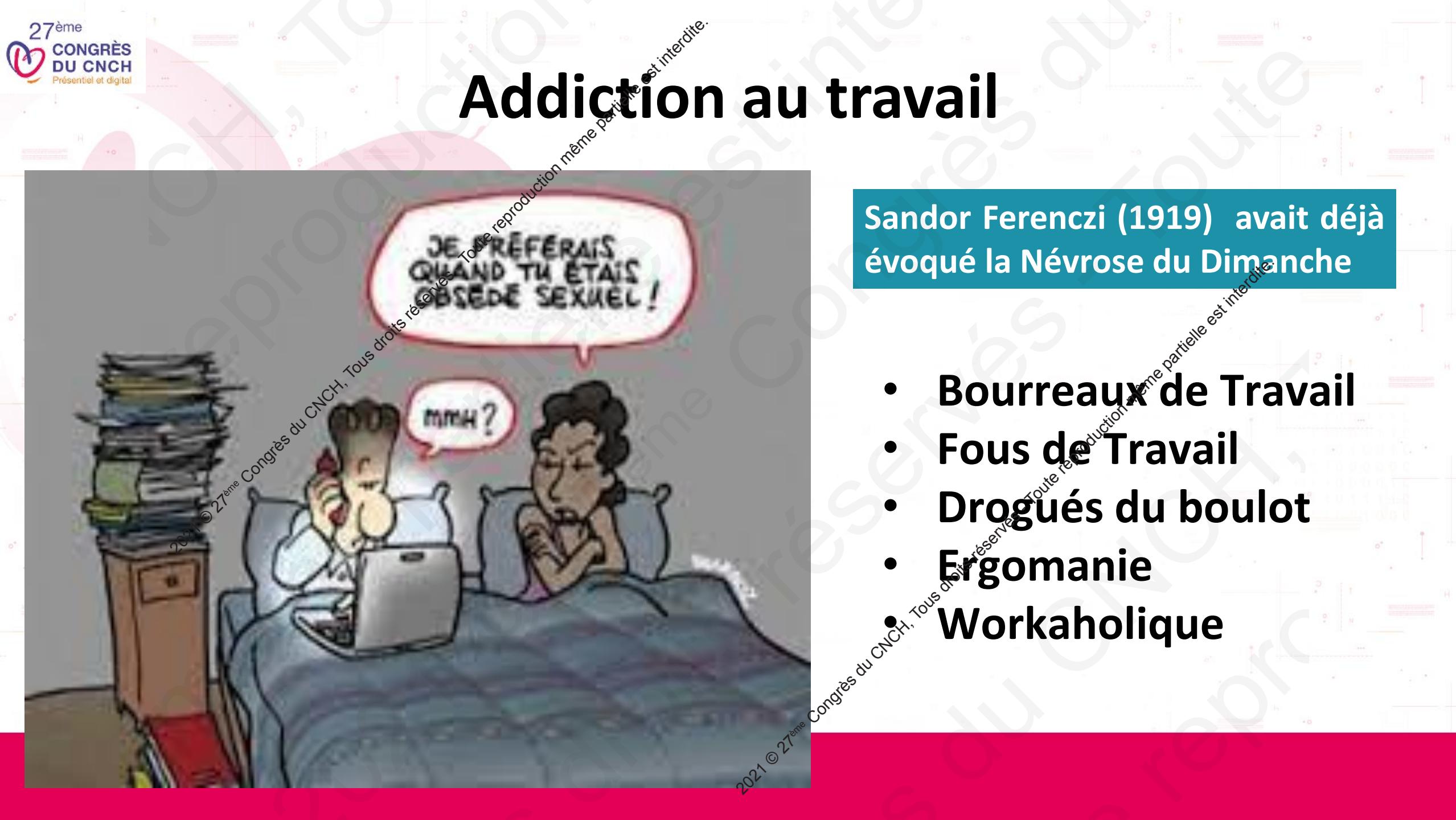
## L'Addiction au Travail

Jean-Pierre Houppe  
Saint Michel L'Observatoire



**Je déclare n'avoir aucun conflit d'intérêt pour cette présentation**



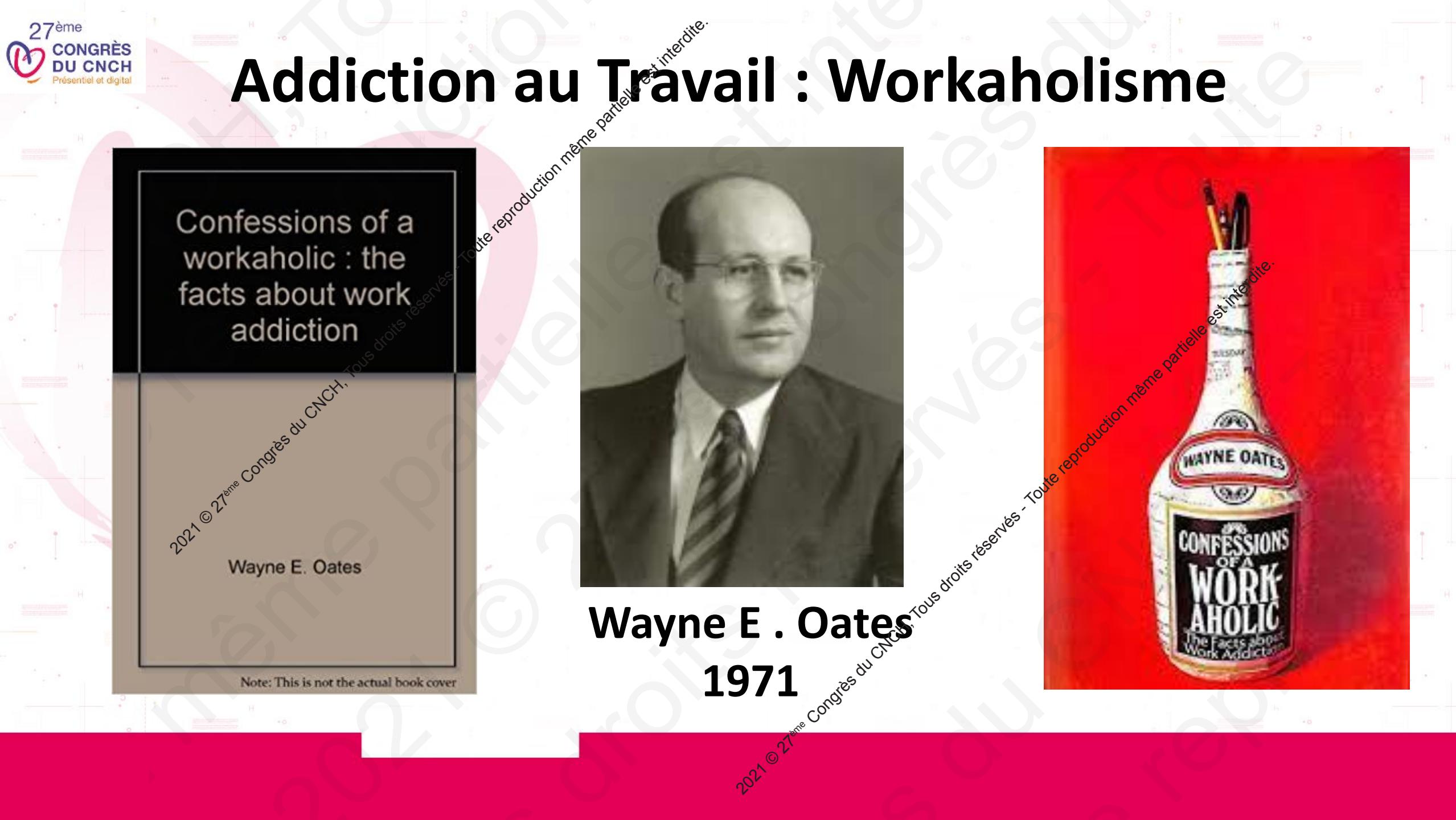


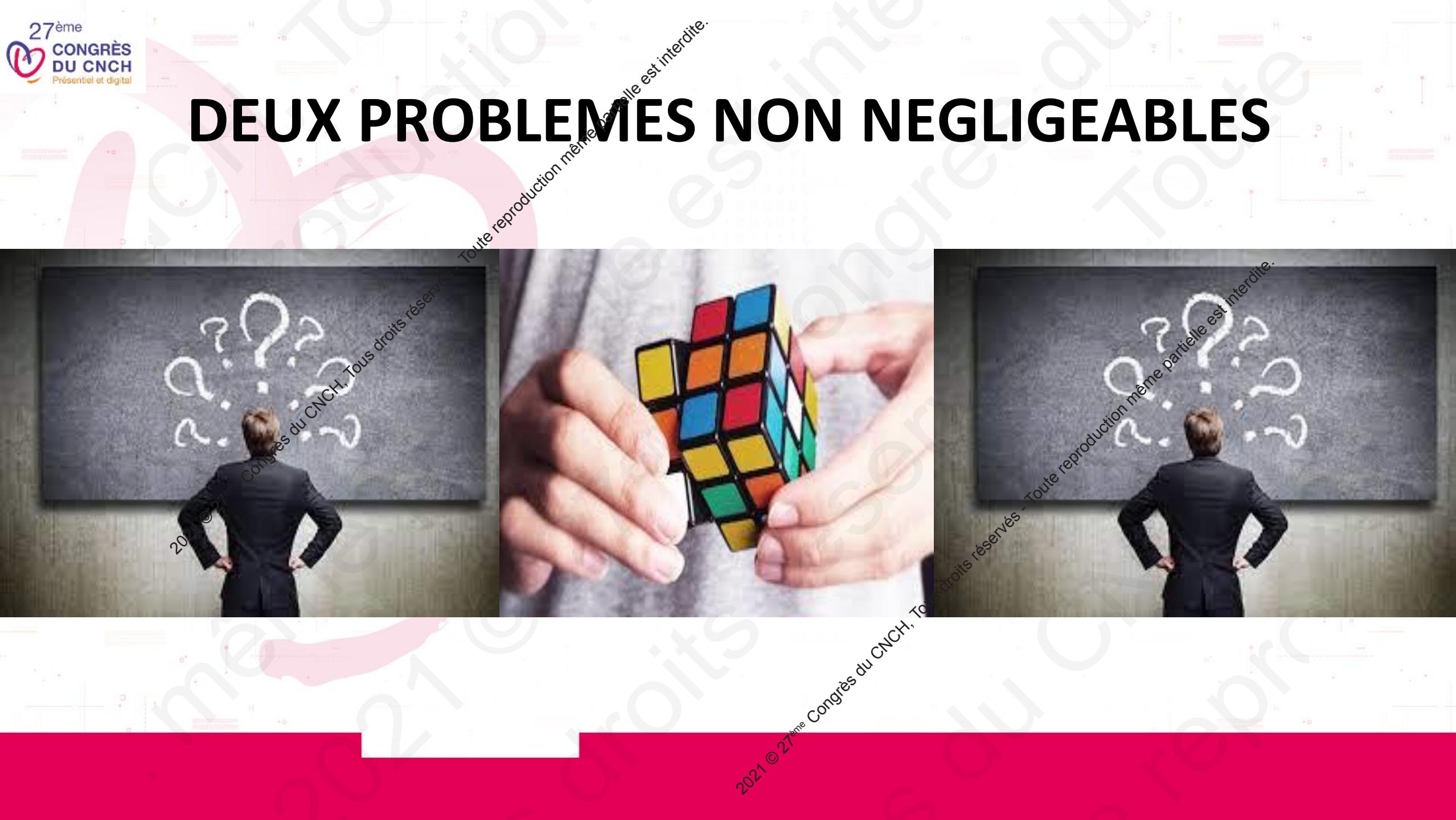
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# Addiction au travail

Sandor Ferenczi (1919) avait déjà évoqué la Névrose du Dimanche

- **Bourreaux de Travail**
- **Fous de Travail**
- **Drogués du boulot**
- **Ergomanie**
- **Workaholique**





# DEUX PROBLEMES NON NEGLIGEABLES

# Qu'en disent la CIM 11 et le DSM 5

ICD-11 for Mortality and Morbidity Statistics (Version : 05/2021)

Search addiction [ Advanced Search ] Browse Coding Tool Special Views

Disorders due to substance use or **addictive** behaviours

6C40.2Z Alcohol dependence, unspecified  
**Alcohol addiction**

6C41.2Z Cannabis dependence, unspecified  
**Cannabinoid addiction**

6C43.2Z Opioid dependence, unspecified  
**heroin addiction**

6C44.2Z Sedative, hypnotic or anxiolytic dependence, unspecified  
**Sedative, hypnotic or anxiolytic addiction**

6C46.2Z Stimulant dependence including amphetamines, methamphetamine or methcathinone, unspecified  
Stimulant **addiction** including amphetamines by excluding caffeine and cocaine **addiction**

6C49.2Z Hallucinogen dependence, unspecified  
**Hallucinogen addiction**

6C4A.2Z Nicotine dependence, unspecified  
**Nicotine addiction**

6C4B.2Z Volatile inhalant dependence, unspecified  
**glue sniffing addiction**

6C4D.2Z Dissociative drug dependence including ketamine or PCP, unspecified  
**Dissociative drug addiction** including ketamine or PCP

Disorders due to **addictive** behaviours

6C50.Z Gambling disorder, unspecified  
**addiction; betting**

6C5Y Other specified disorders due to **addictive** behaviours

6C3Z Disorders due to **addictive** behaviours, unspecified

Drugs used as **addictive** disorders

MA12.Y Other specified clinical findings of drugs, medicaments and biological substances in blood, blood-forming organs, or the immune system

Finding of other drugs of **addictive** potential in blood

JA85.Y Maternal care for known or suspected other specified fetal abnormality or damage  
maternal care for damage to fetus from drug **addiction**

KA06.3 Fetus or newborn affected by maternal use of drugs of **addiction**

KN35 Neonatal withdrawal syndrome from maternal use of drugs of **addiction**

Trouble lié aux jeux vidéo



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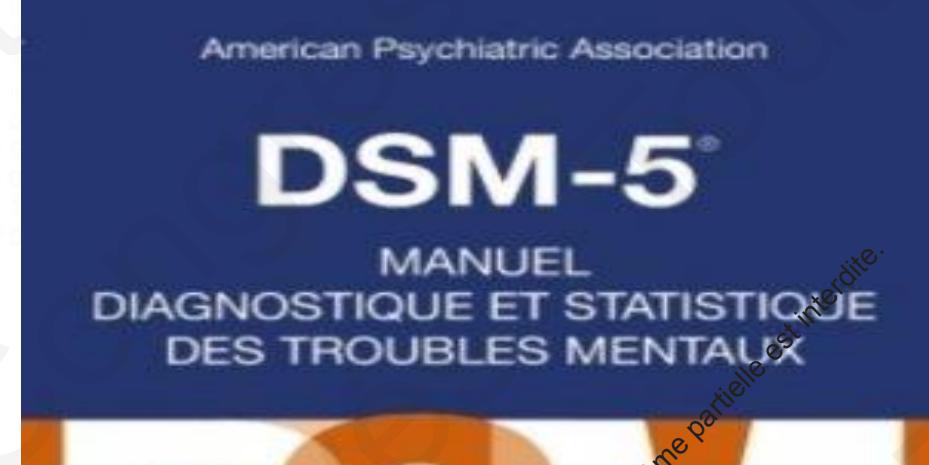
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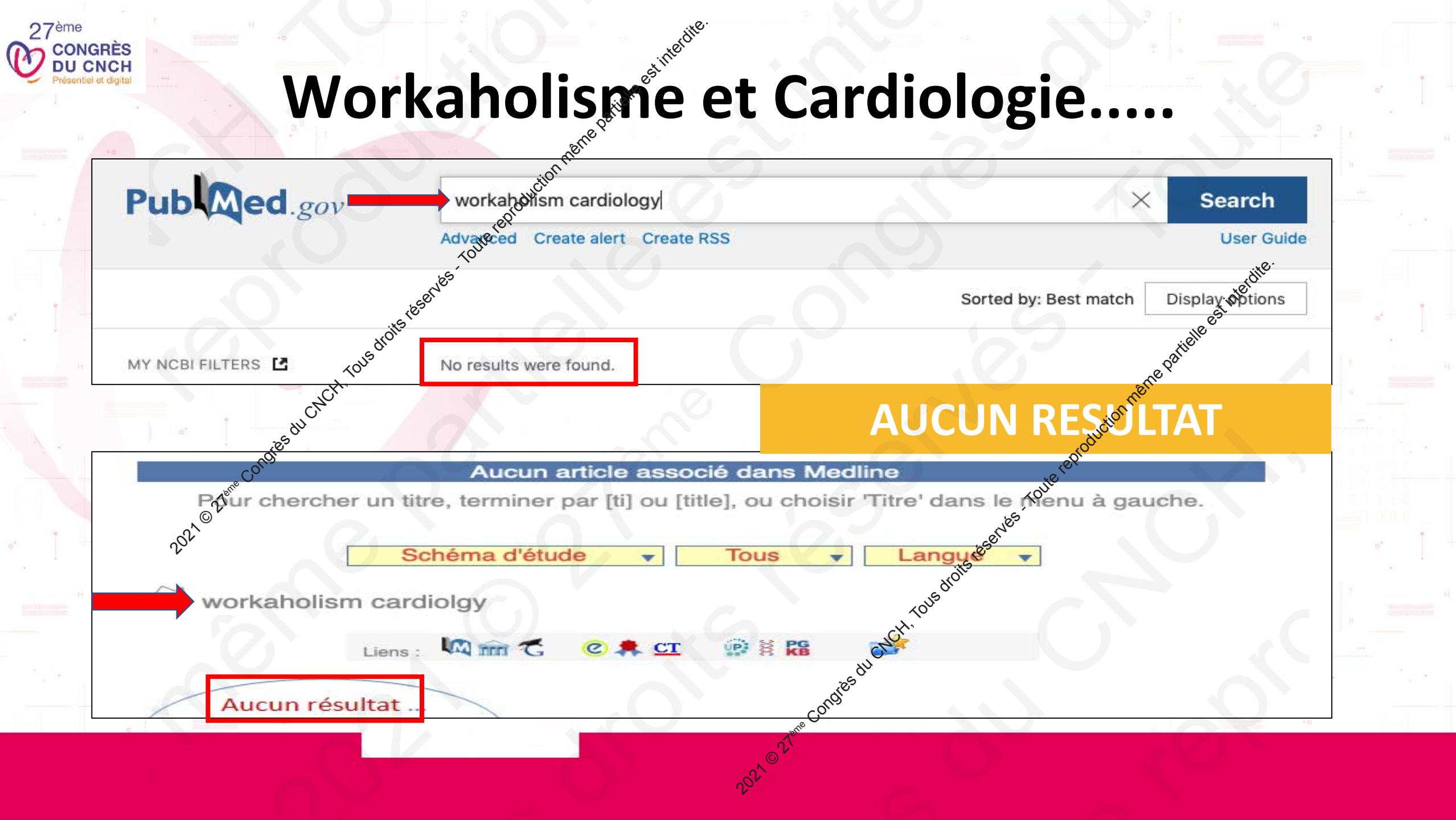
KN35 Neonatal withdrawal syndrome from maternal use of drugs of **addiction**

Trouble lié aux jeux vidéo



Trouble lié à l'usage

Trouble lié au jeux d'argent



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# Workaholisme et Cardiologie....

PubMed.gov

workaholism cardiology

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Schéma d'étude Tous Langue

workaholism cardiology

Liens :

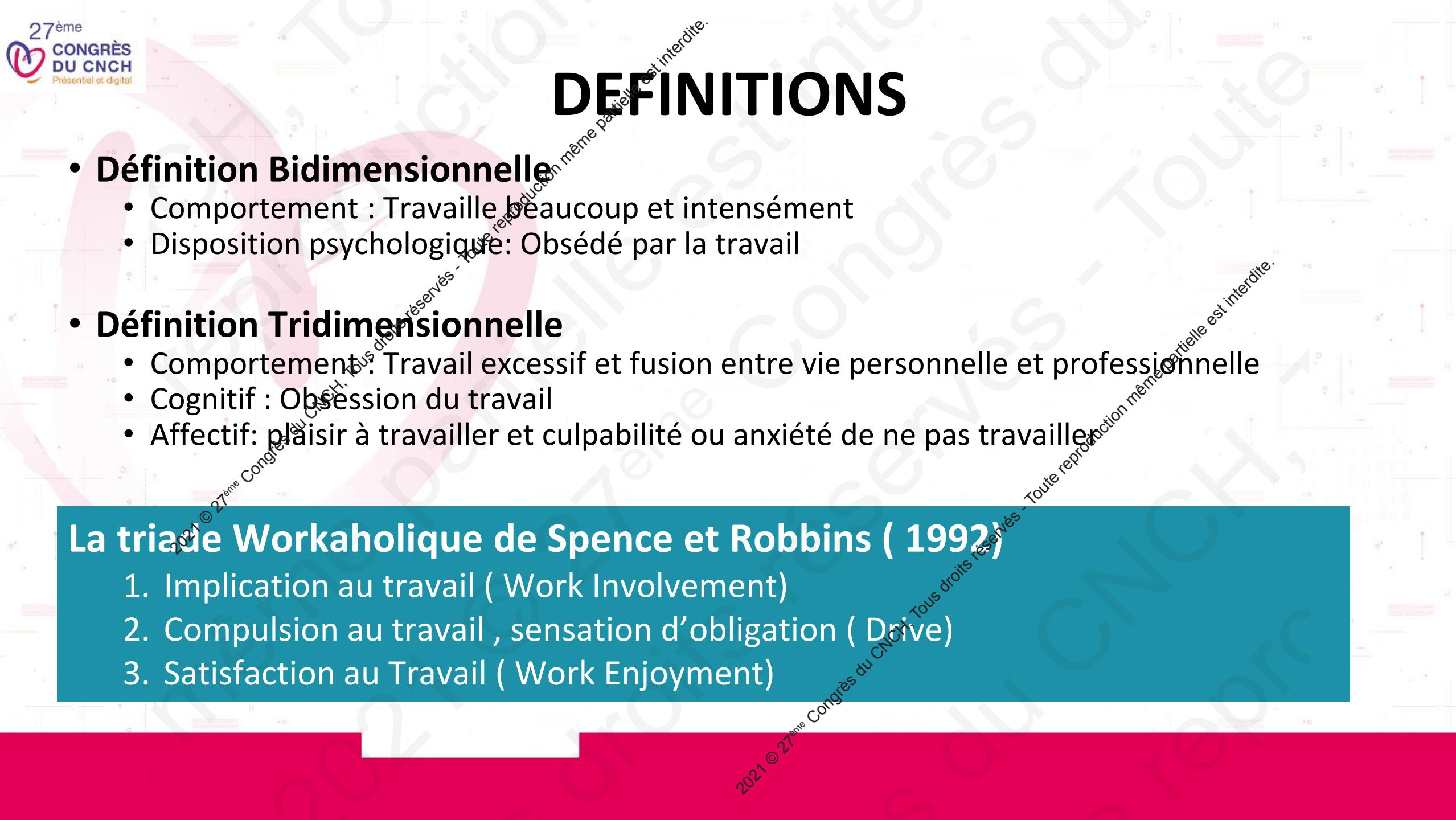
Aucun résultat

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# Paradoxe de l'Addiction au Travail



- **Figure Imposée**
- **Indispensable pour assurer des revenus**
- **Modalités managériales non choisies**
- **Inscrit dans un cadre de valeurs sociétales**



# DEFINITIONS

- **Définition Bidimensionnelle**

- Comportement : Travaille beaucoup et intensément
- Disposition psychologique: Obsédé par la travail

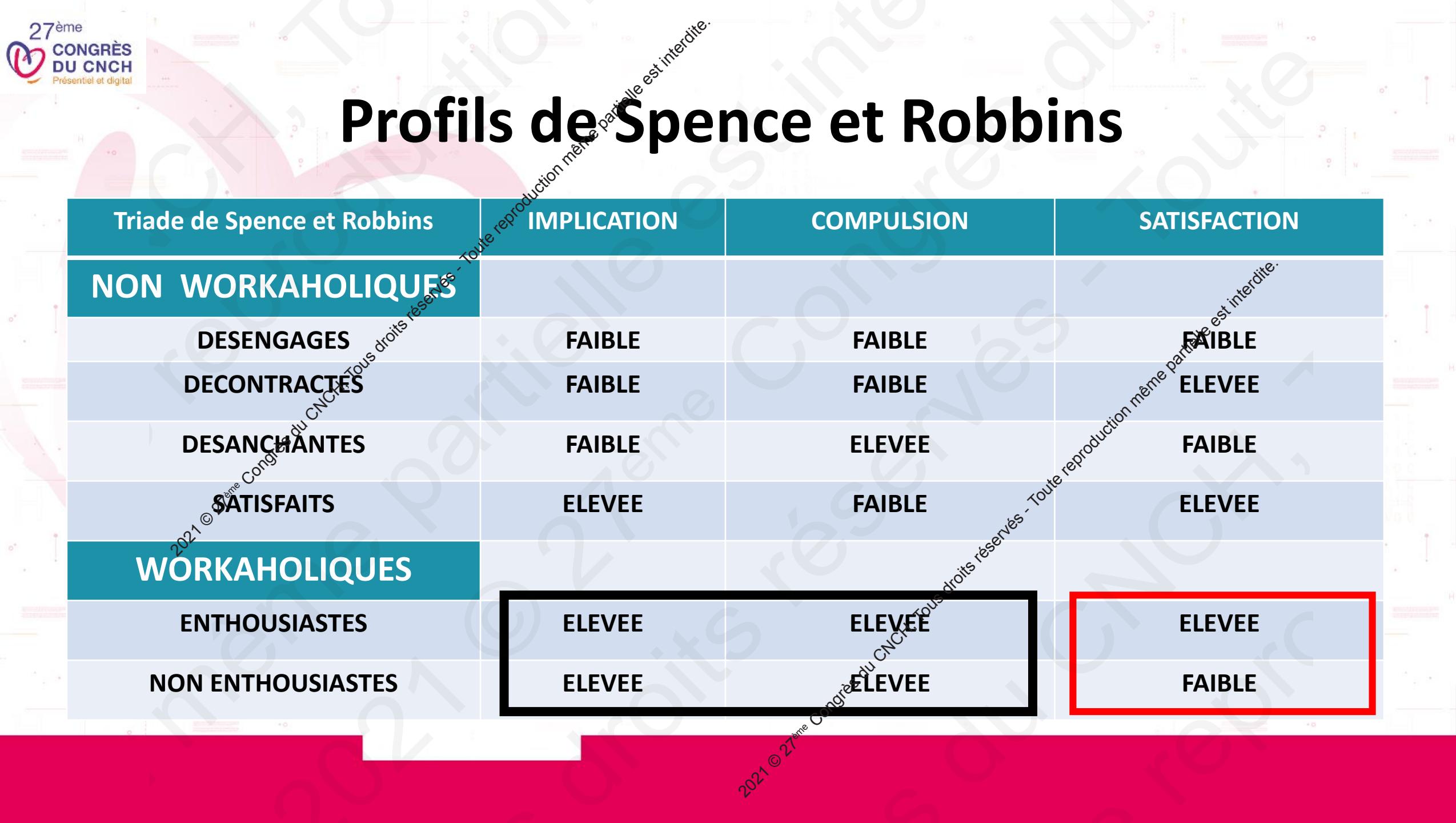
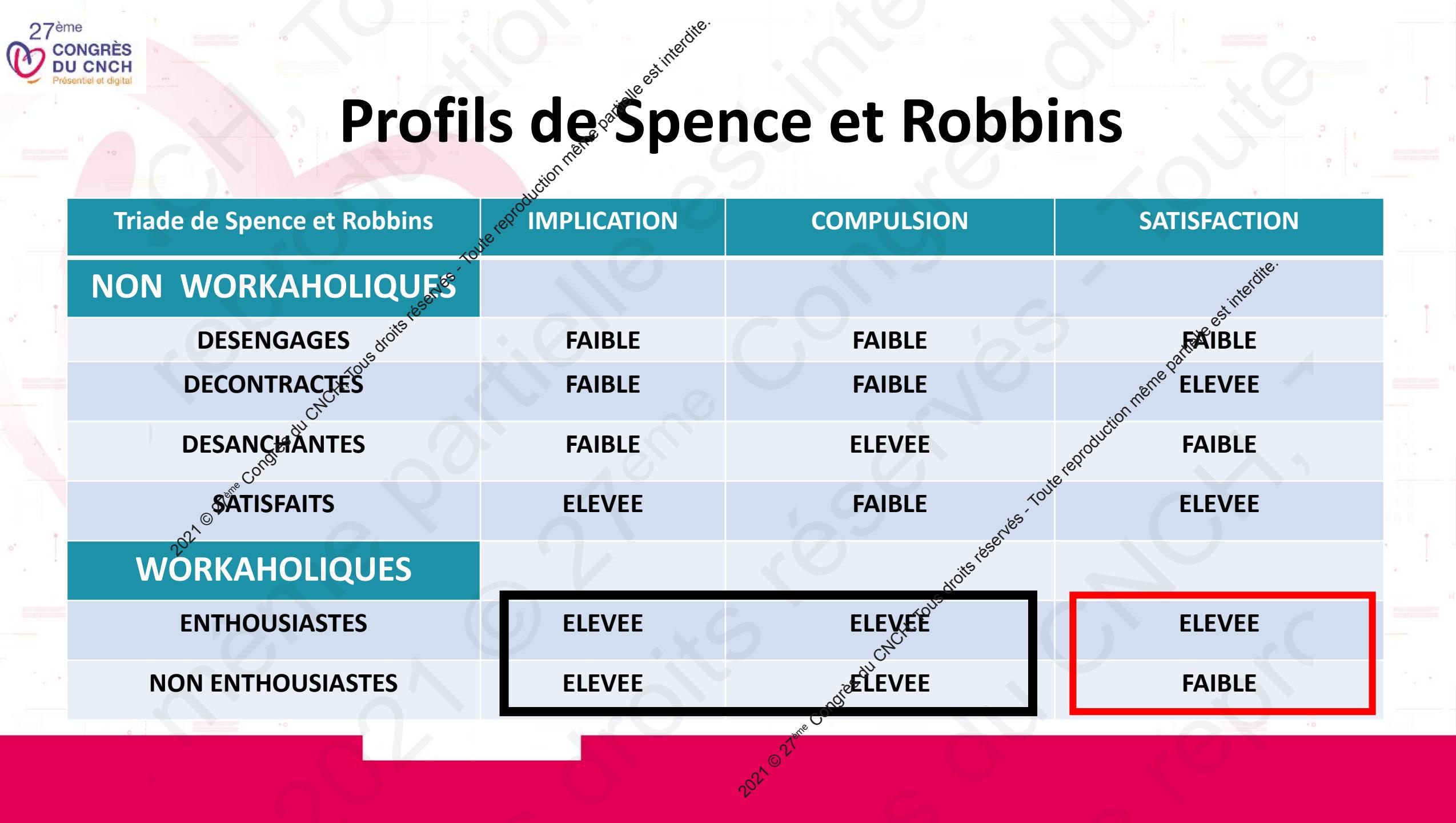
- **Définition Tridimensionnelle**

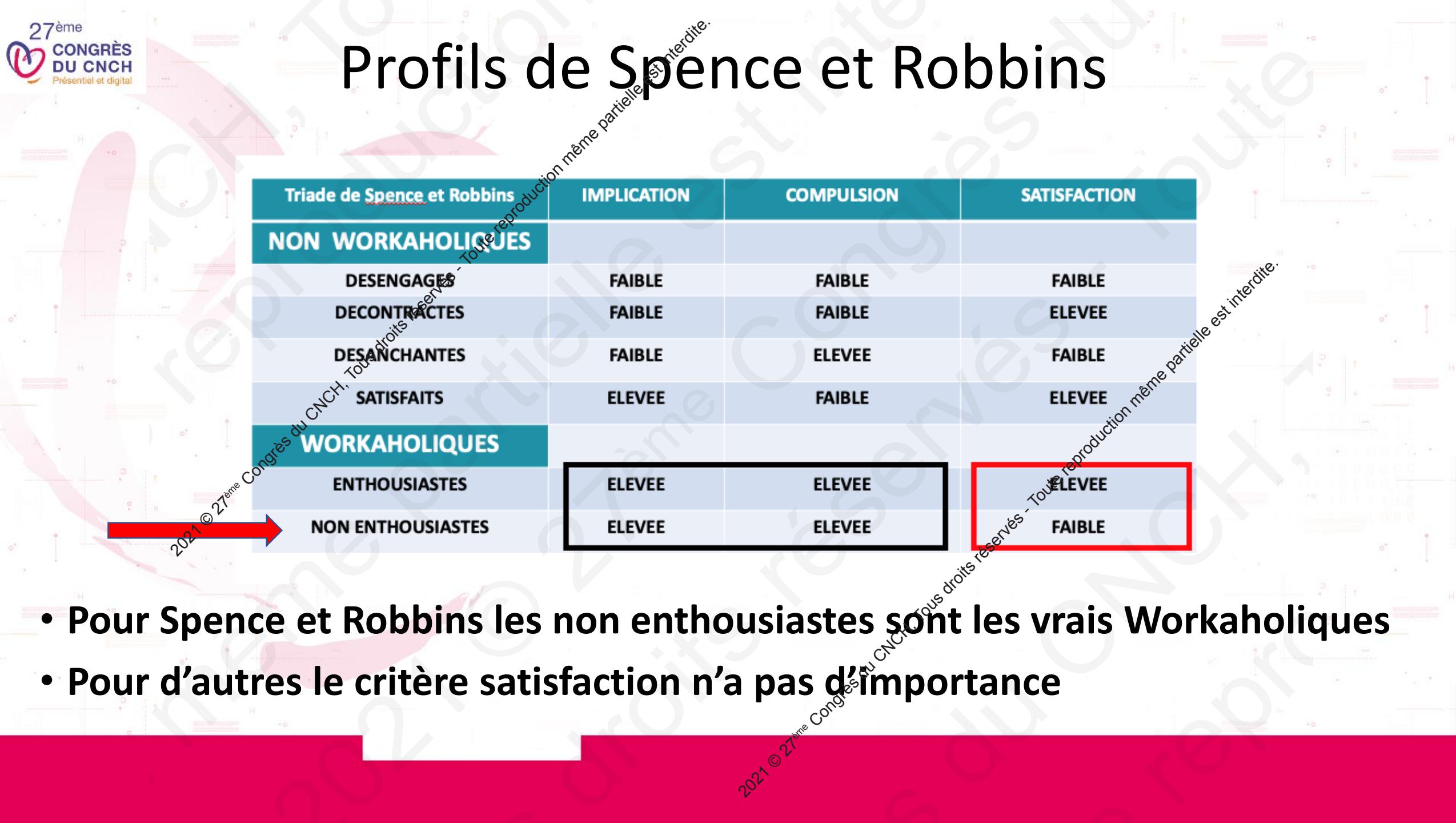
- Comportement: Travail excessif et fusion entre vie personnelle et professionnelle
- Cognitif : Obsession du travail
- Affectif: plaisir à travailler et culpabilité ou anxiété de ne pas travailler

## La triade Workaholique de Spence et Robbins ( 1992)

1. Implication au travail ( Work Involvement)
2. Compulsion au travail , sensation d'obligation ( Drive)
3. Satisfaction au Travail ( Work Enjoyment)

Profils de Spence et Robbins			
Triade de Spence et Robbins	IMPLICATION	COMPULSION	SATISFACTION
<b>NON WORKAHOLIQUES</b>			
DESENGAGES	FAIBLE	FAIBLE	FAIBLE
DECONTACTÉS	FAIBLE	FAIBLE	ELEVÉE
DESANCHANTÉS	FAIBLE	ELEVÉE	FAIBLE
SATISFAITS	ELEVÉE	FAIBLE	ELEVÉE
<b>WORKAHOLIQUES</b>			
ENTHOUSIASTES	ELEVÉE	ELEVÉE	ELEVÉE
NON ENTHOUSIASTES	ELEVÉE	ELEVÉE	FAIBLE

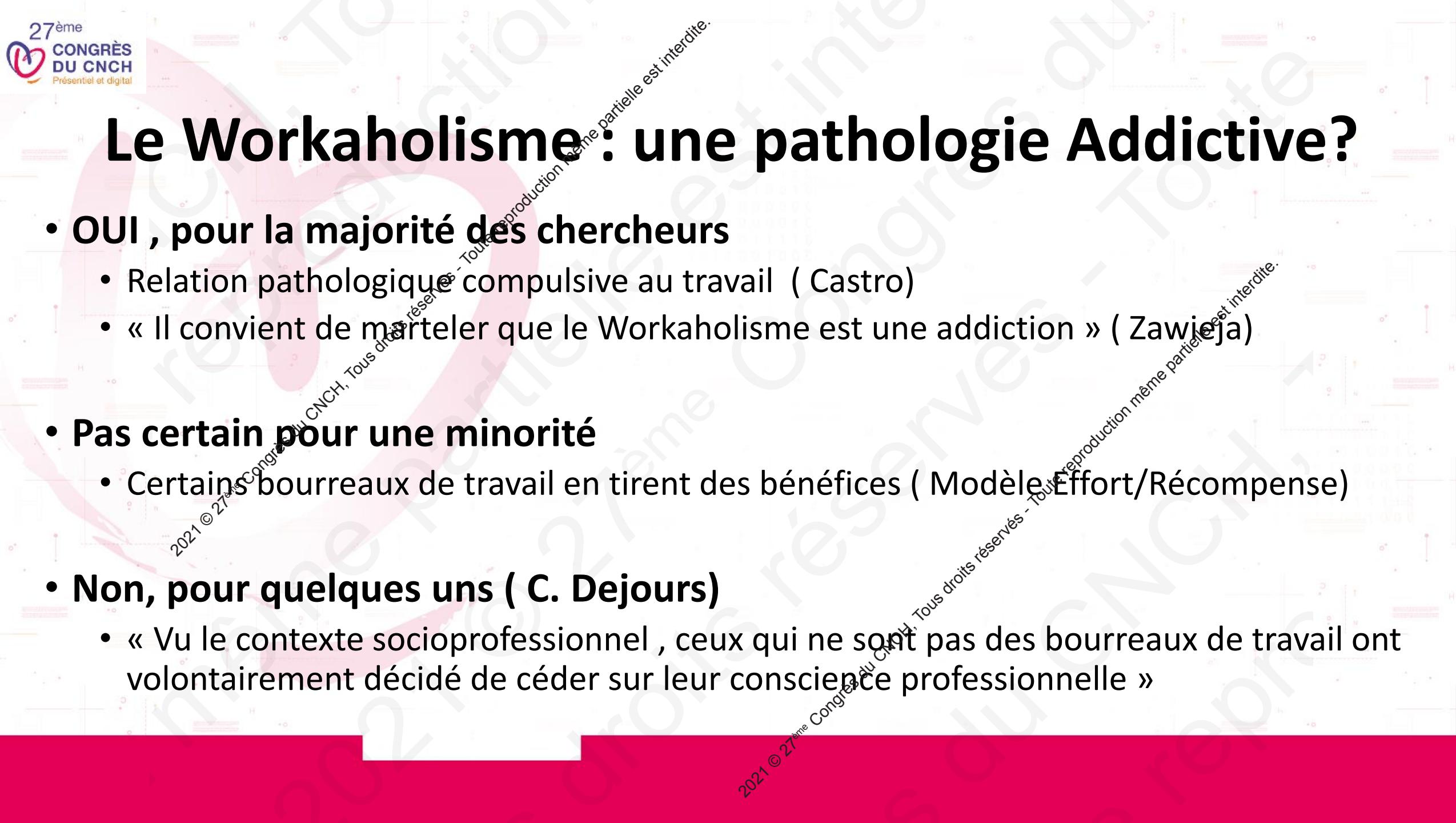
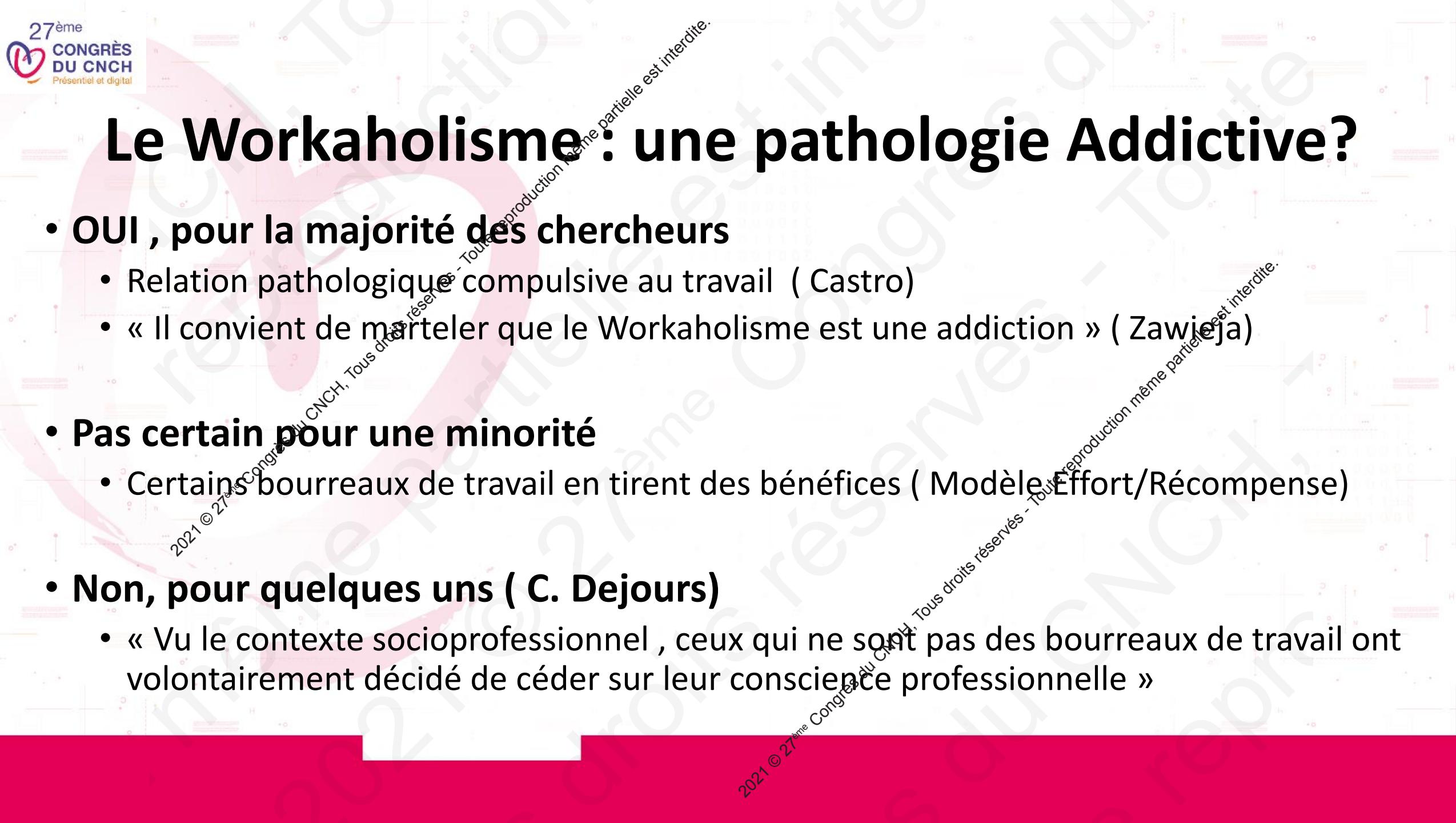
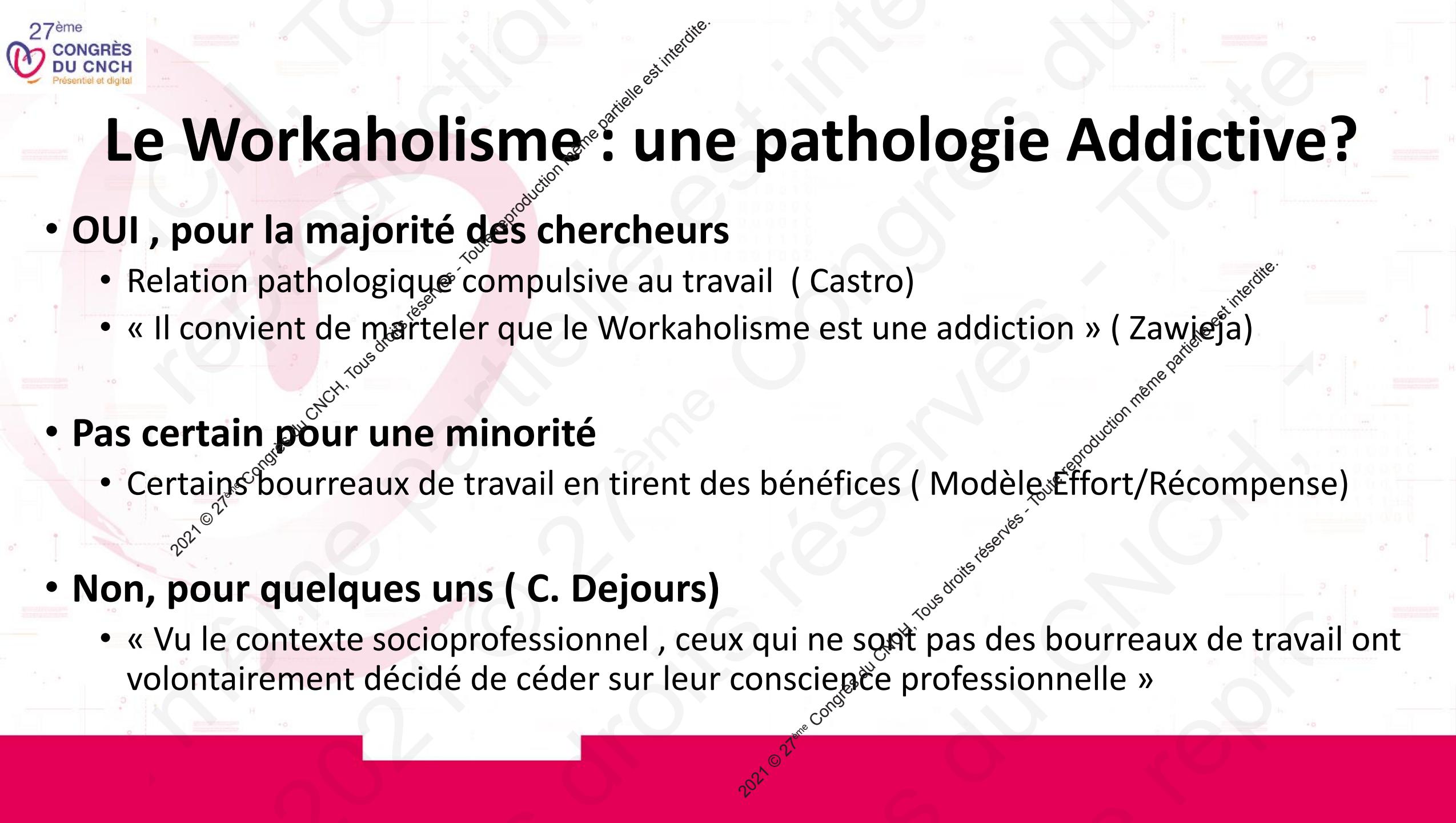




# Profils de Spence et Robbins

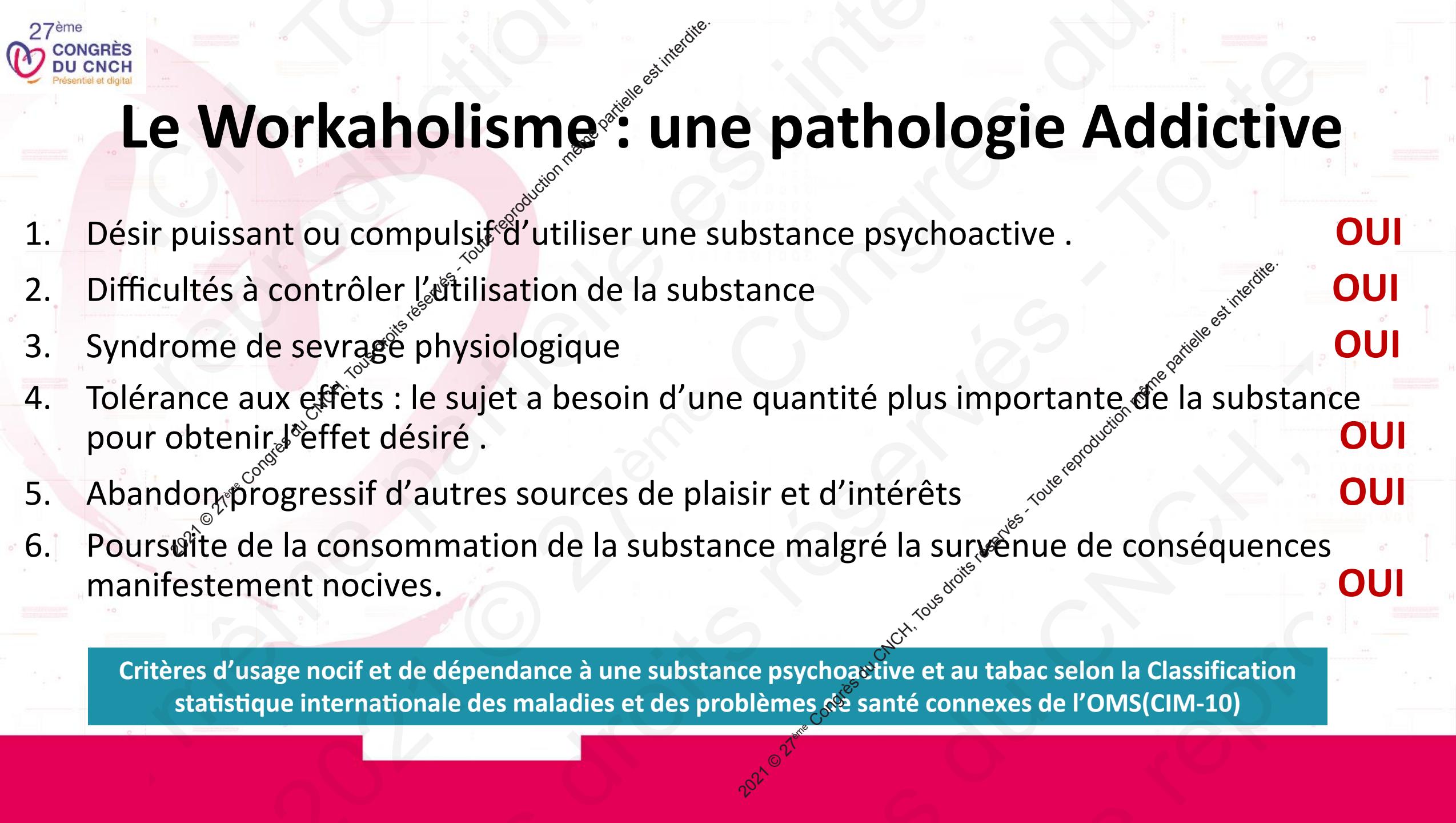
Triade de Spence et Robbins	IMPLICATION	COMPULSION	SATISFACTION
<b>NON WORKAHOLIQUES</b>			
DESENGAGES	FAIBLE	FAIBLE	FAIBLE
DECONTRACTES	FAIBLE	FAIBLE	ELEVEE
DESANCHANTES	FAIBLE	ELEVEE	FAIBLE
SATISFAITS	ELEVEE	FAIBLE	ELEVEE
<b>WORKAHOLIQUES</b>			
ENTHOUSIASTES	ELEVEE	ELEVEE	
NON ENTHOUSIASTES	ELEVEE	ELEVEE	FAIBLE

- Pour Spence et Robbins les non enthousiastes sont les vrais Workaholiques
- Pour d'autres le critère satisfaction n'a pas d'importance



# Le Workaholisme : une pathologie Addictive?

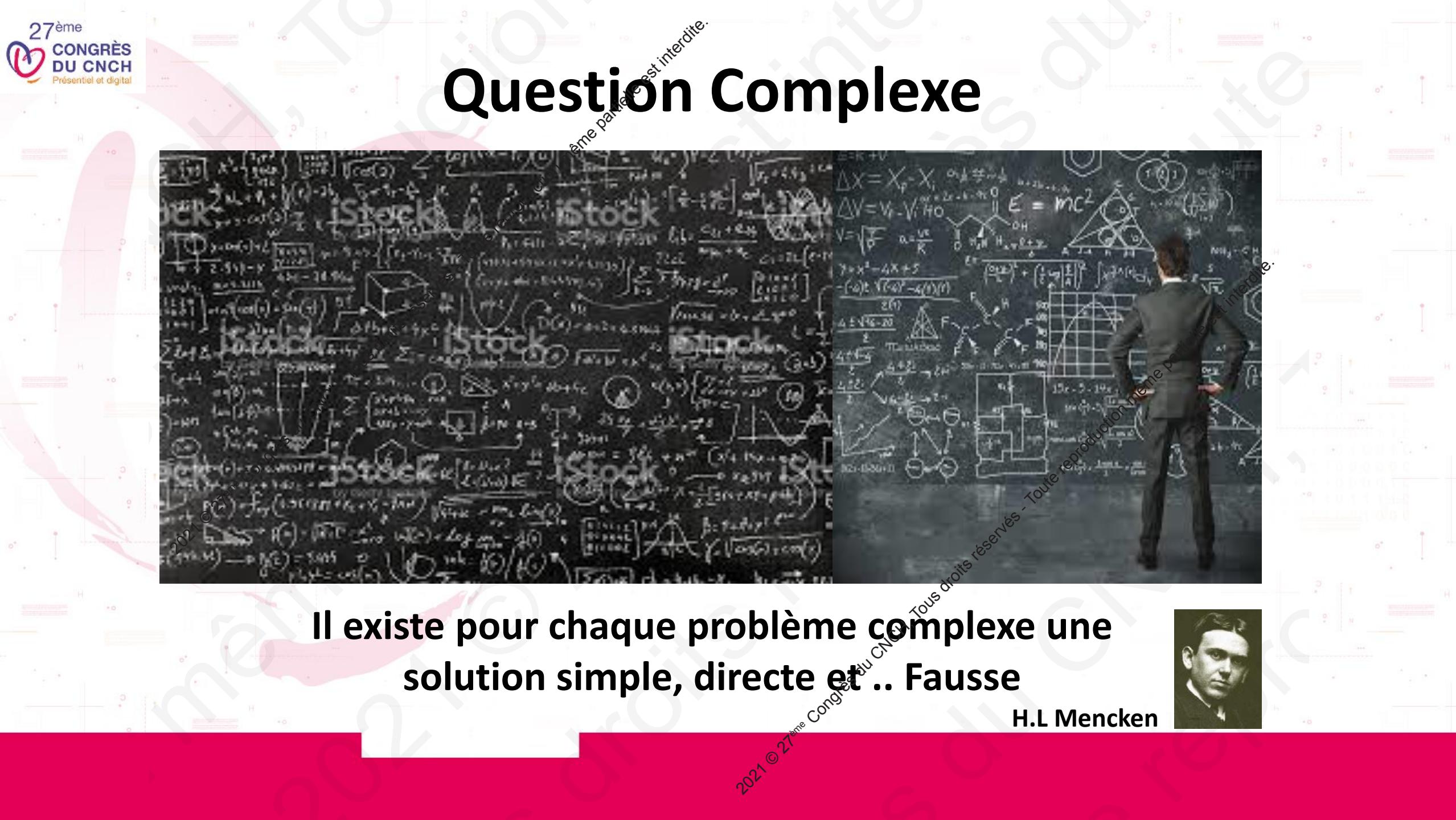
- **OUI , pour la majorité des chercheurs**
  - Relation pathologique compulsive au travail ( Castro)
  - « Il convient de marteler que le Workaholisme est une addiction » ( Zawieja)
- **Pas certain pour une minorité**
  - Certains bourreaux de travail en tirent des bénéfices ( Modèle Effort/Récompense)
- **Non, pour quelques uns ( C. Dejours)**
  - « Vu le contexte socioprofessionnel , ceux qui ne sont pas des bourreaux de travail ont volontairement décidé de céder sur leur conscience professionnelle »



# Le Workaholisme : une pathologie Addictive

1. Désir puissant ou compulsif d'utiliser une substance psychoactive . **OUI**
2. Difficultés à contrôler l'utilisation de la substance **OUI**
3. Syndrome de sevrage physiologique **OUI**
4. Tolérance aux effets : le sujet a besoin d'une quantité plus importante de la substance pour obtenir l'effet désiré . **OUI**
5. Abandon progressif d'autres sources de plaisir et d'intérêts **OUI**
6. Poursuite de la consommation de la substance malgré la survenue de conséquences manifestement nocives. **OUI**

Critères d'usage nocif et de dépendance à une substance psychoactive et au tabac selon la Classification statistique internationale des maladies et des problèmes de santé connexes de l'OMS(CIM-10)

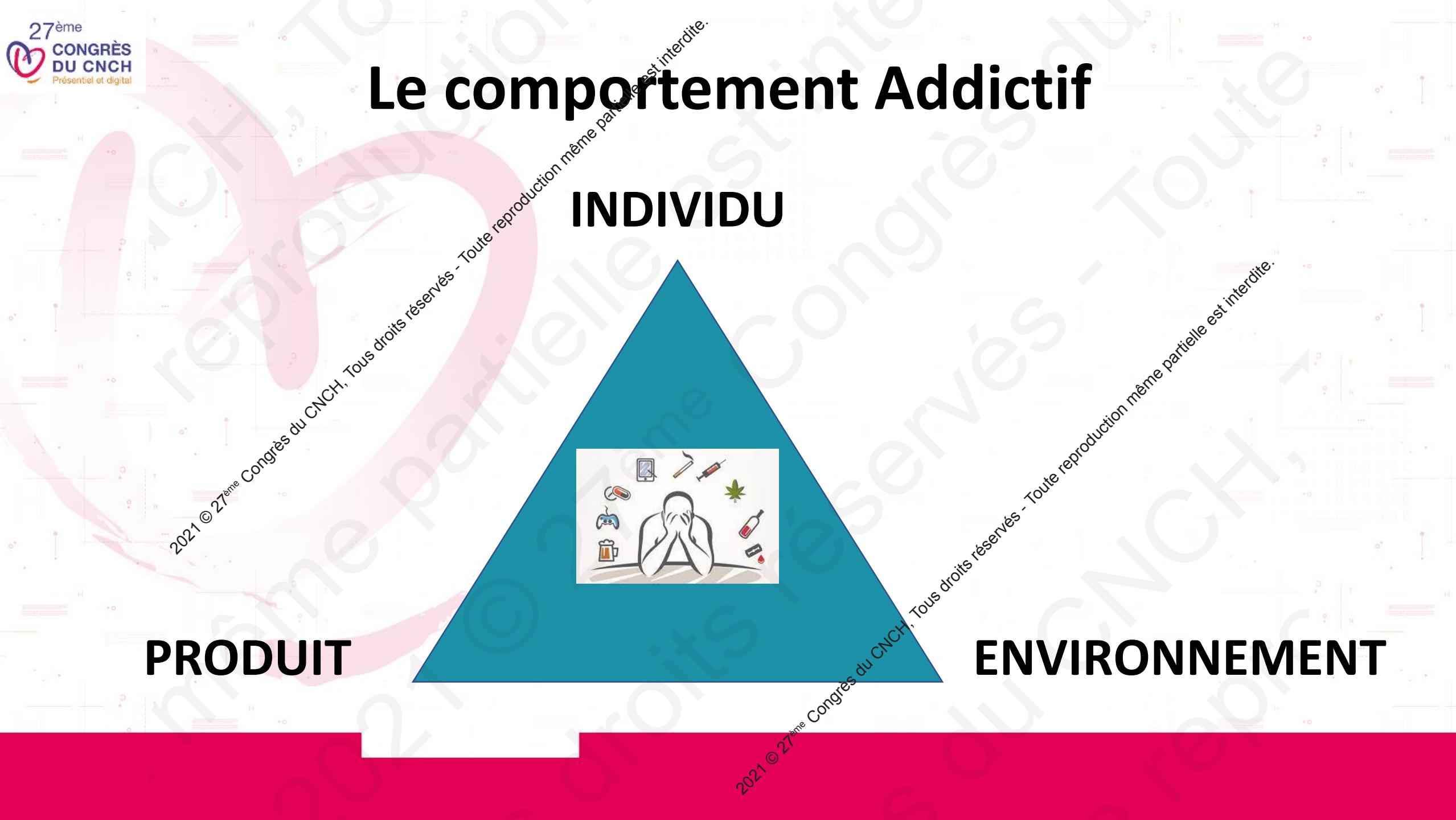


# Question Complexe

Il existe pour chaque problème complexe une solution simple, directe et .. Fausse

H.L Mencken





# Le comportement Addictif

INDIVIDU

PRODUIT

ENVIRONNEMENT

**27<sup>ème</sup>**  
**CONGRÈS**  
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# FACTEURS de RISQUE

• Facteurs individuels

- Faible estime de soi (+++)
- Besoin de reconnaissance sociale
- Crainte du jugement d'autrui
- Hyperactivité
- Type A
- Nature impatiente
- Perfectionnisme
- Ambition de carrière
- Exigence extrême envers soi-même
- Le métier vécu comme une vocation

• Facteurs professionnels

- Culture de l'urgence
- Hyperconnexion
- Culture de l'hyperperformance
- Heures supplémentaires favorisées
- Culture managériale de la compétition (défis, récompenses)
- Poste à responsabilité

Facteurs personnels

- Période de vie personnelle vécue comme difficile
- Perturbation des relations affectives entraînant une fuite dans le travail qui devient un refuge.

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# Approche intégrative du Workahlisme

## CARACTÉRISTIQUES ORGANISATIONNELLES

Surcharge ou horaires bien précis

## CARACTÉRISTIQUES PERSONNELLES

Perfectionnisme , Discours Familial

## TRANSACTIONS

DEFI ou MENACE

COPING  
SOLUTION ou EMOTION

DEFENSE  
HUMOUR ou DENI

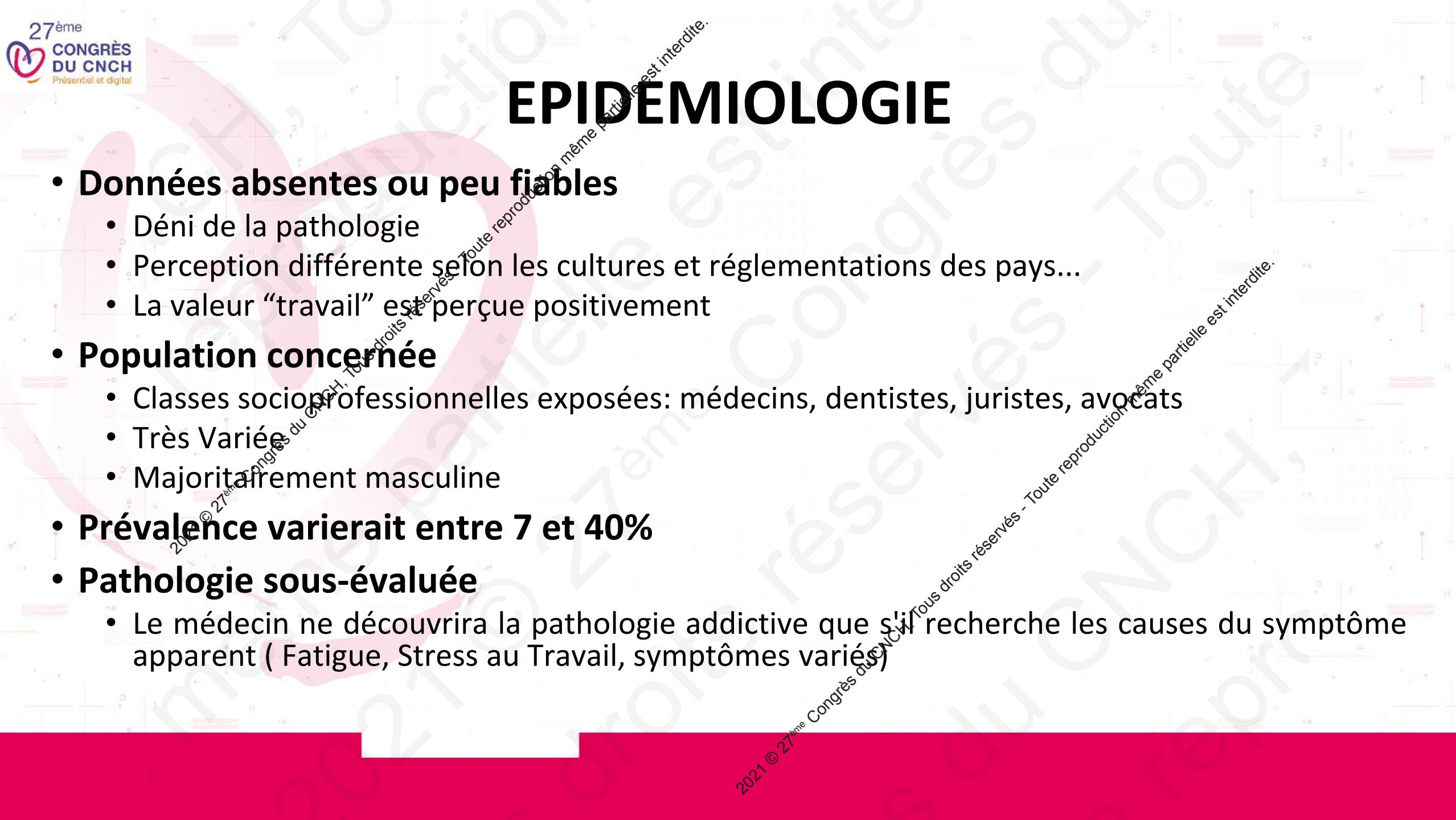
## ISSUES FAVORABLES

## ISSUES DЕFAVORABLES



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# EPIDÉMIOLOGIE

- **Données absentes ou peu fiables**

- Déni de la pathologie
- Perception différente selon les cultures et réglementations des pays...
- La valeur "travail" est perçue positivement

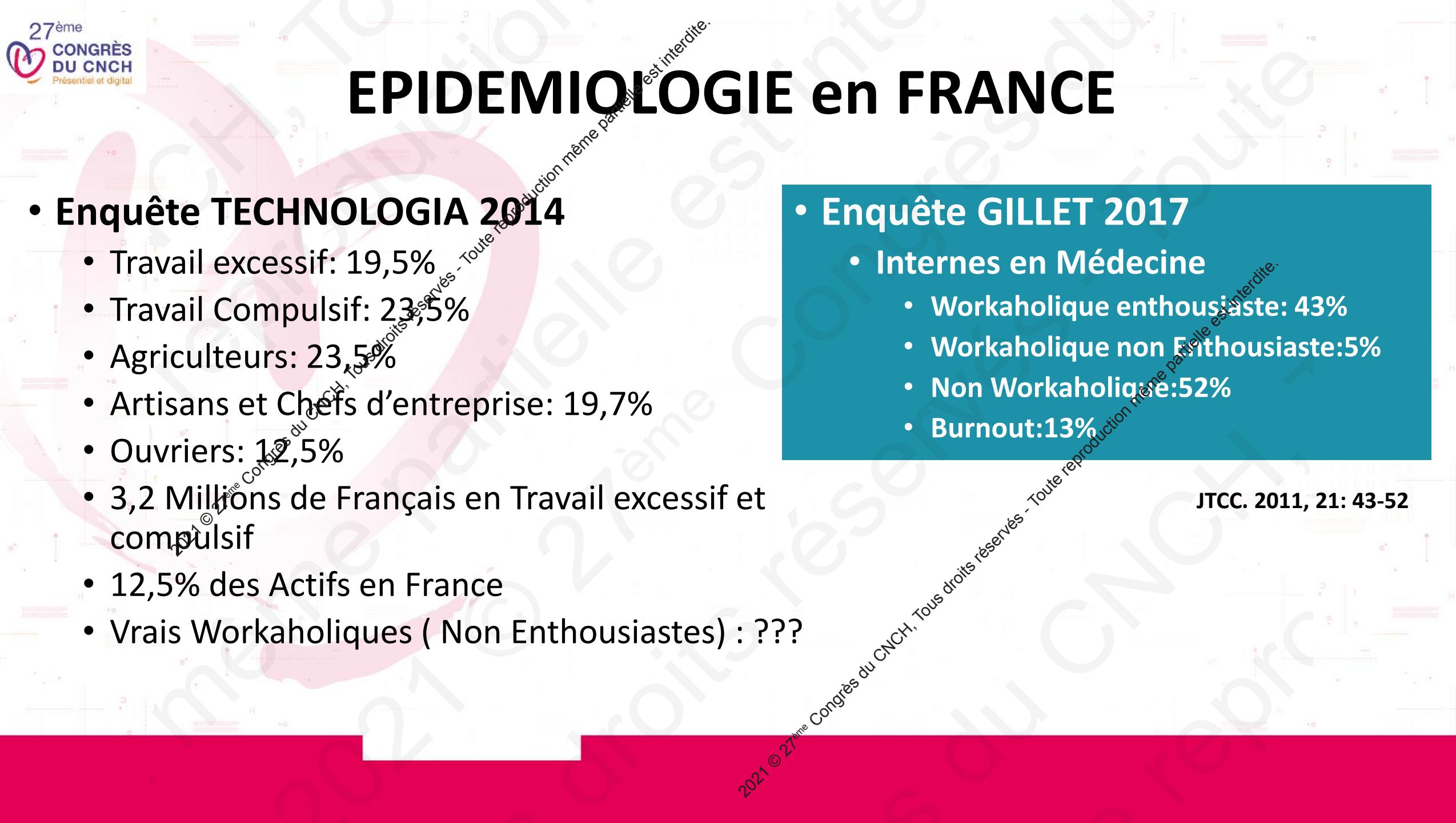
- **Population concernée**

- Classes socio-professionnelles exposées: médecins, dentistes, juristes, avocats
- Très Variée
- Majoritairement masculine

- **Prévalence varierait entre 7 et 40%**

- **Pathologie sous-évaluée**

- Le médecin ne découvrira la pathologie addictive que s'il recherche les causes du symptôme apparent ( Fatigue, Stress au Travail, symptômes variés)



# EPIDEMIOLOGIE en FRANCE

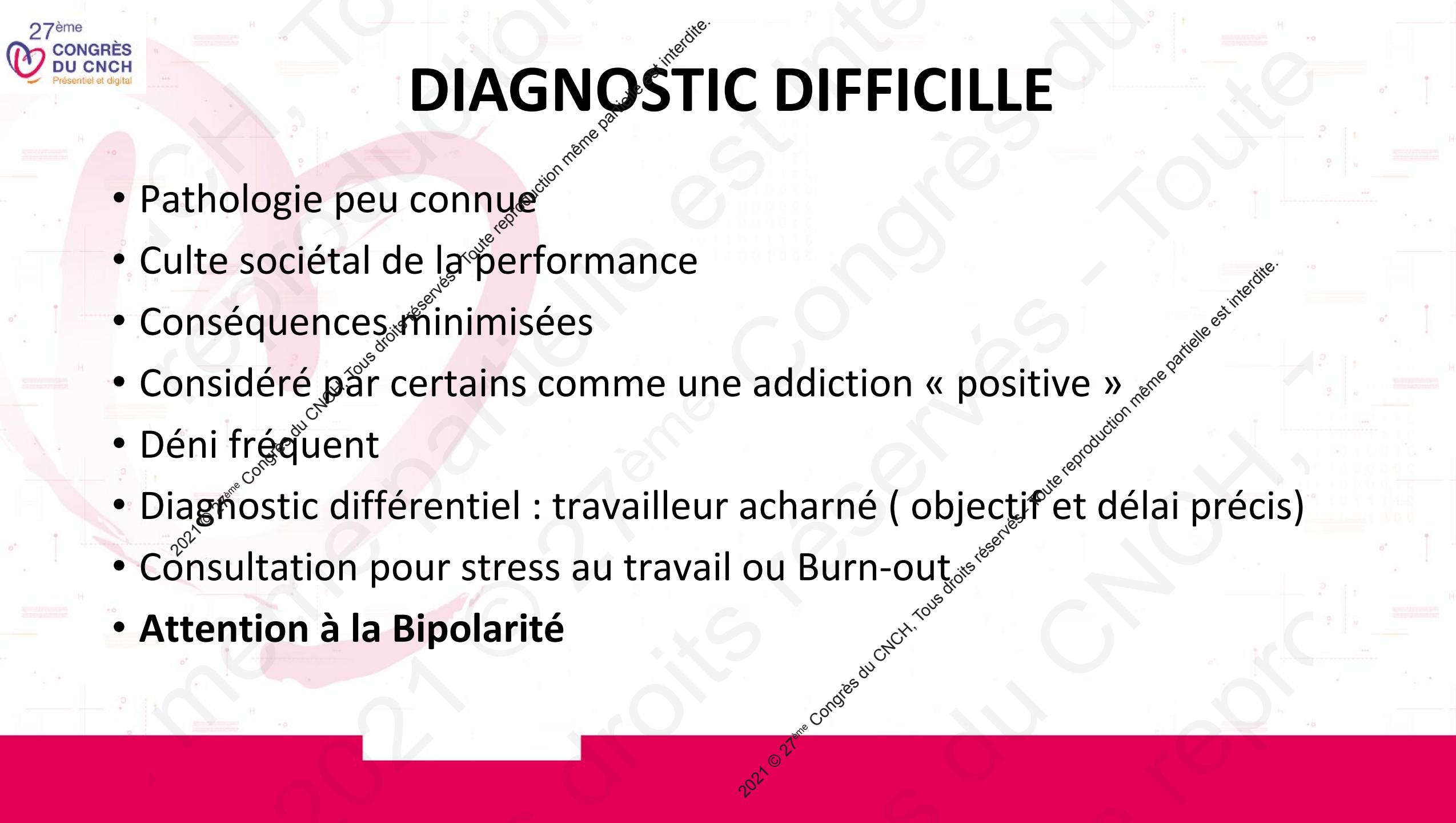
## • Enquête TECHNOLOGIA 2014

- Travail excessif: 19,5%
- Travail Compulsif: 23,5%
- Agriculteurs: 23,5%
- Artisans et Chefs d'entreprise: 19,7%
- Ouvriers: 12,5%
- 3,2 Millions de Français en Travail excessif et compulsif
- 12,5% des Actifs en France
- Vrais Workaholiques ( Non Enthousiastes) : ???

## • Enquête GILLET 2017

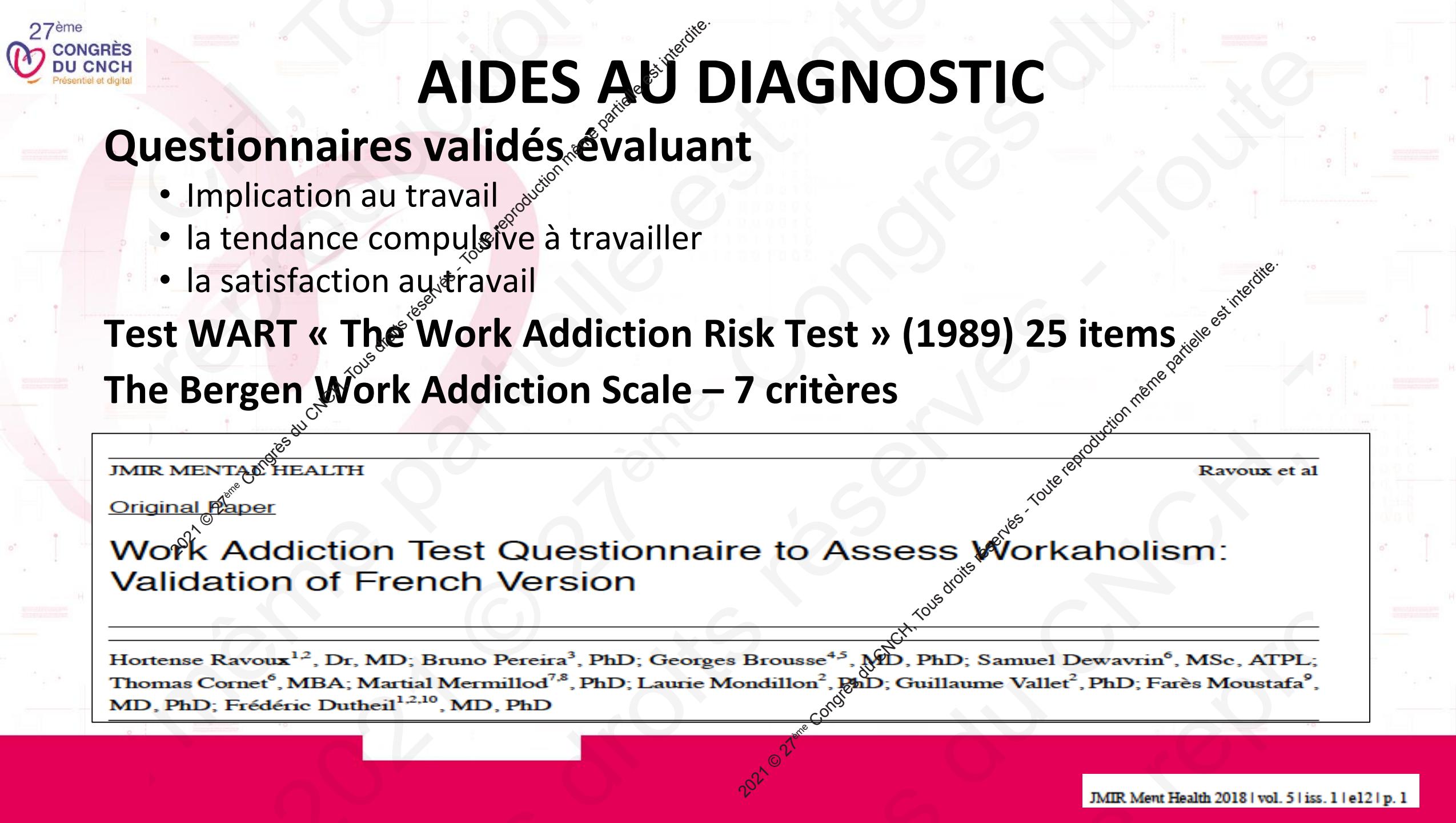
- Internes en Médecine
  - Workaholique enthousiaste: 43%
  - Workaholique non Enthousiaste: 5%
  - Non Workaholique: 52%
  - Burnout: 13%

JTCC. 2011, 21: 43-52



# DIAGNOSTIC DIFFICILE

- Pathologie peu connue
- Culte sociétal de la performance
- Conséquences minimisées
- Considéré par certains comme une addiction « positive »
- Déni fréquent
- Diagnostic différentiel : travailleur acharné ( objectif et délai précis)
- Consultation pour stress au travail ou Burn-out
- **Attention à la Bipolarité**





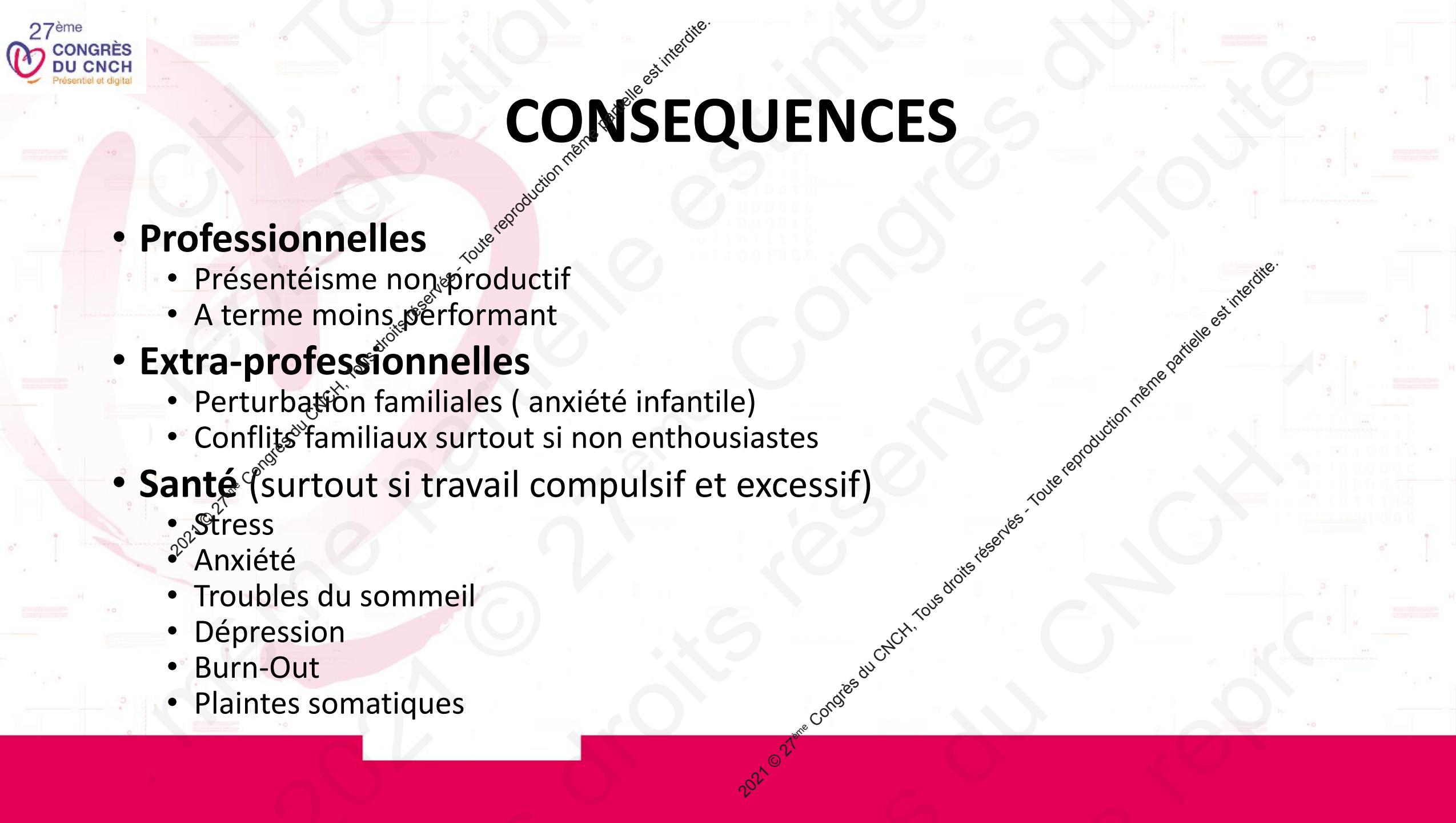
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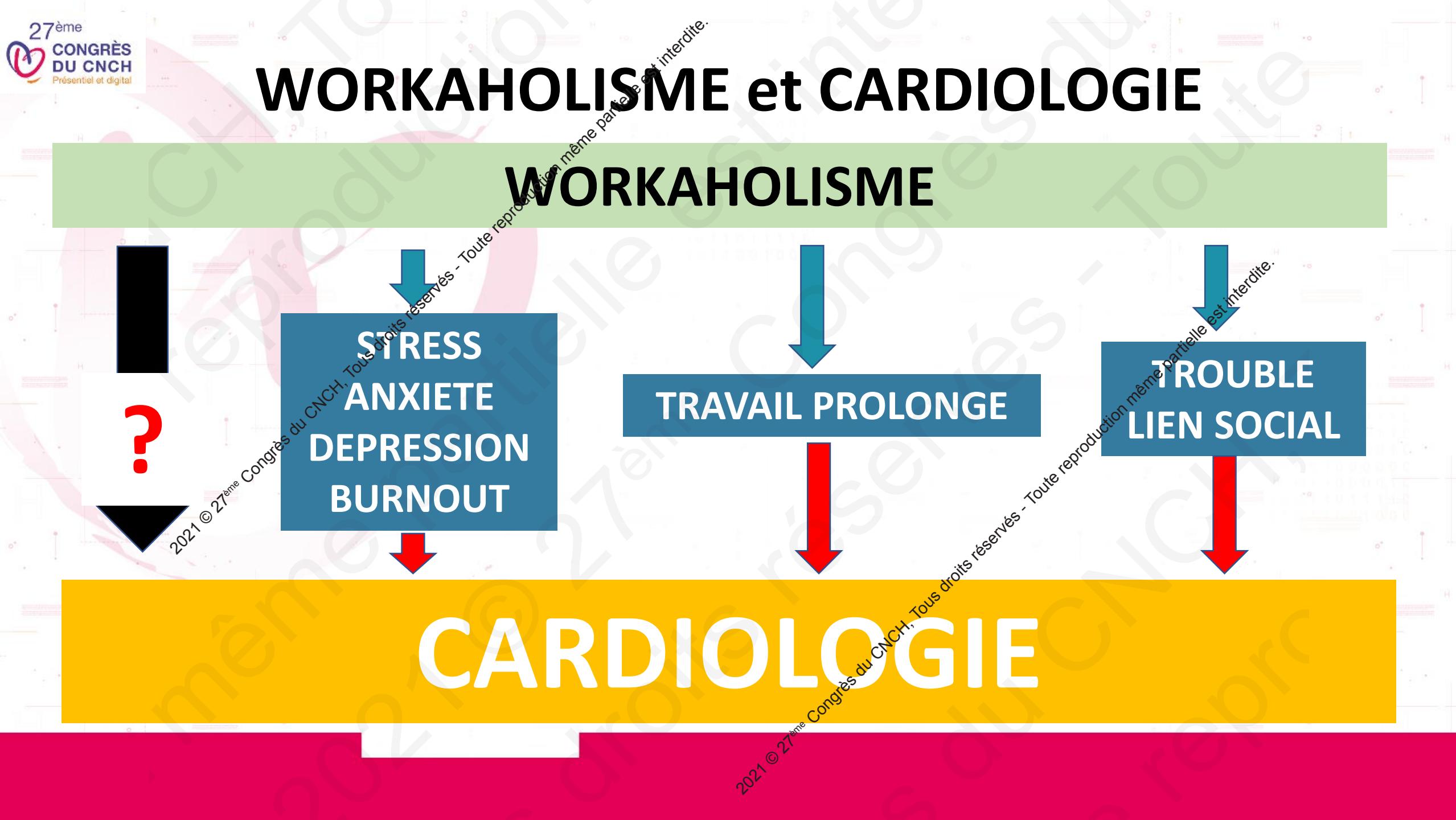
## • Issues Favorables

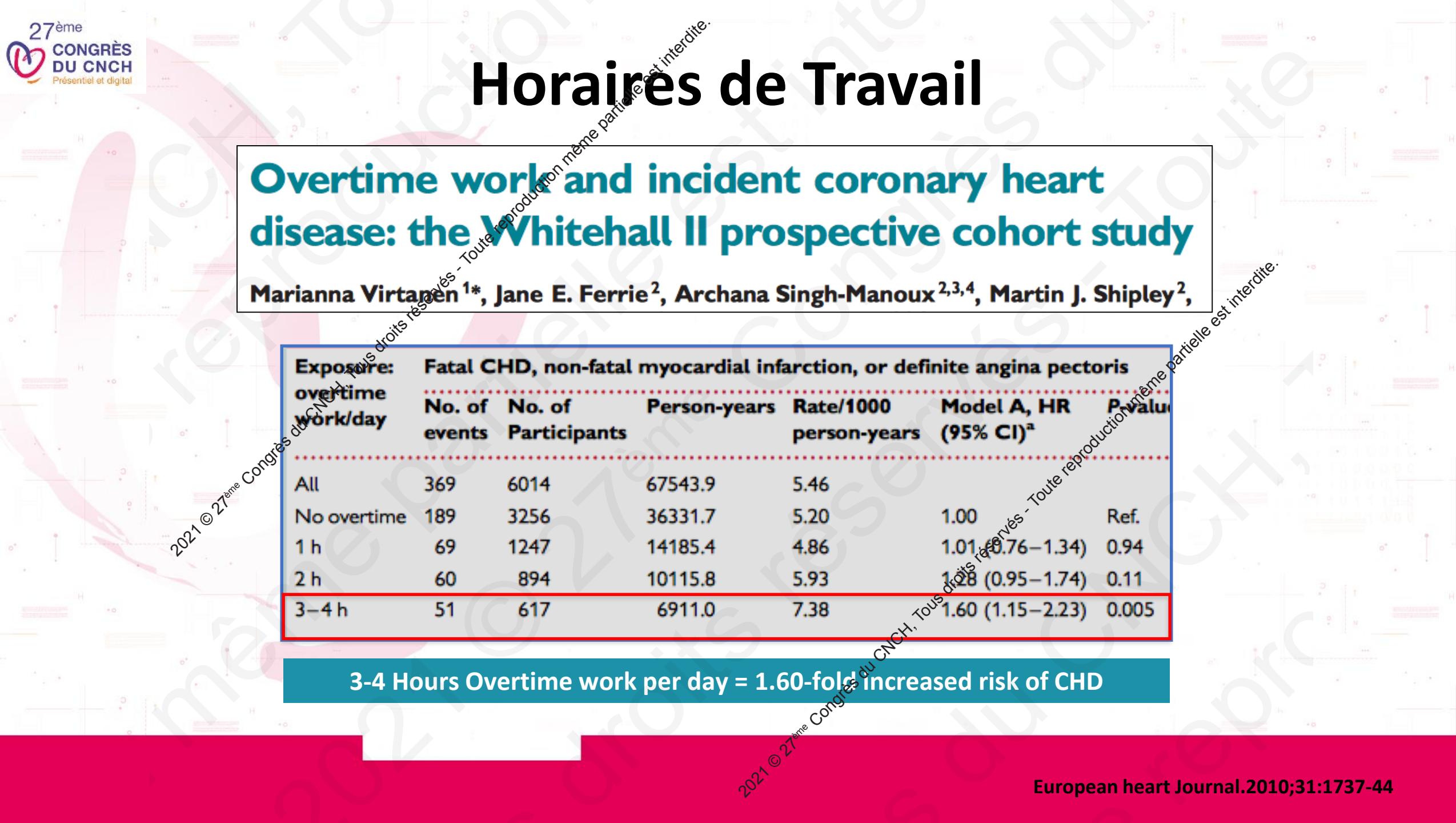
- Pas de Workaholisme (Santé, bien-être)
- Workaholisme enthousiaste (?)

## • Issues défavorables

- Workaholisme non enthousiaste
- Détresse psychologique
- Epuisement
- Burn-Out
- Addictions à substances psychoactives
- Troubles anxiо-dépressifs sévères



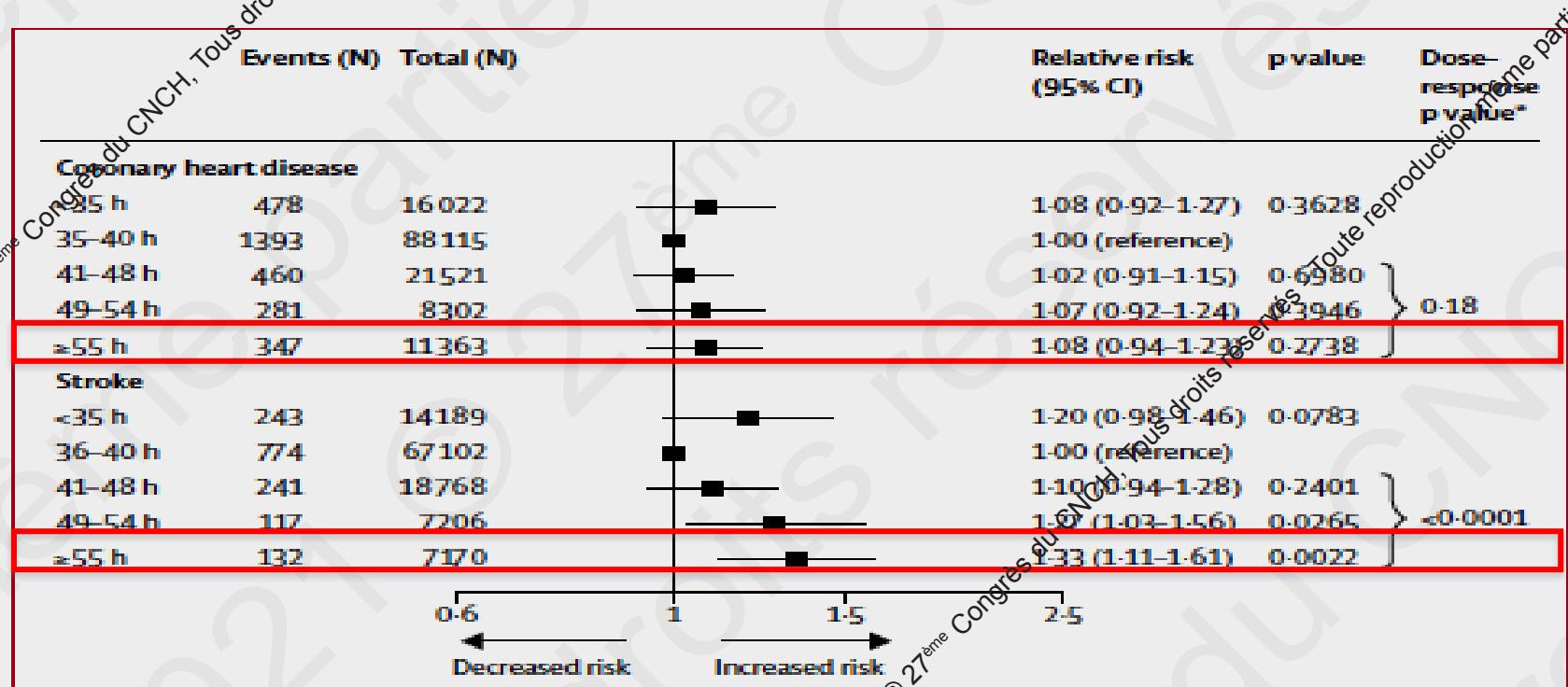




# Horaires de Travail

# Long working hours and risk of coronary heart disease and stroke: a systematic review and meta-analysis of published and unpublished data for 603 838 individuals

Mika Kivimäki, Markus Jokelainen, Solja T Nyberg, Archana Singh-Manoux, Eleonor I Fransson, Lars Alfredsson, Jakob B Björner, Marianne Borritz,



**Figure 4: Association of categories of weekly working hours with incident coronary heart disease and stroke**  
 Estimates adjusted for age, sex, and socioeconomic status. \*For trend from standard to long working hours.



# Horaires de Travail et Sommeil

# Working hours, sleep duration and the risk of acute coronary heart disease: A case-control study of middle-aged men in Taiwan



Yawen Cheng <sup>a,1</sup>, Chung-Li Du <sup>b,1</sup>, Juey-Jen Hwang <sup>c</sup>, I-Shin Chen <sup>a,1</sup>, Ming-Fong Chen <sup>c,1</sup>, Ta-Chen Su <sup>c,\*1</sup>

<sup>2</sup> Institute of Health Policy and Management, College of Public Health, National Taiwan University, Taiwan.

<sup>b</sup> Department of Environmental and Occupational Medicine, National Taiwan University Hospital, Taiwan.

<sup>c</sup> Department of Internal Medicine, National Taiwan University Hospital, Taiwan

**Table 3** Odds ratios (95% CI) for acute myocardial infarction (AMI) in conditional logistic regression models with adjustment of age and education categories.

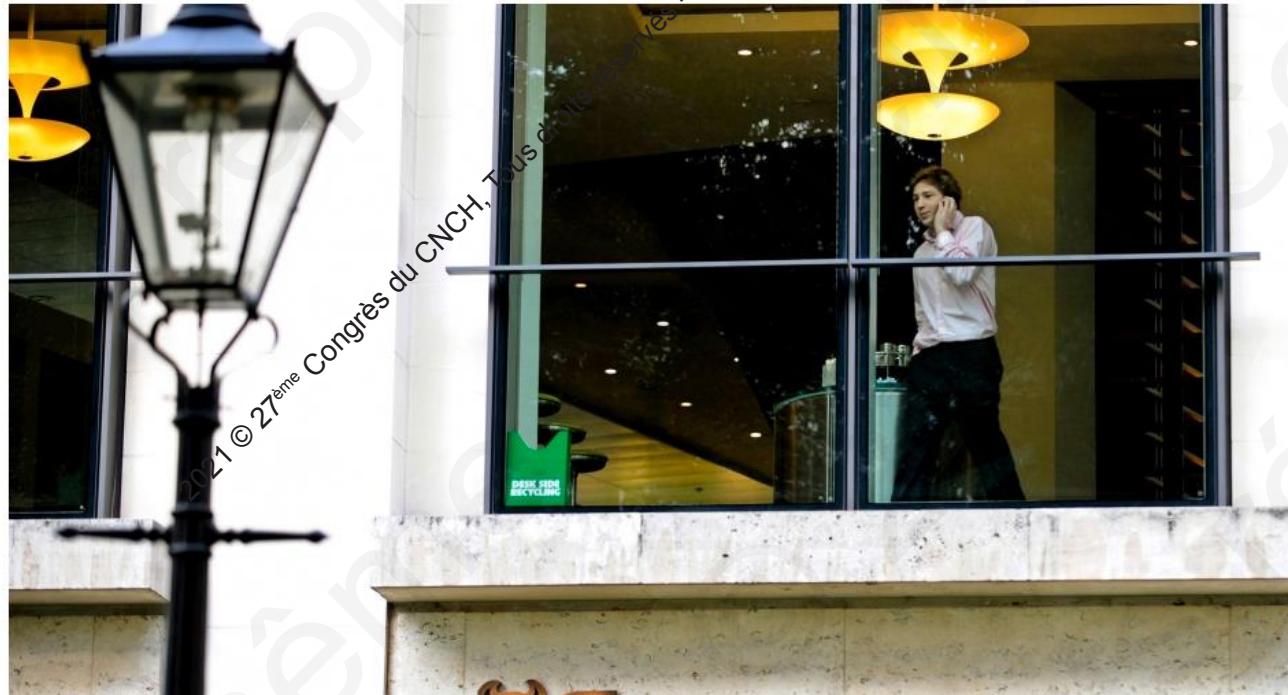
	Model 1 (n = 402)	Model 2 (n = 355)
<b>Smoking status</b>		
Non-smoker or former smoker	1	1
Current smoker	1.9 (1.3, 2.8)*	1.8 (1.1, 2.8)
<b>Body mass index (kg/m<sup>2</sup>)</b>		
<24	1	1
25 ~ <27	1.4 (0.9, 2.2)	1.4 (0.9, 2.4)
≥27	1.4 (0.9, 2.1)	1.5 (0.9, 2.4)
<b>Working hours (h/week)</b>		
<40	1.7 (1.0, 2.9)	1.3 (0.7, 2.7)
40 ~ ≤48	1	1
>48~≤60	1.6 (1.0, 2.5) **	1.6 (1.0, 2.8)
>60	2.4 (1.5, 4.0) ***	2.7 (1.6, 4.7) ***
<b>Sleep duration (h/day)</b>		
<6	2.9 (2.0, 4.2) **	3.3 (2.1, 5.0) **
6~≤9	1	1
>9	1.0 (0.3, 3.3)	1.3 (0.4, 4.3)



CITY DE LONDRES

# STAGE MORTEL DANS LA HAUTE FINANCE

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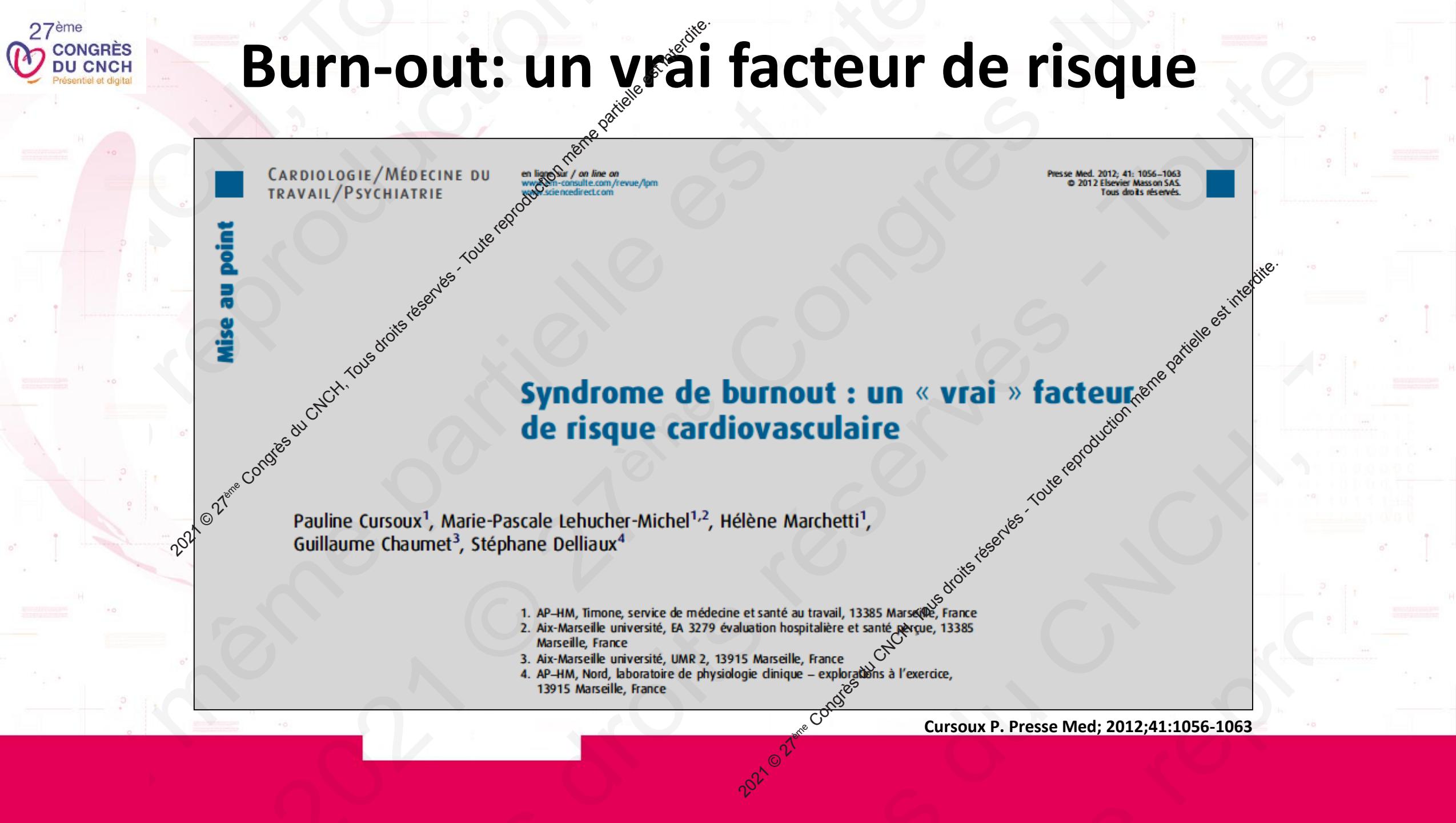


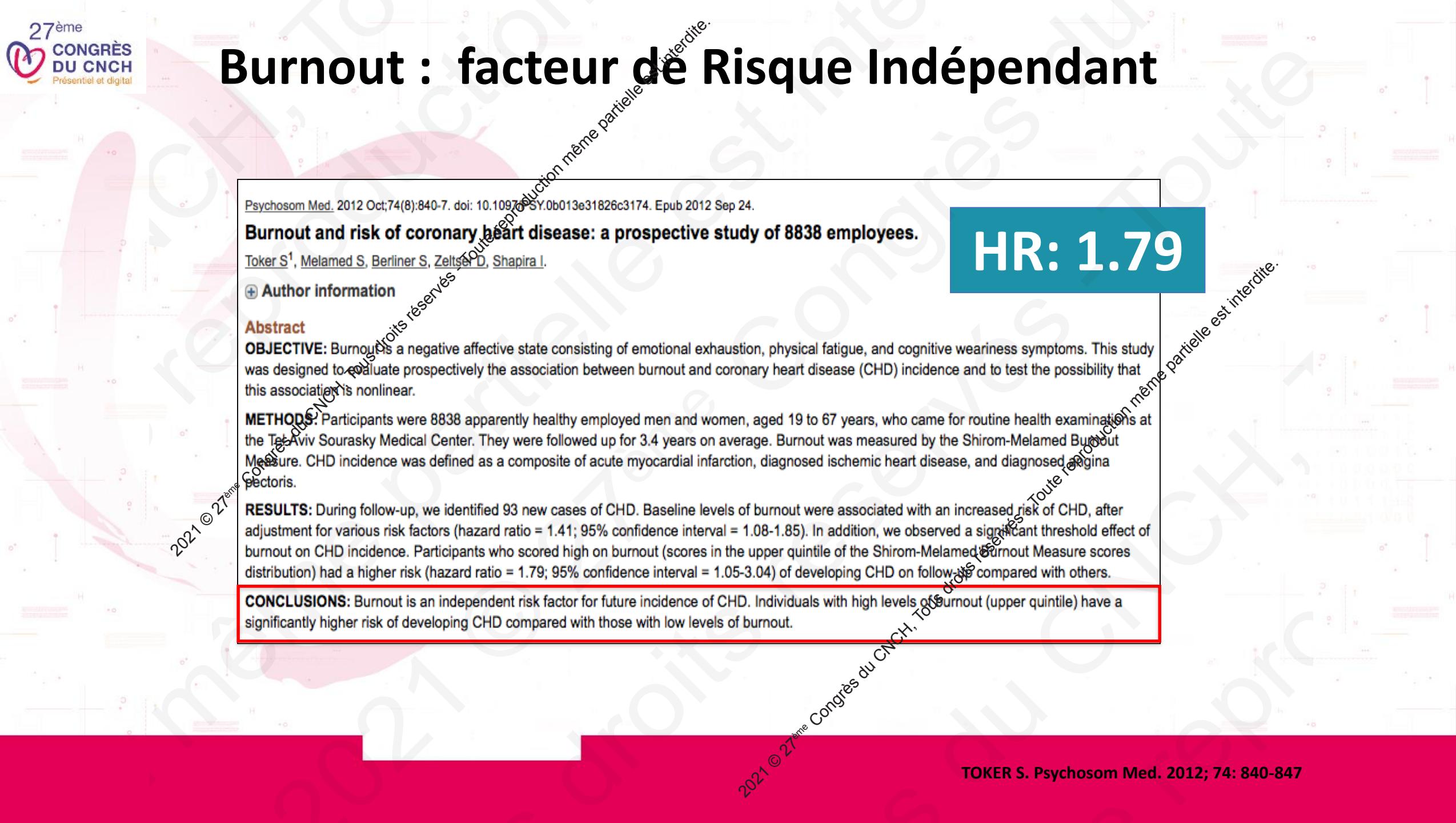
- 24 Heures non stop
  - 1 semaine de 16 Heures/ Jour

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**LÉA 28 ANS TRAVAILLE 2X  
PLUS QU'UN TEMPS PLEIN**







# Burnout : facteur de Risque Indépendant

*Psychosom Med.* 2012 Oct;74(8):840-7. doi: 10.1097/PSY.0b013e31826c3174. Epub 2012 Sep 24.

## Burnout and risk of coronary heart disease: a prospective study of 8838 employees.

Toker S<sup>1</sup>, Melamed S, Berliner S, Zeltser D, Shapira I.

### Author information

#### Abstract

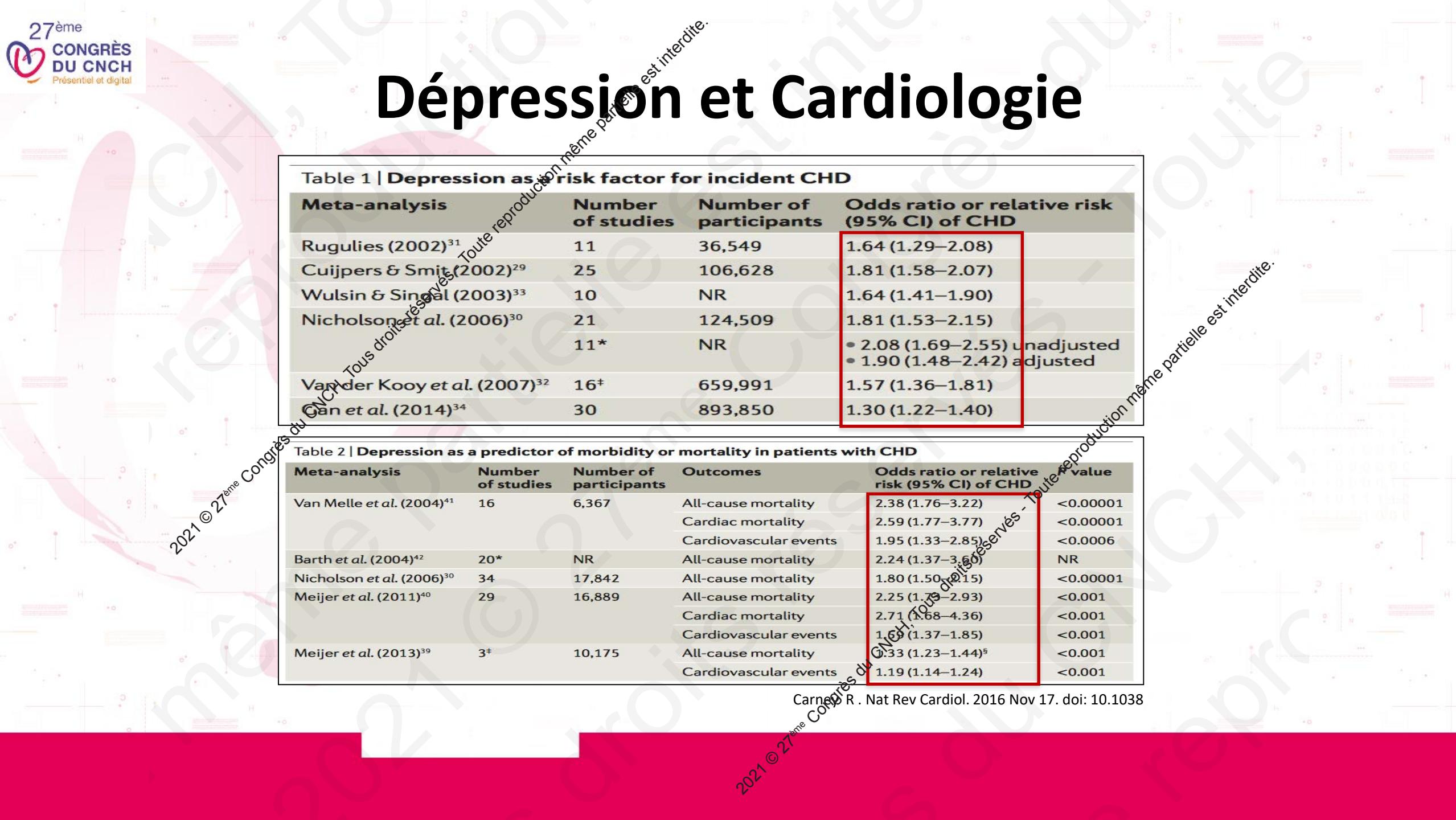
**OBJECTIVE:** Burnout is a negative affective state consisting of emotional exhaustion, physical fatigue, and cognitive weariness symptoms. This study was designed to evaluate prospectively the association between burnout and coronary heart disease (CHD) incidence and to test the possibility that this association is nonlinear.

**METHODS:** Participants were 8838 apparently healthy employed men and women, aged 19 to 67 years, who came for routine health examinations at the Tel-Aviv Sourasky Medical Center. They were followed up for 3.4 years on average. Burnout was measured by the Shirom-Melamed Burnout Measure. CHD incidence was defined as a composite of acute myocardial infarction, diagnosed ischemic heart disease, and diagnosed angina pectoris.

**RESULTS:** During follow-up, we identified 93 new cases of CHD. Baseline levels of burnout were associated with an increased risk of CHD, after adjustment for various risk factors (hazard ratio = 1.41; 95% confidence interval = 1.08-1.85). In addition, we observed a significant threshold effect of burnout on CHD incidence. Participants who scored high on burnout (scores in the upper quintile of the Shirom-Melamed Burnout Measure scores distribution) had a higher risk (hazard ratio = 1.79; 95% confidence interval = 1.05-3.04) of developing CHD on follow-up compared with others.

**CONCLUSIONS:** Burnout is an independent risk factor for future incidence of CHD. Individuals with high levels of burnout (upper quintile) have a significantly higher risk of developing CHD compared with those with low levels of burnout.

HR: 1.79



# Dépression et Cardiologie

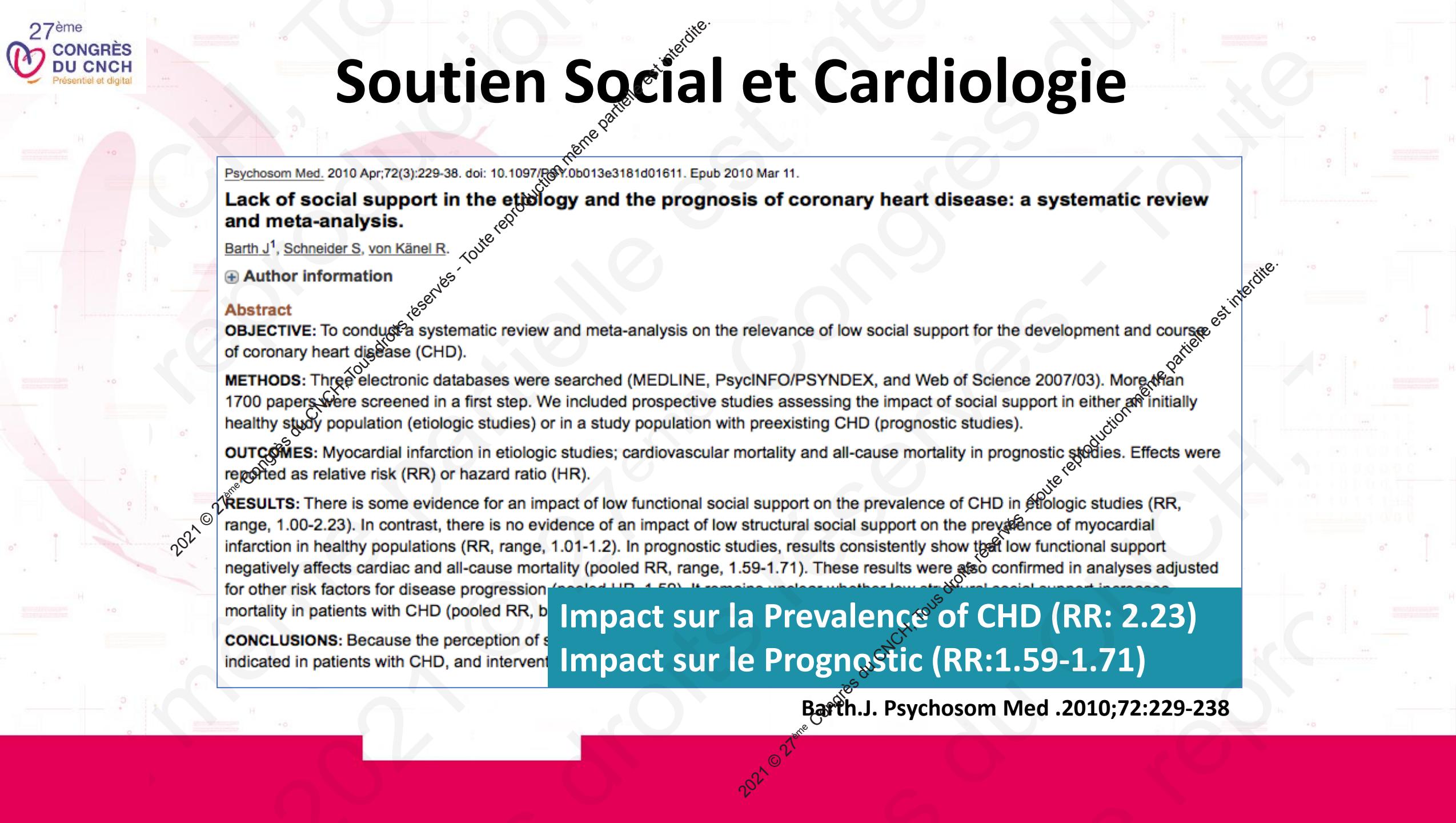
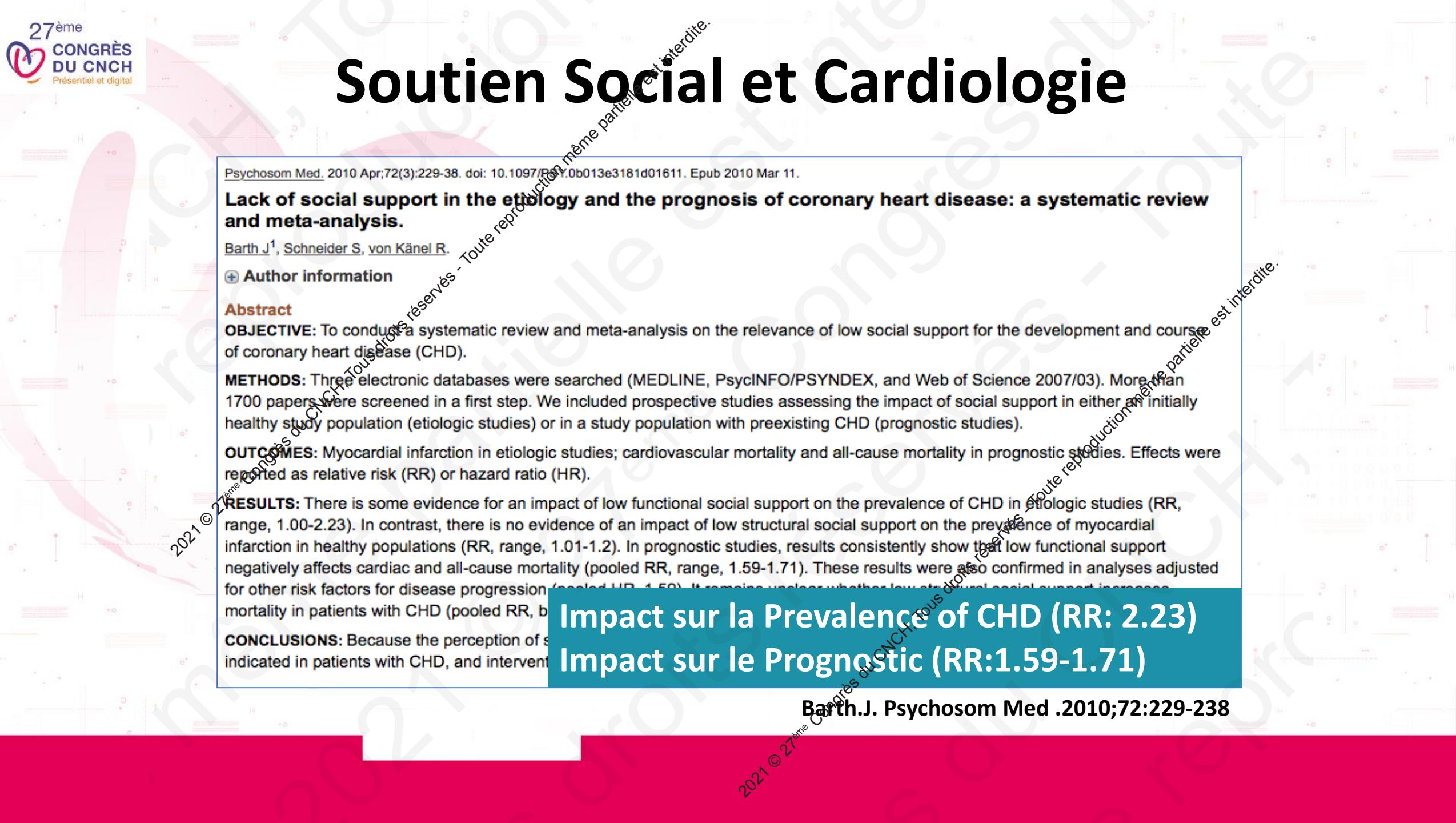
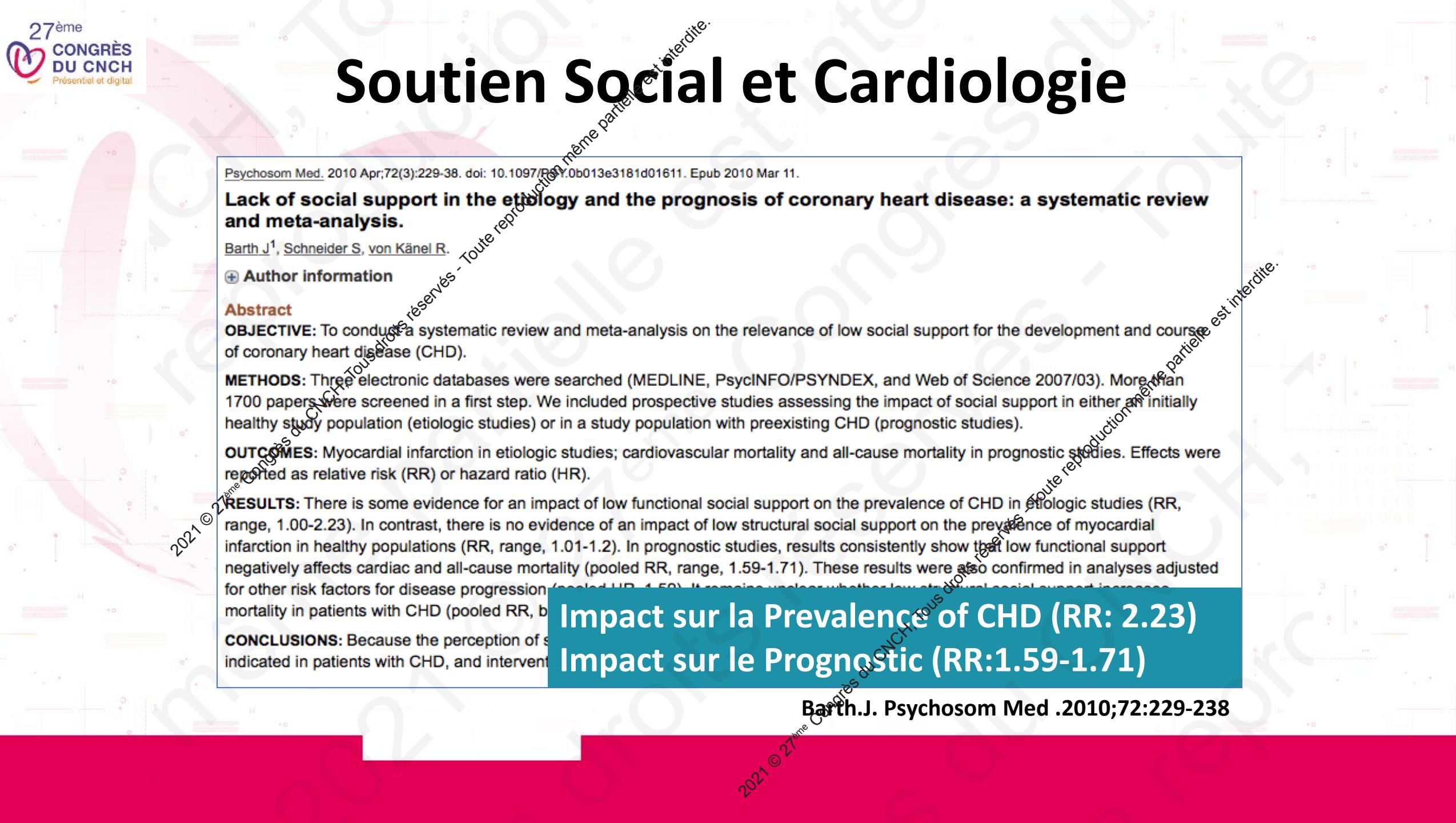
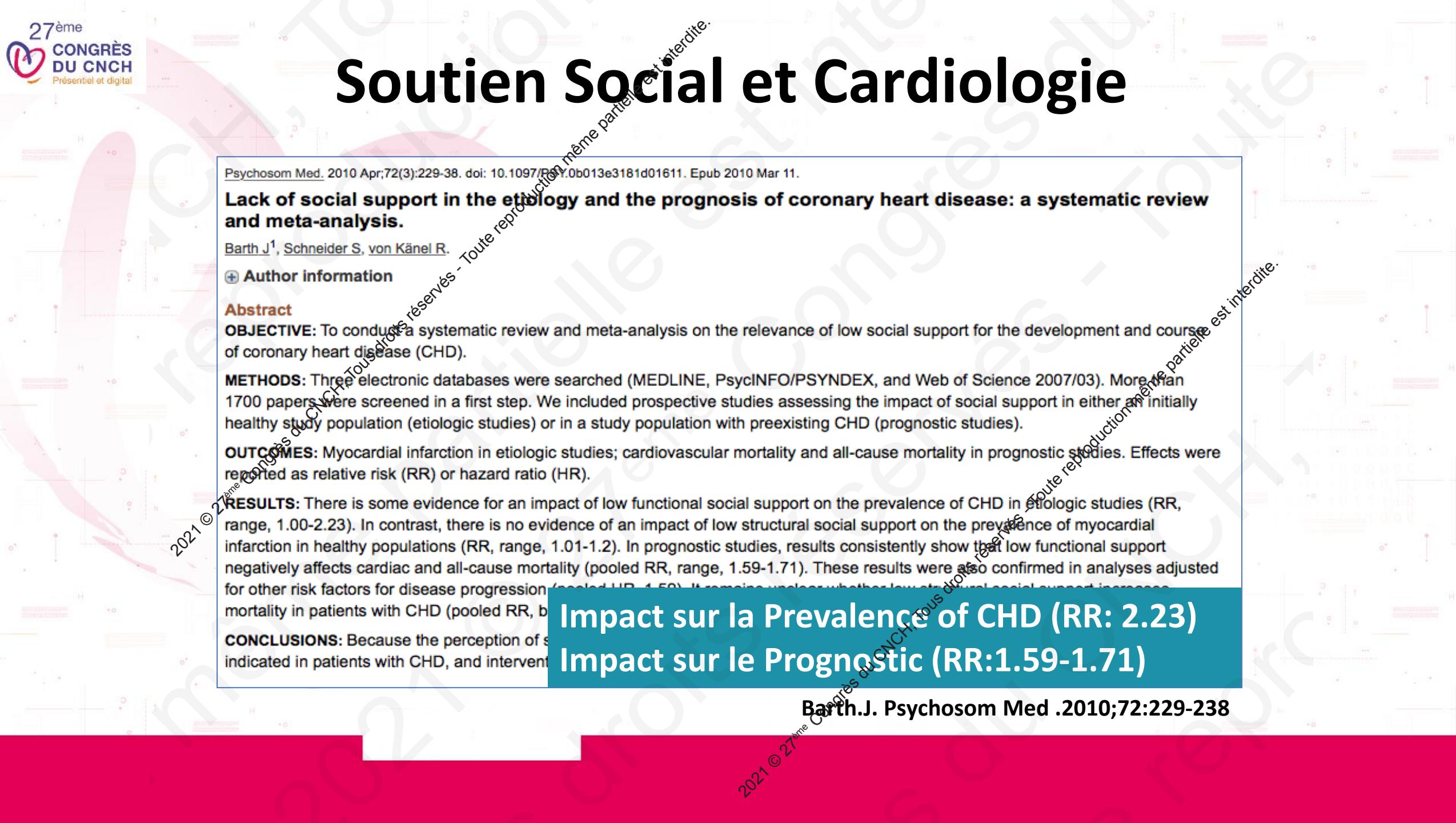
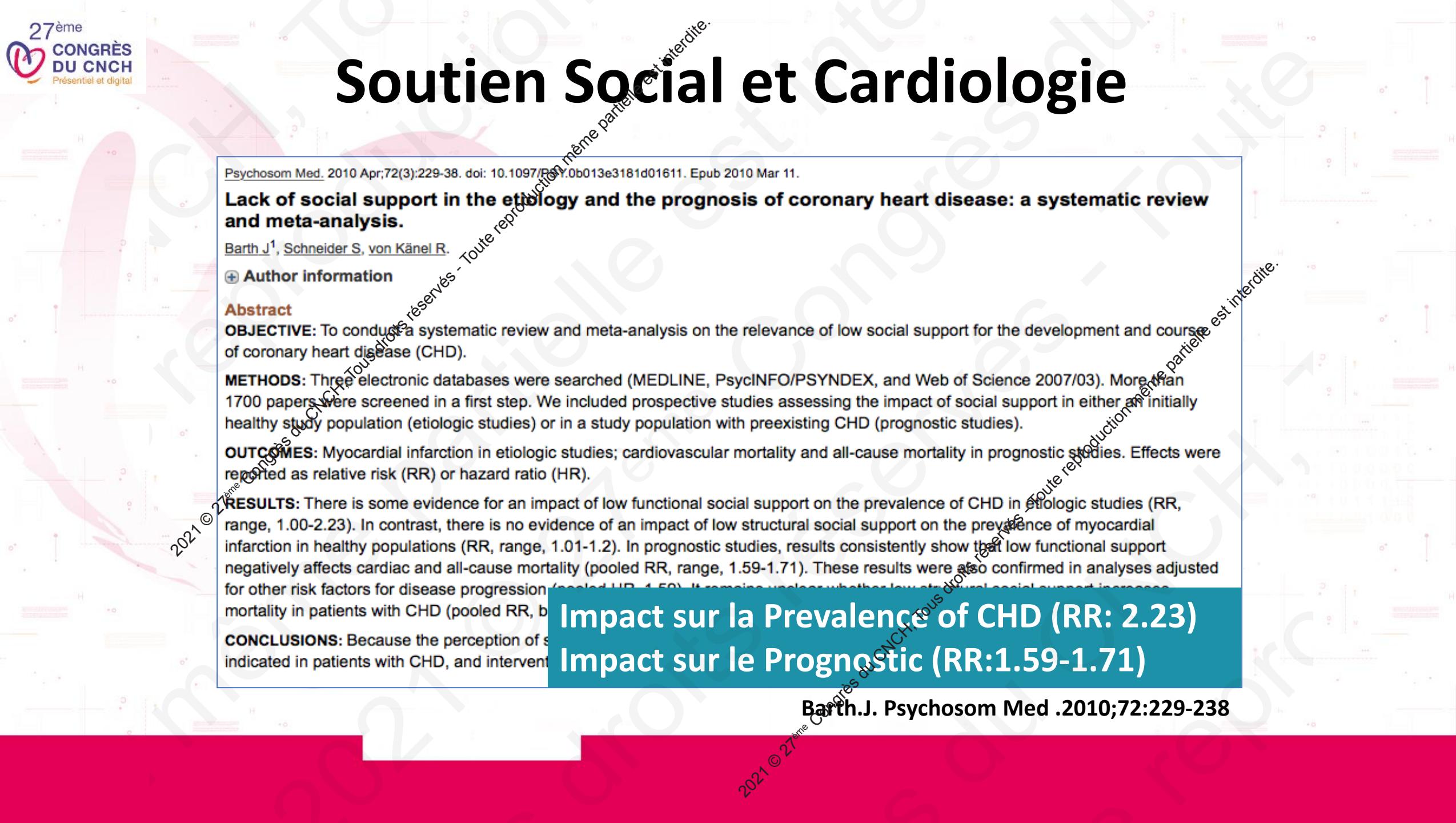
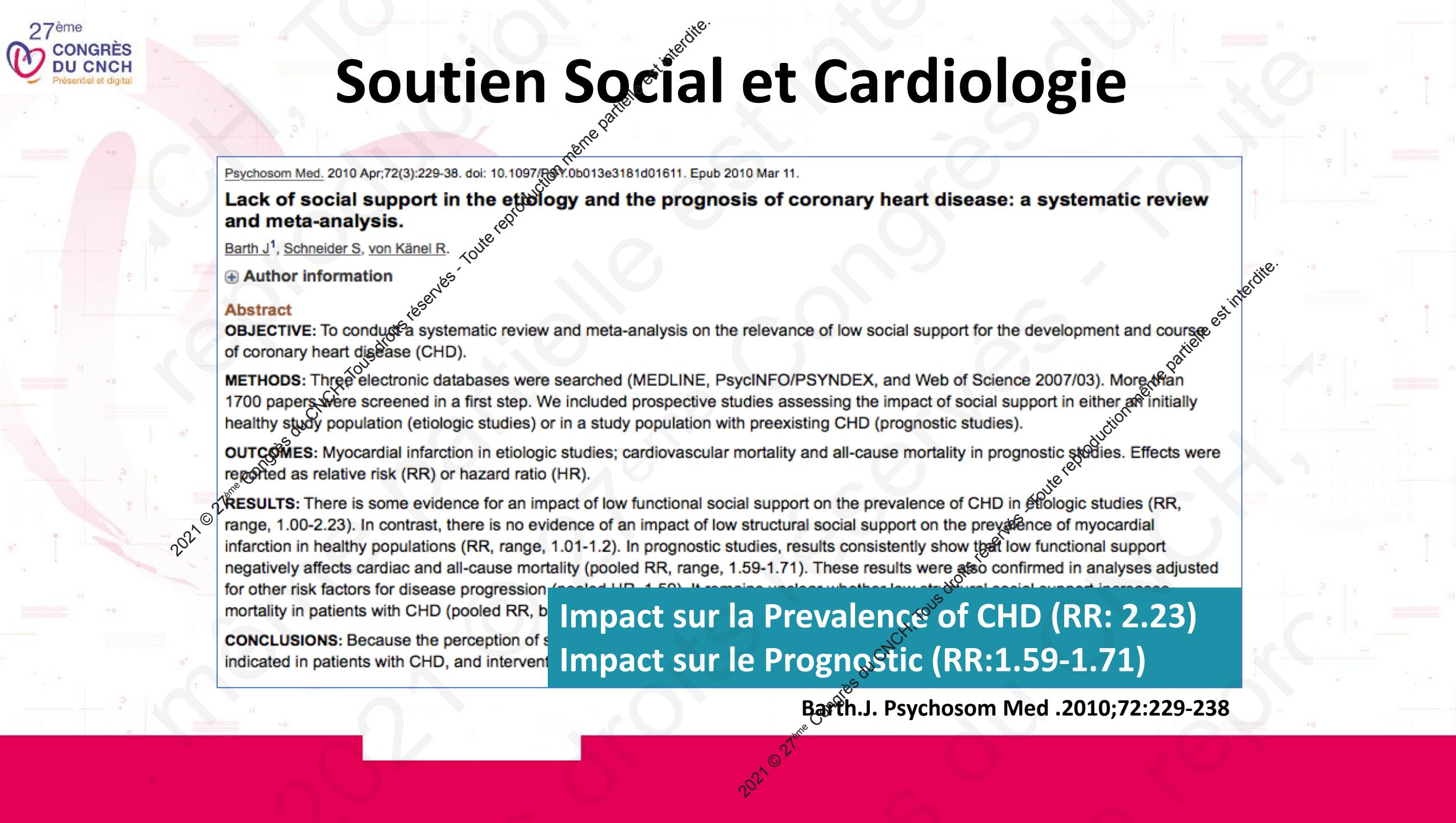
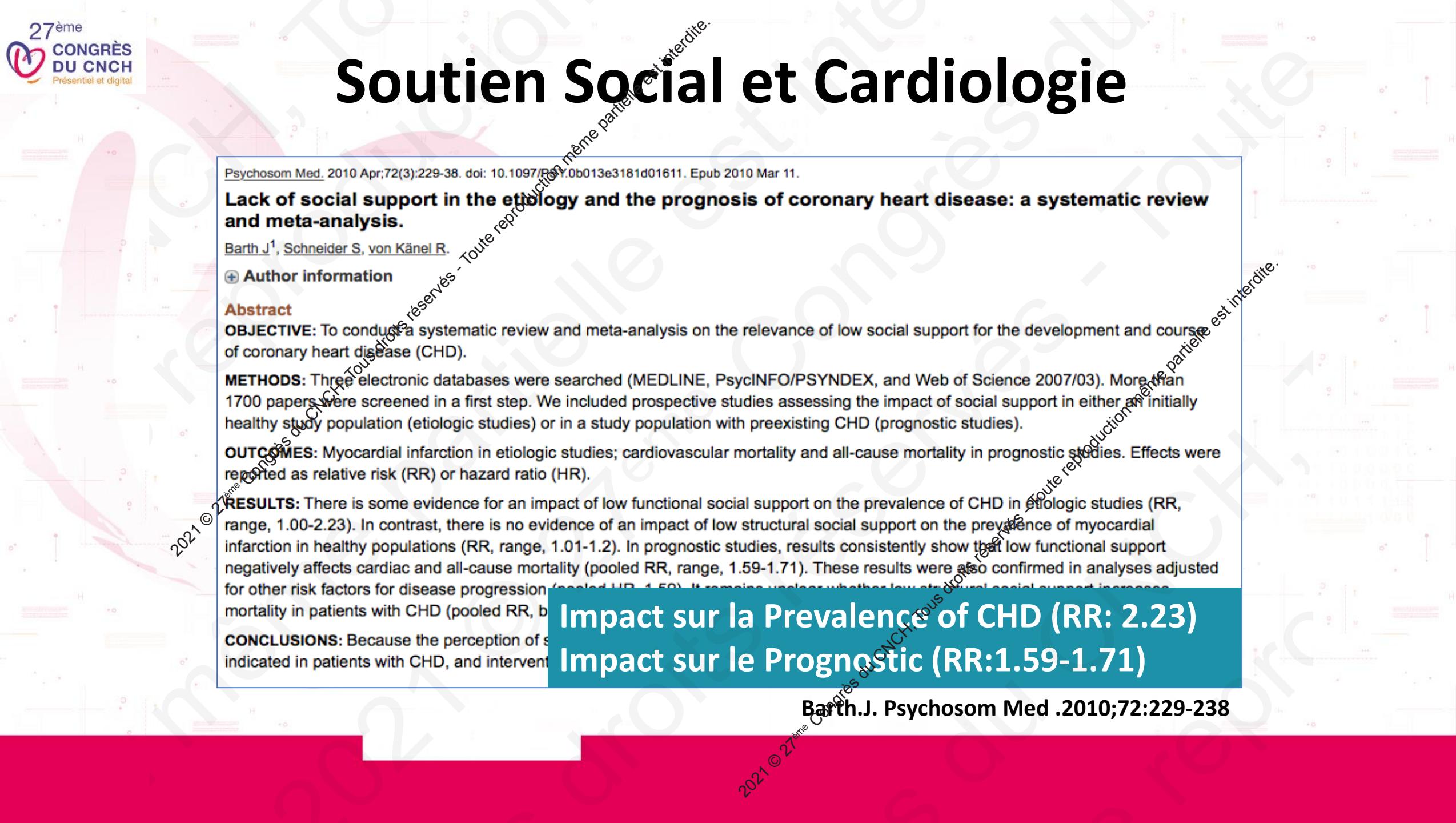
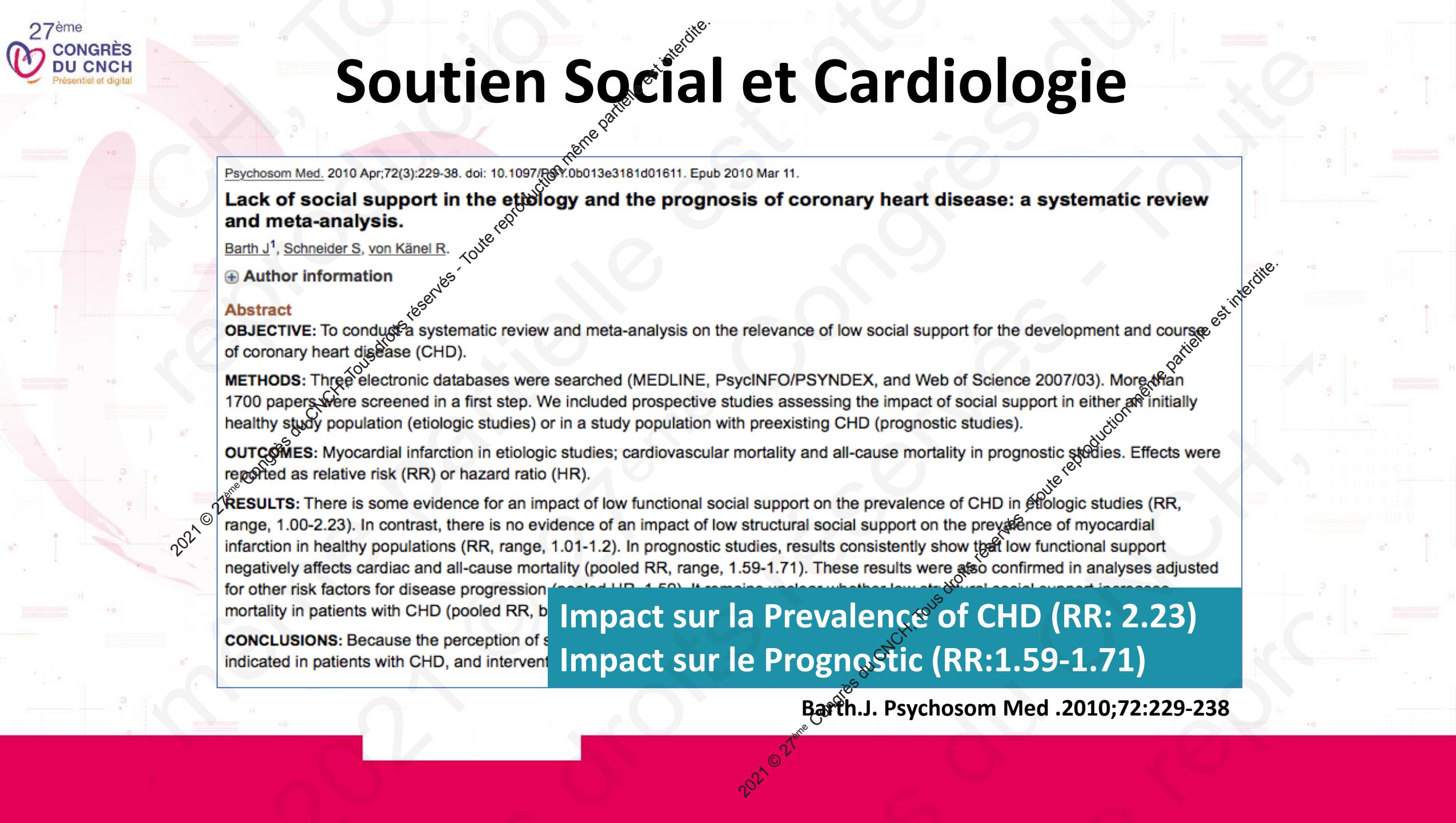
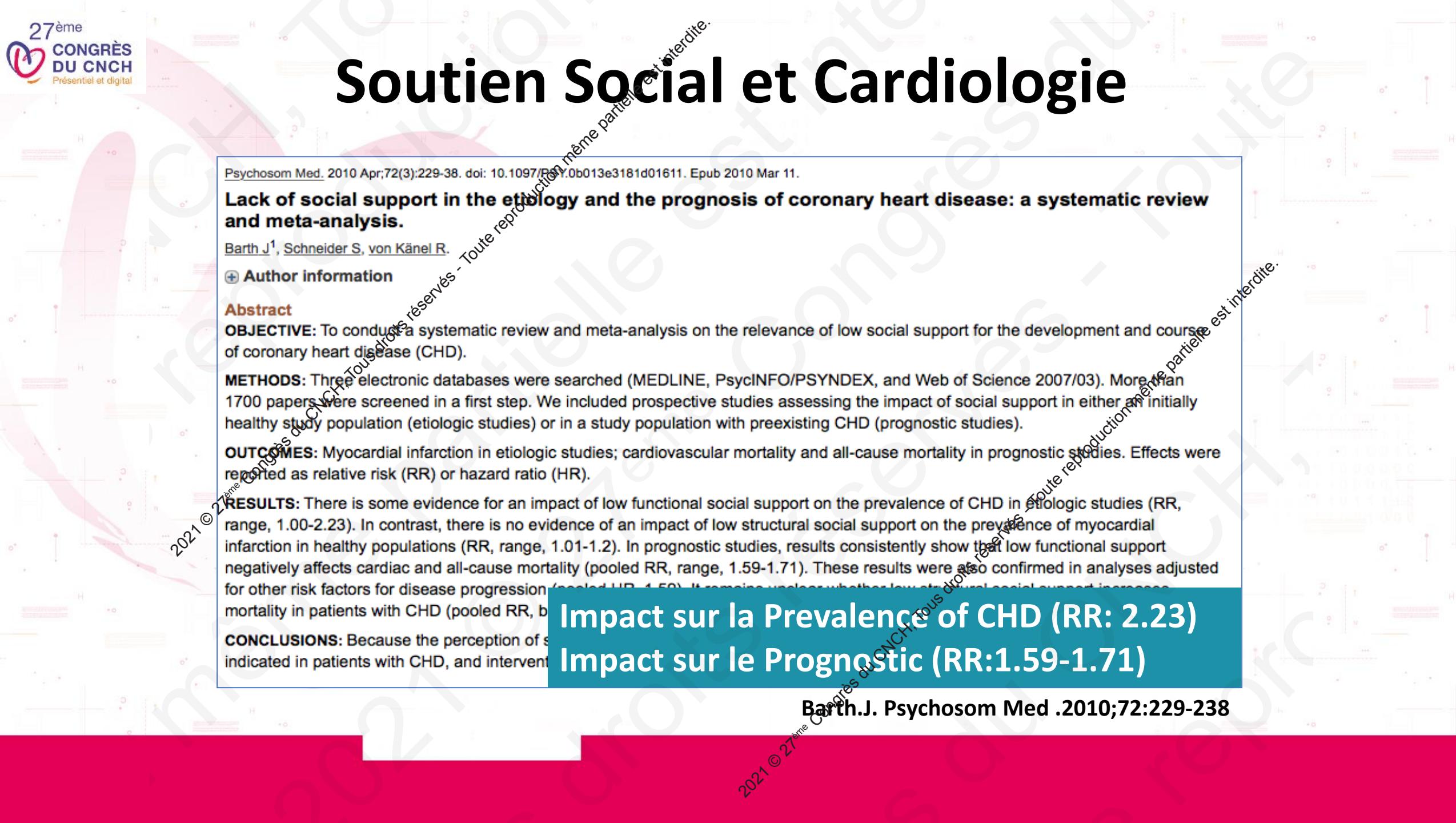
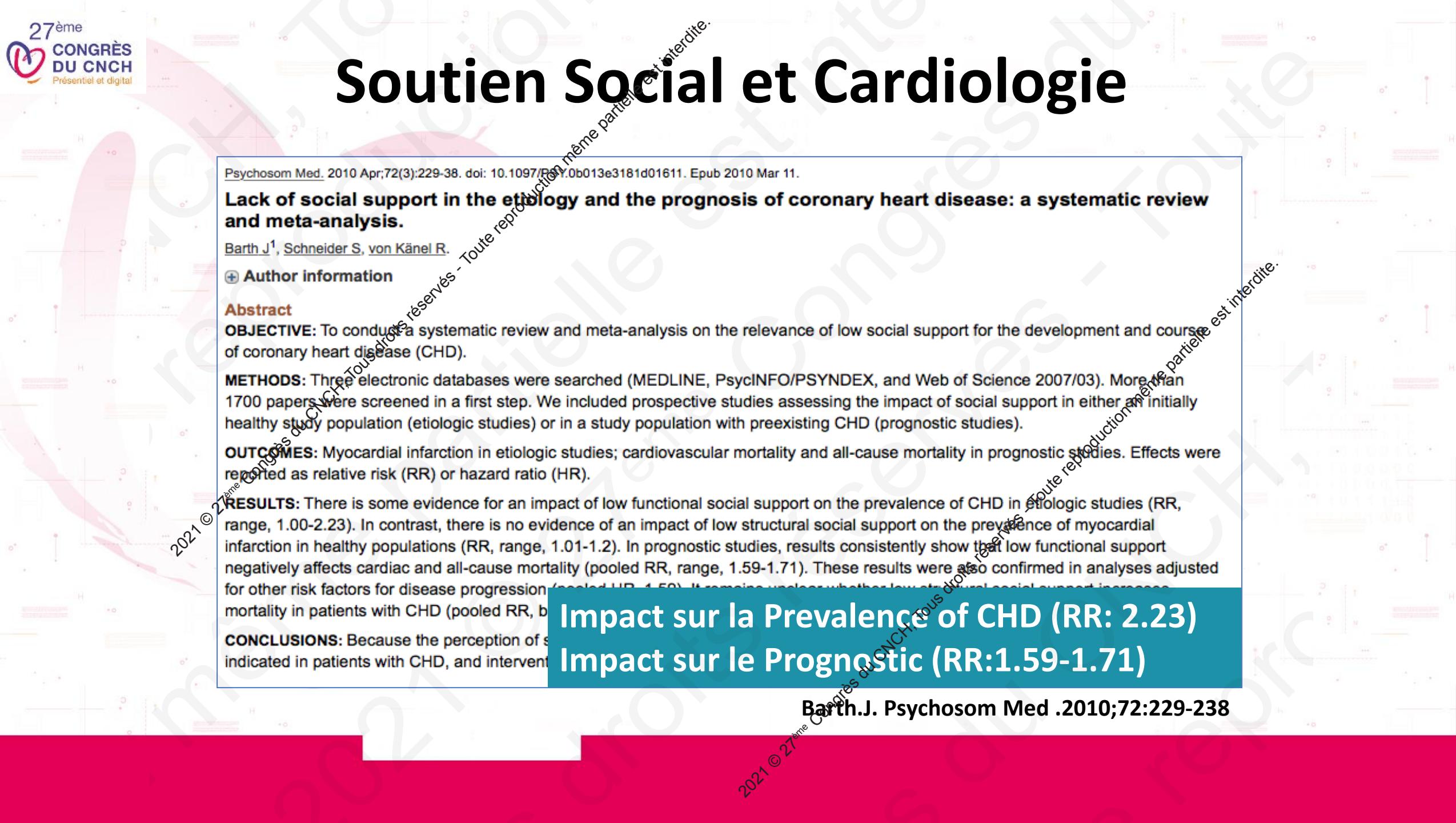
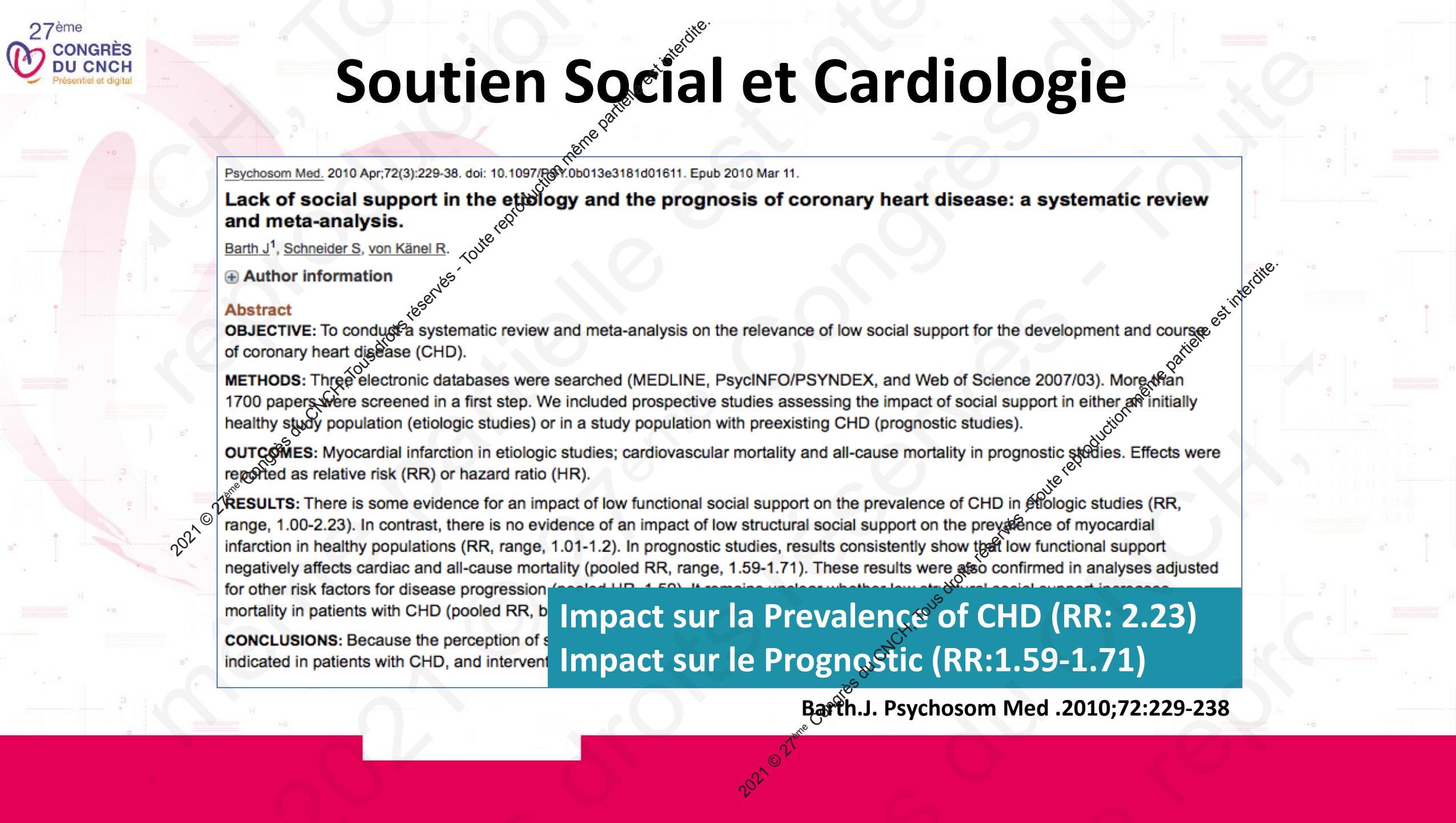
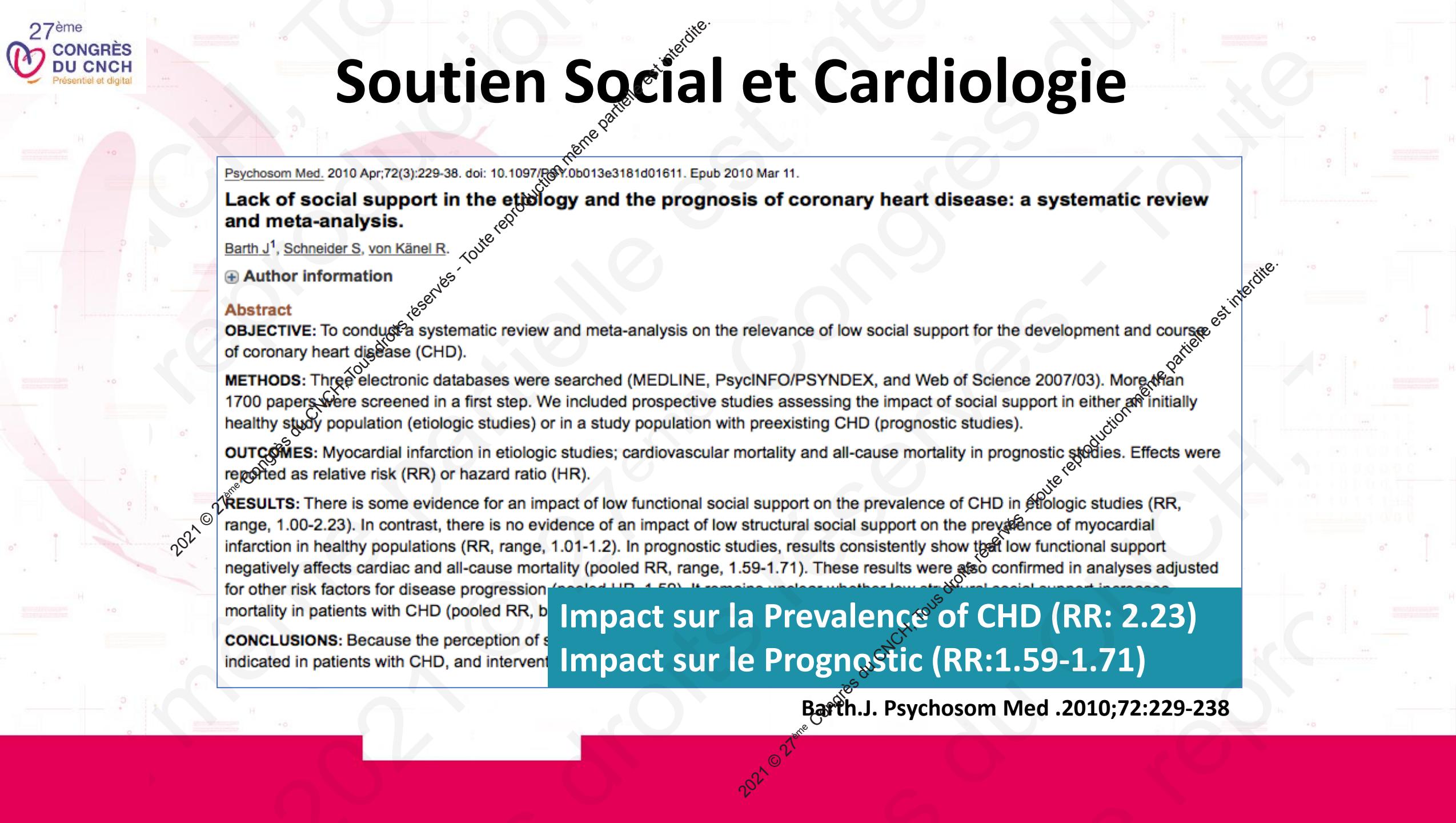
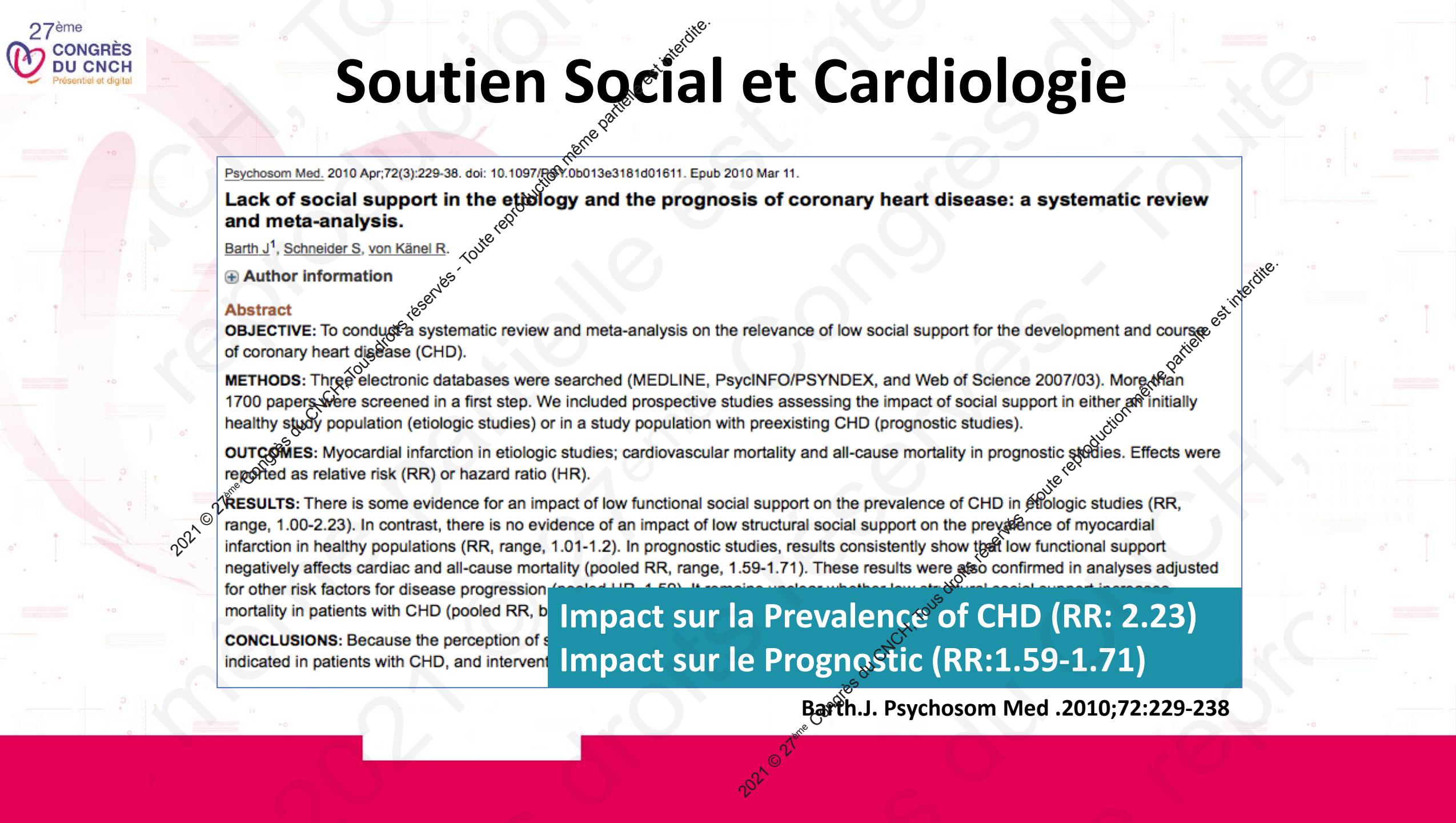
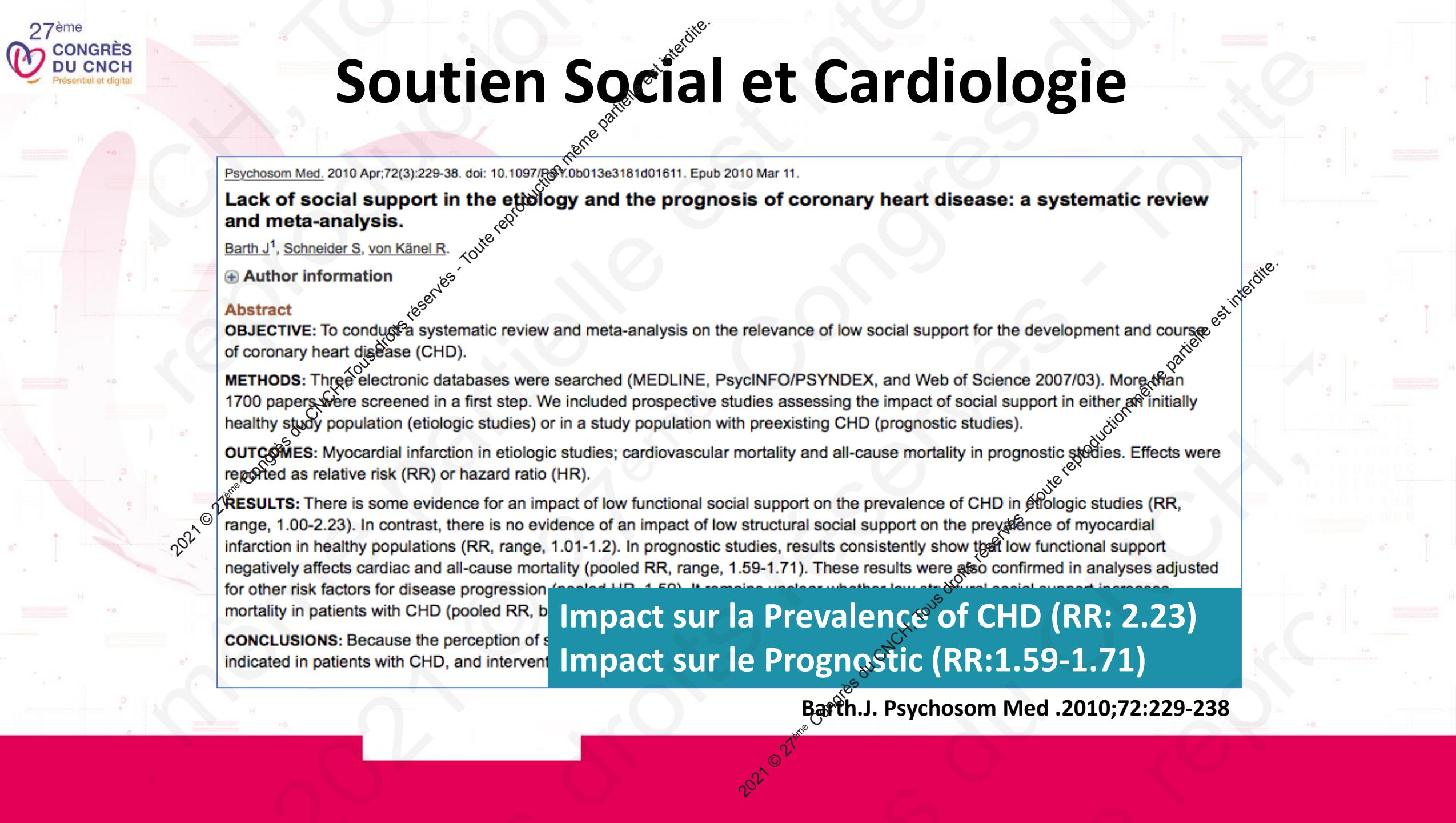
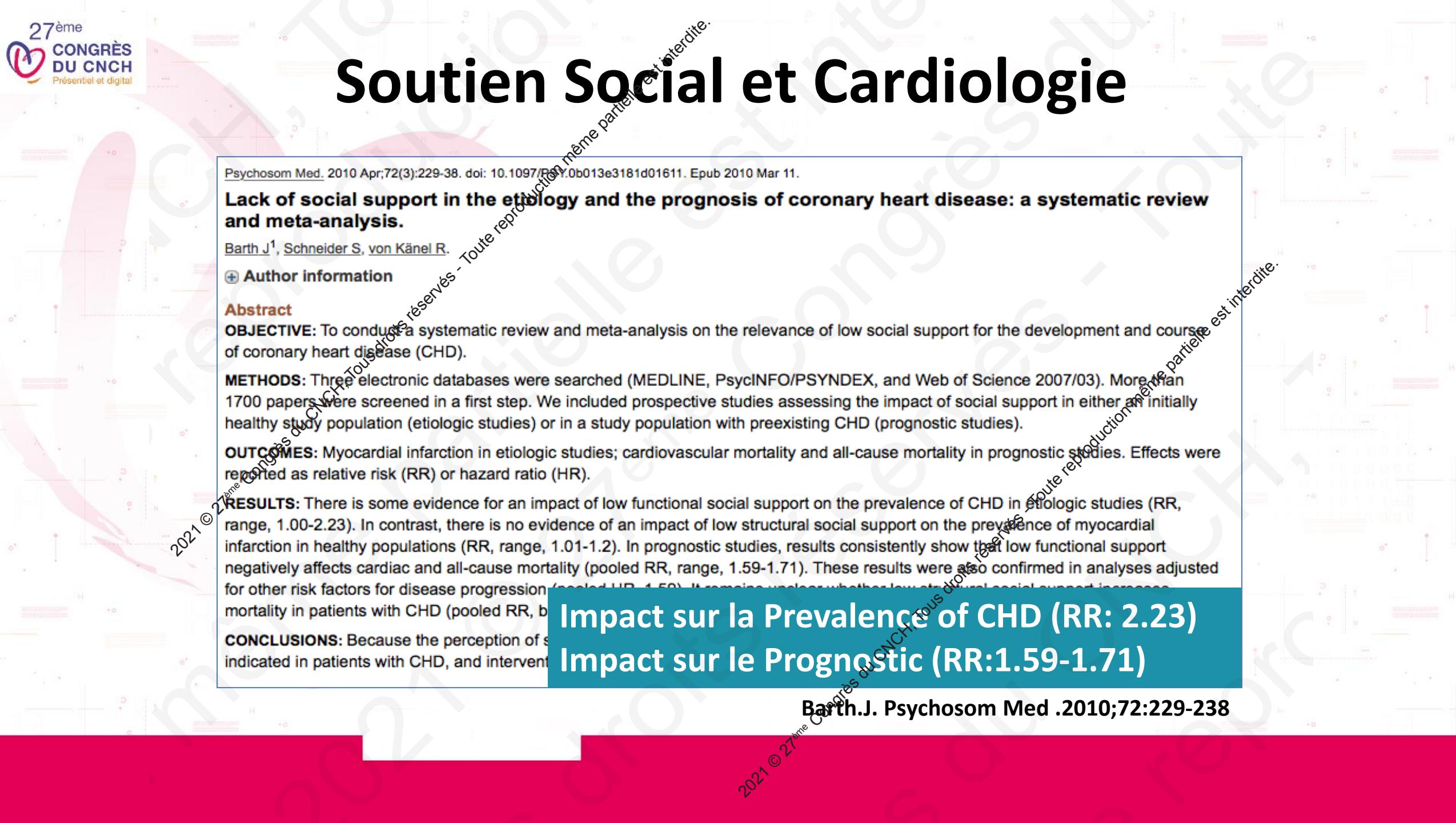
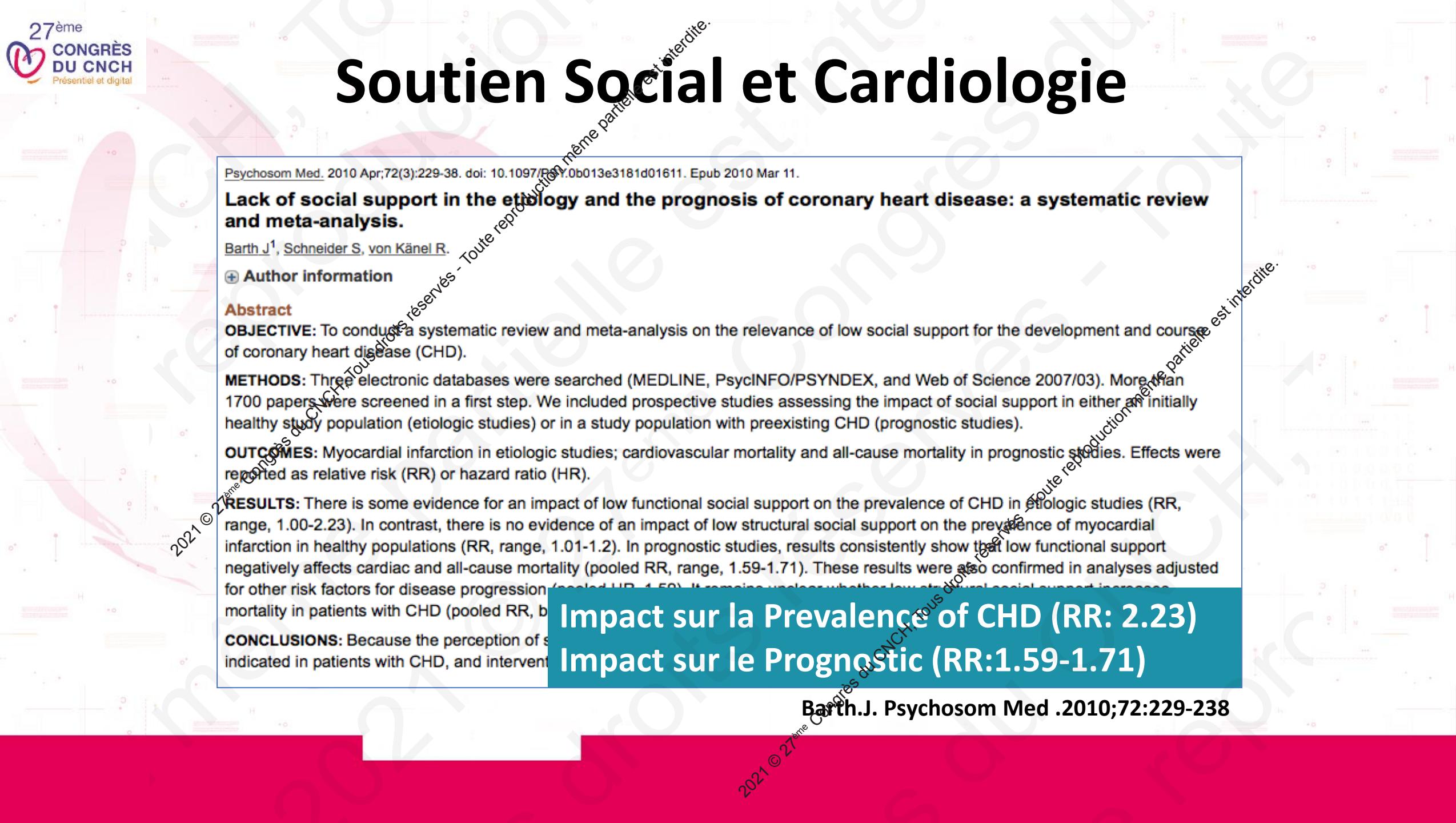
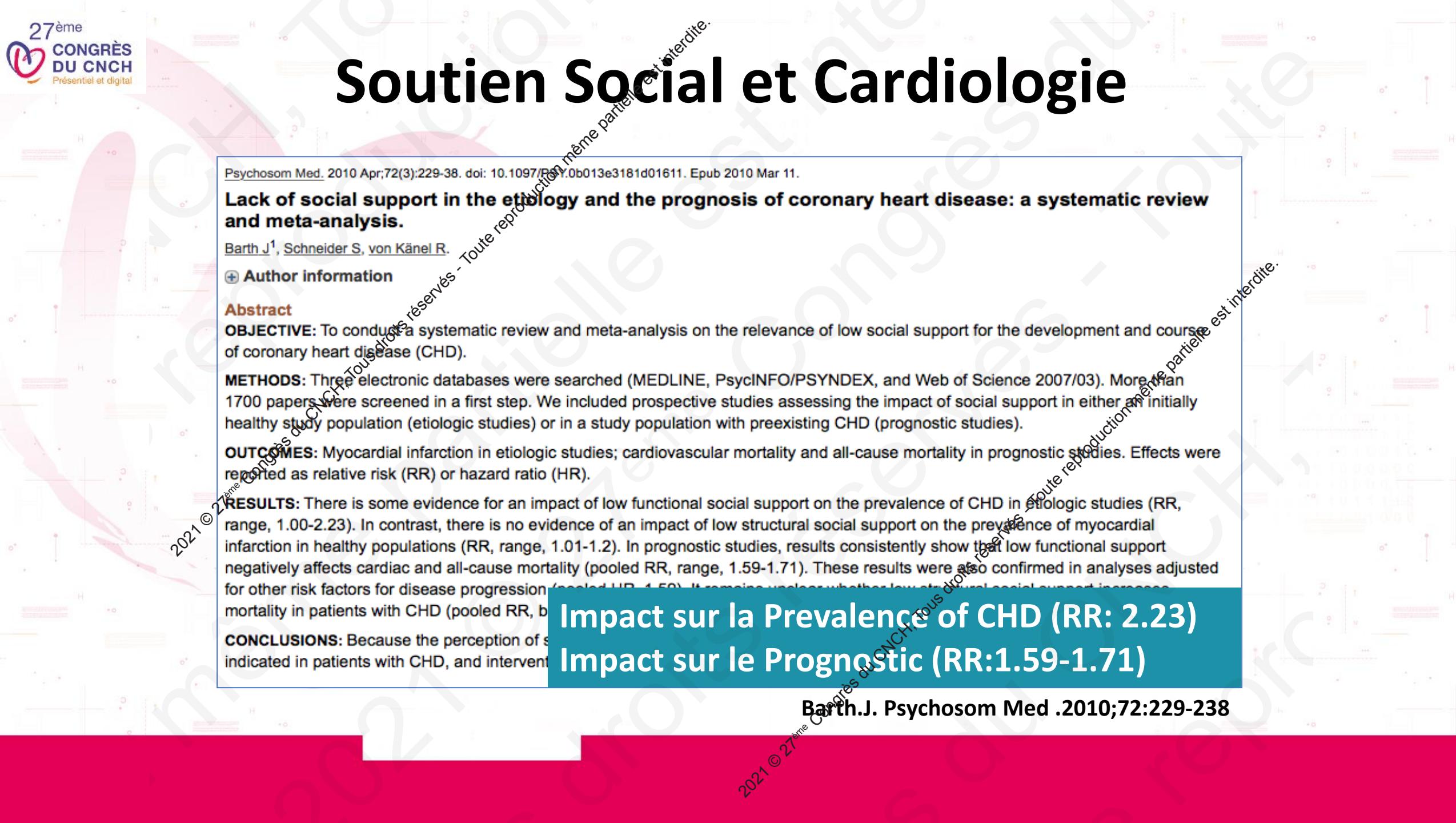
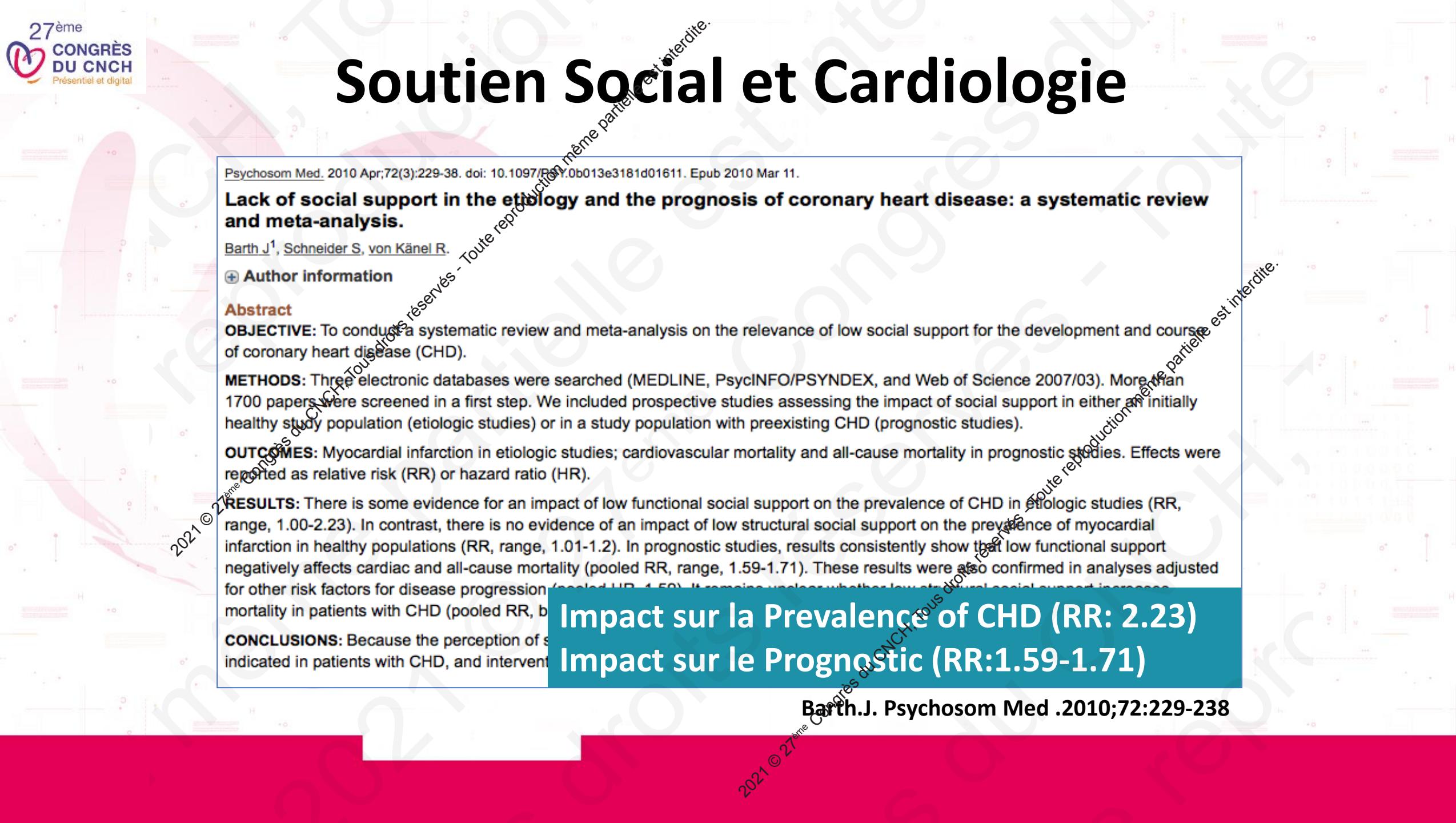
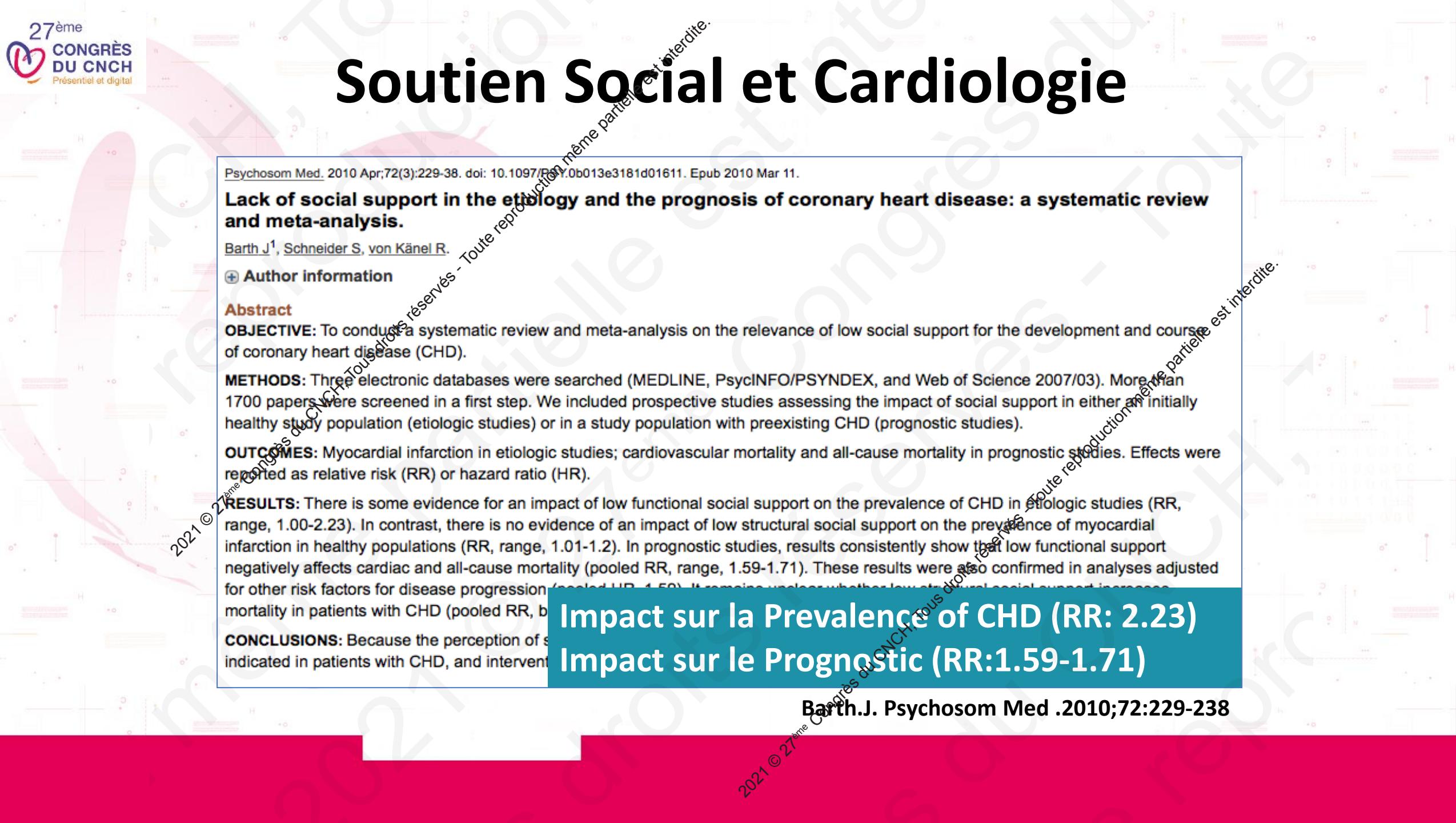
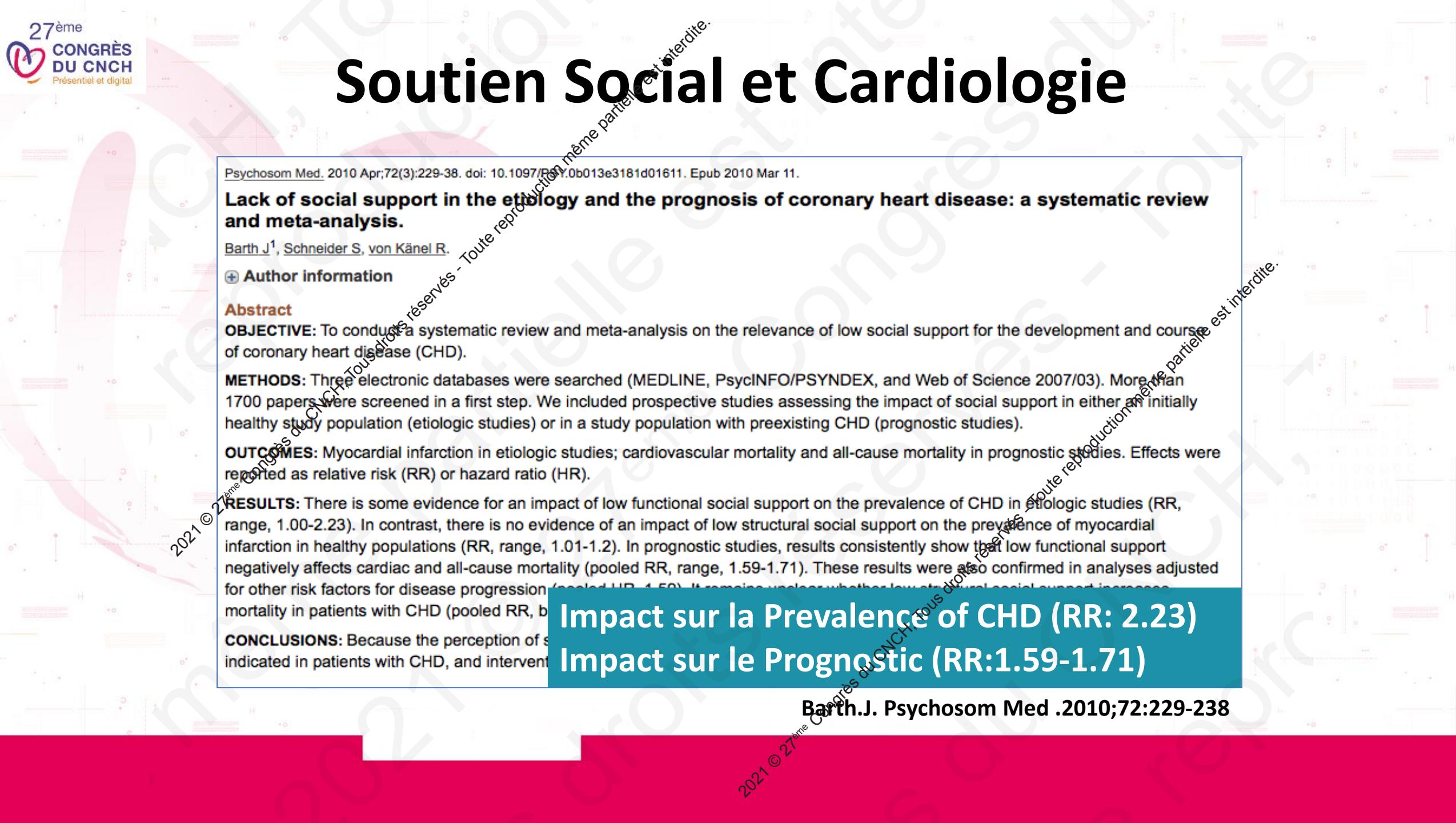
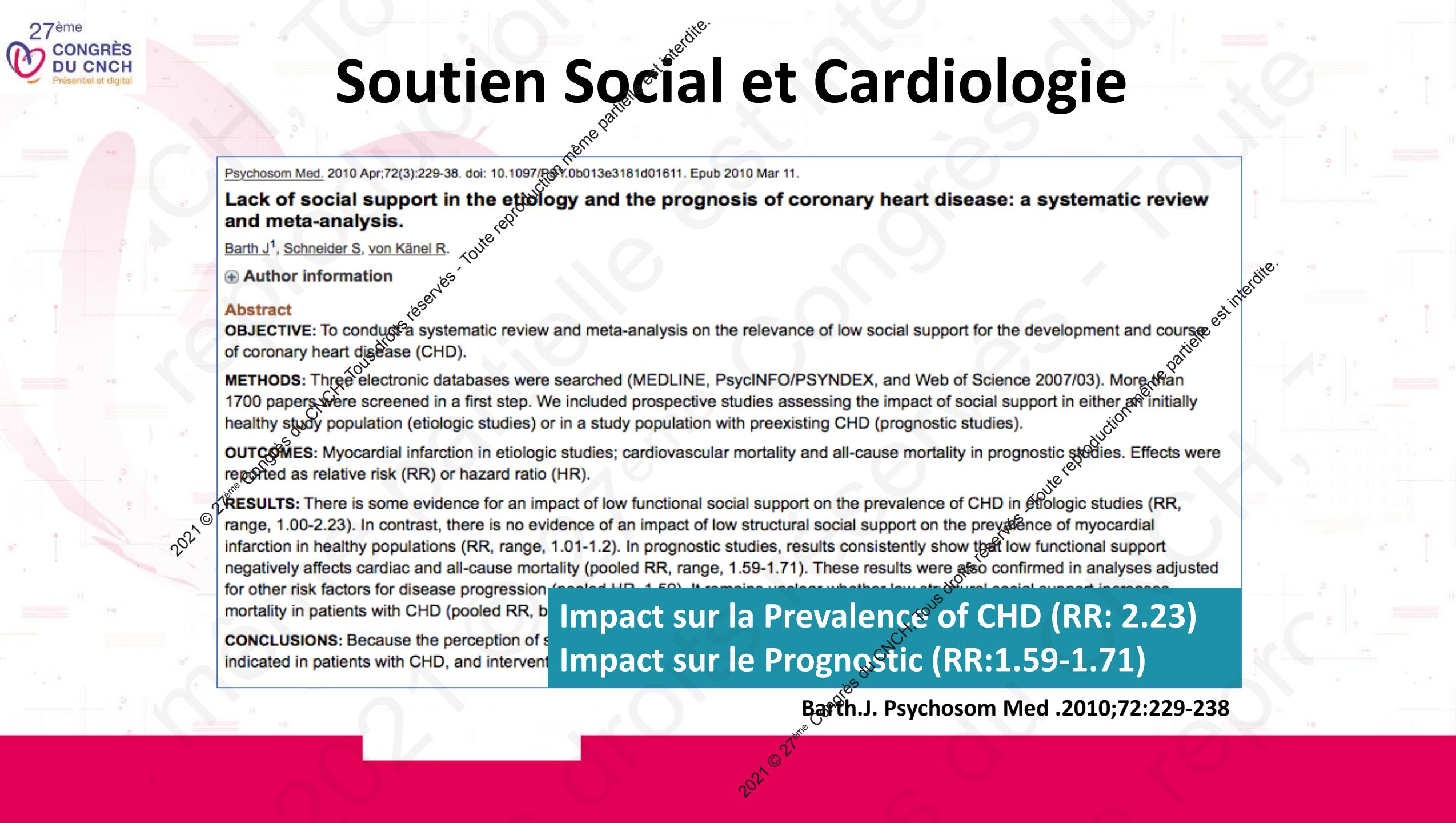
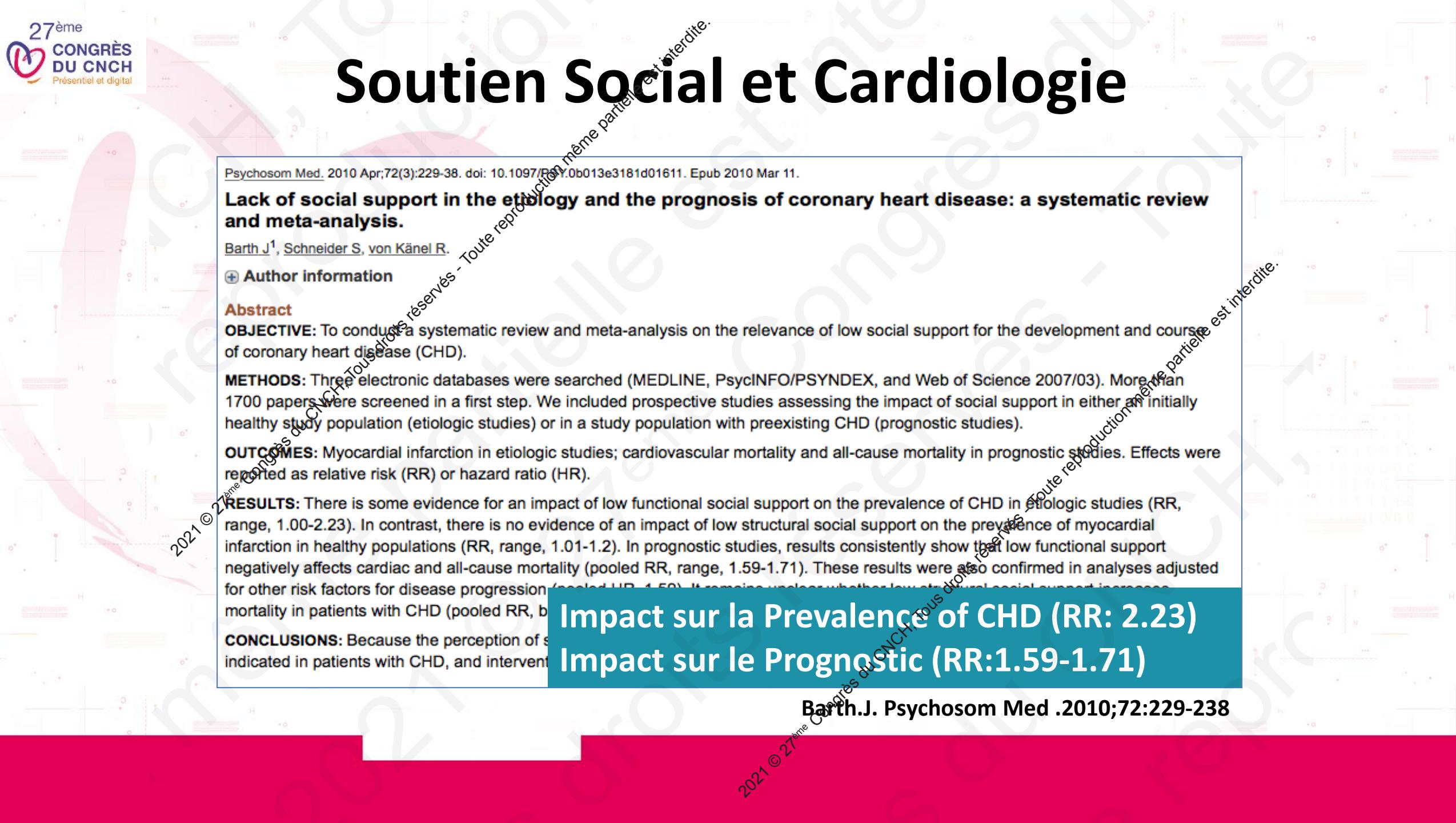
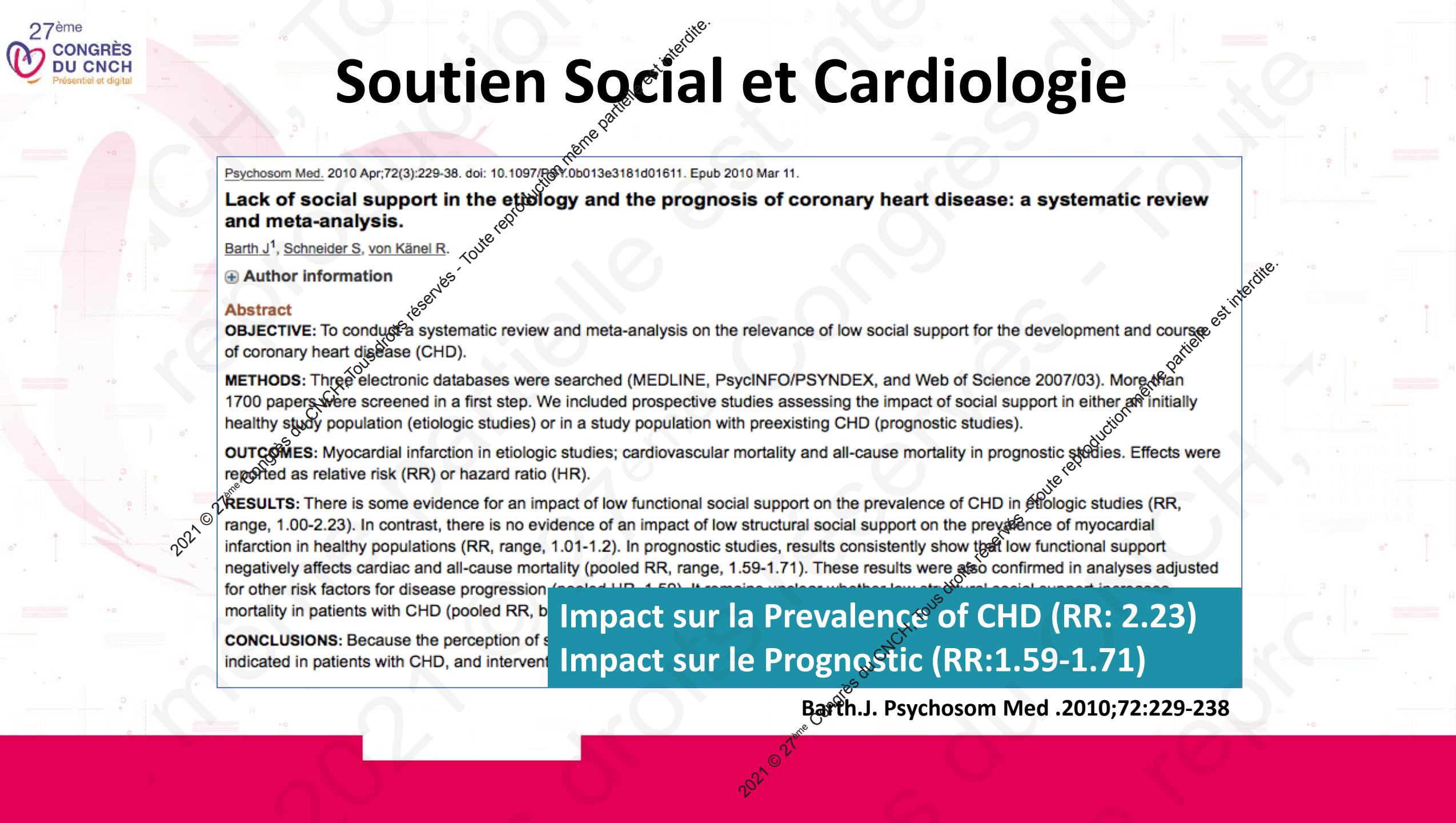
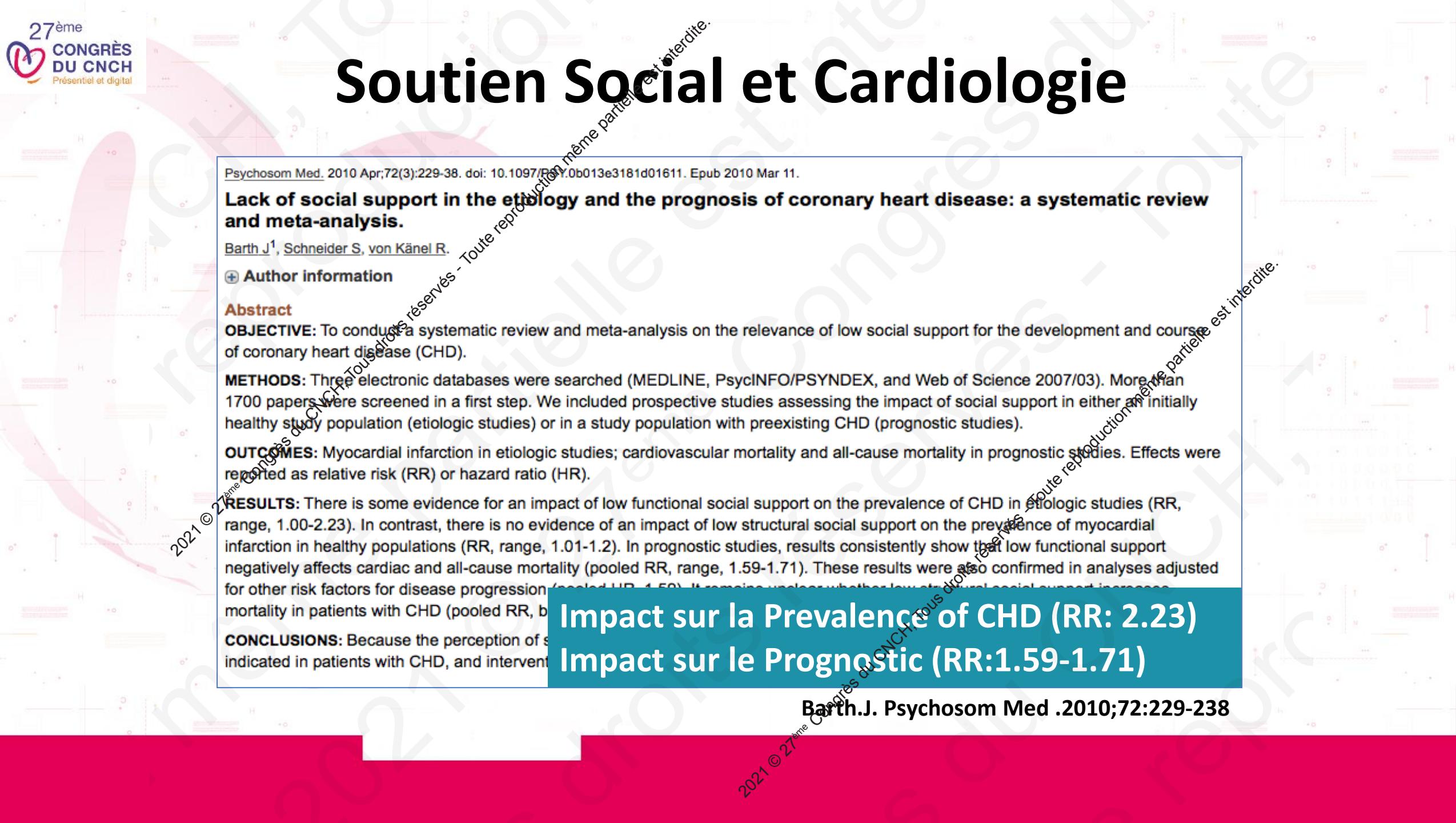
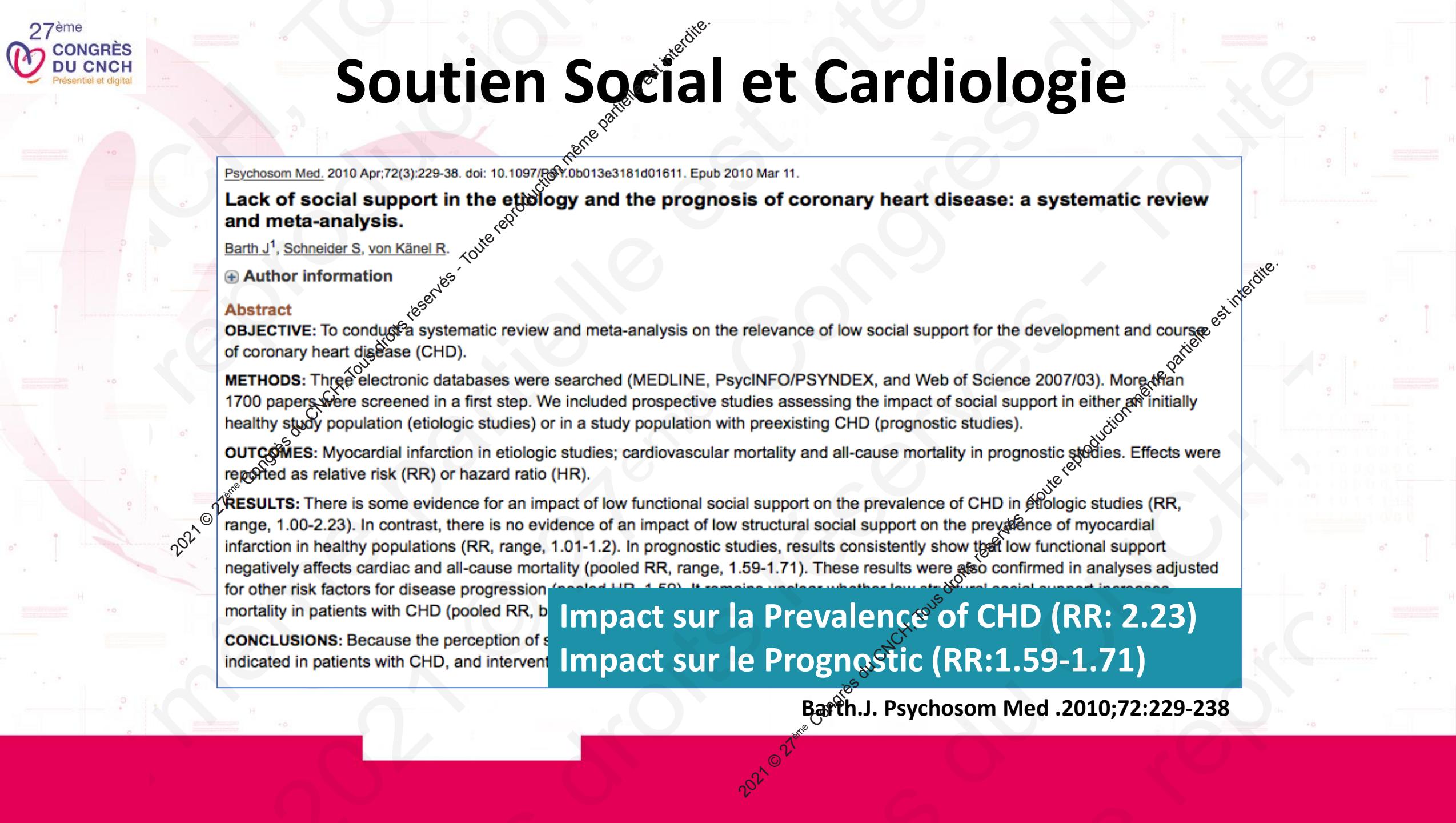
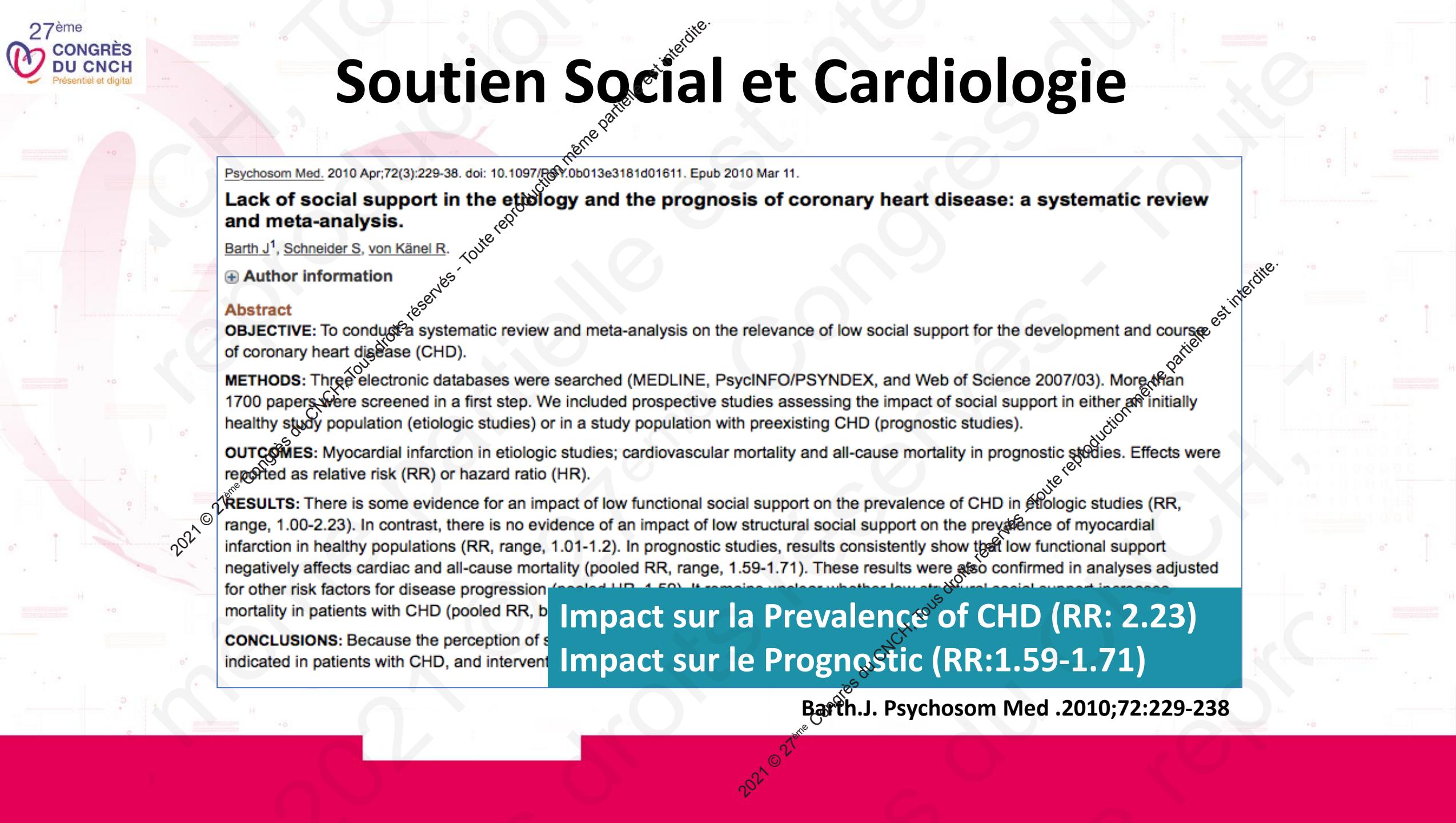
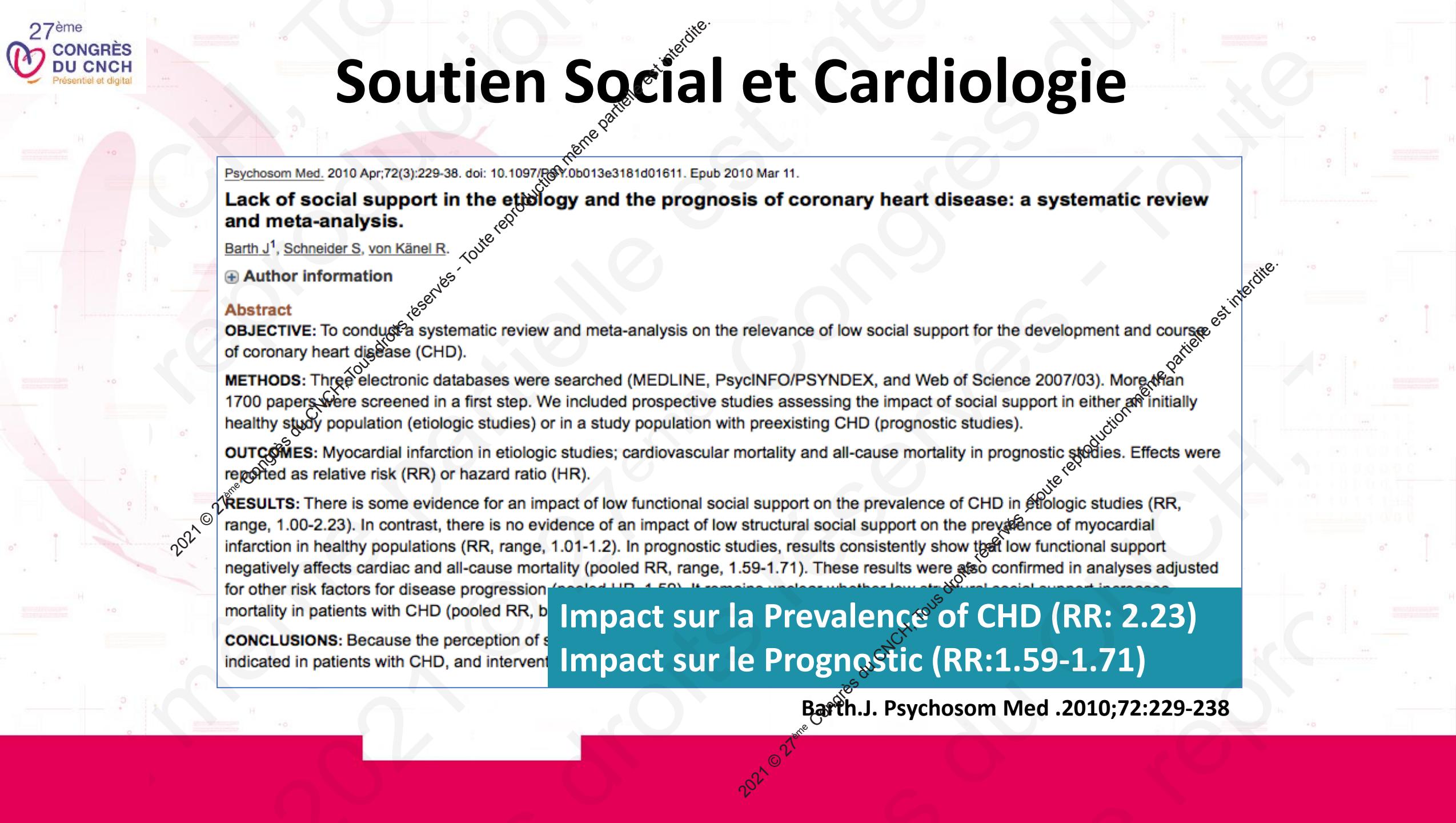
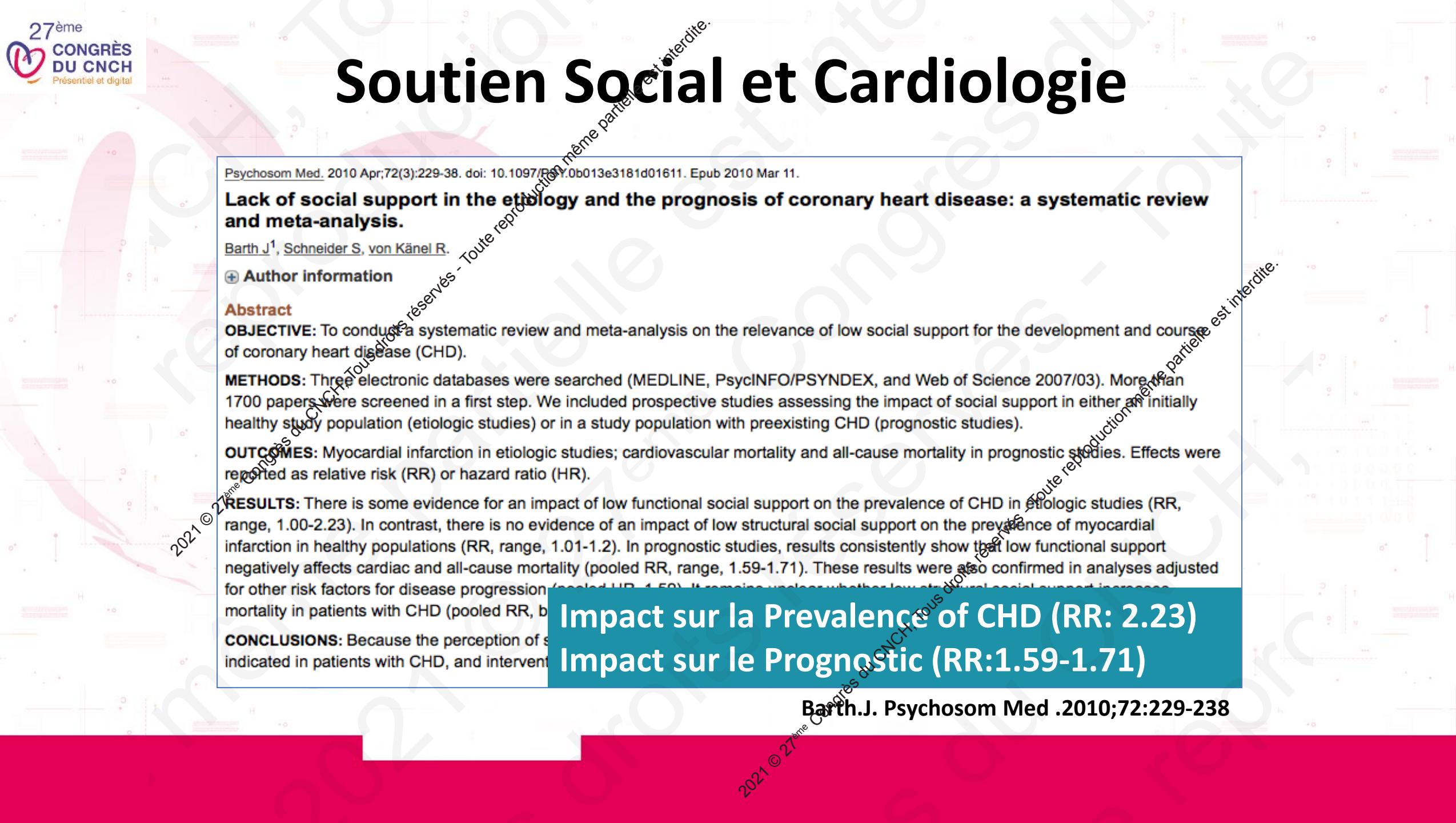
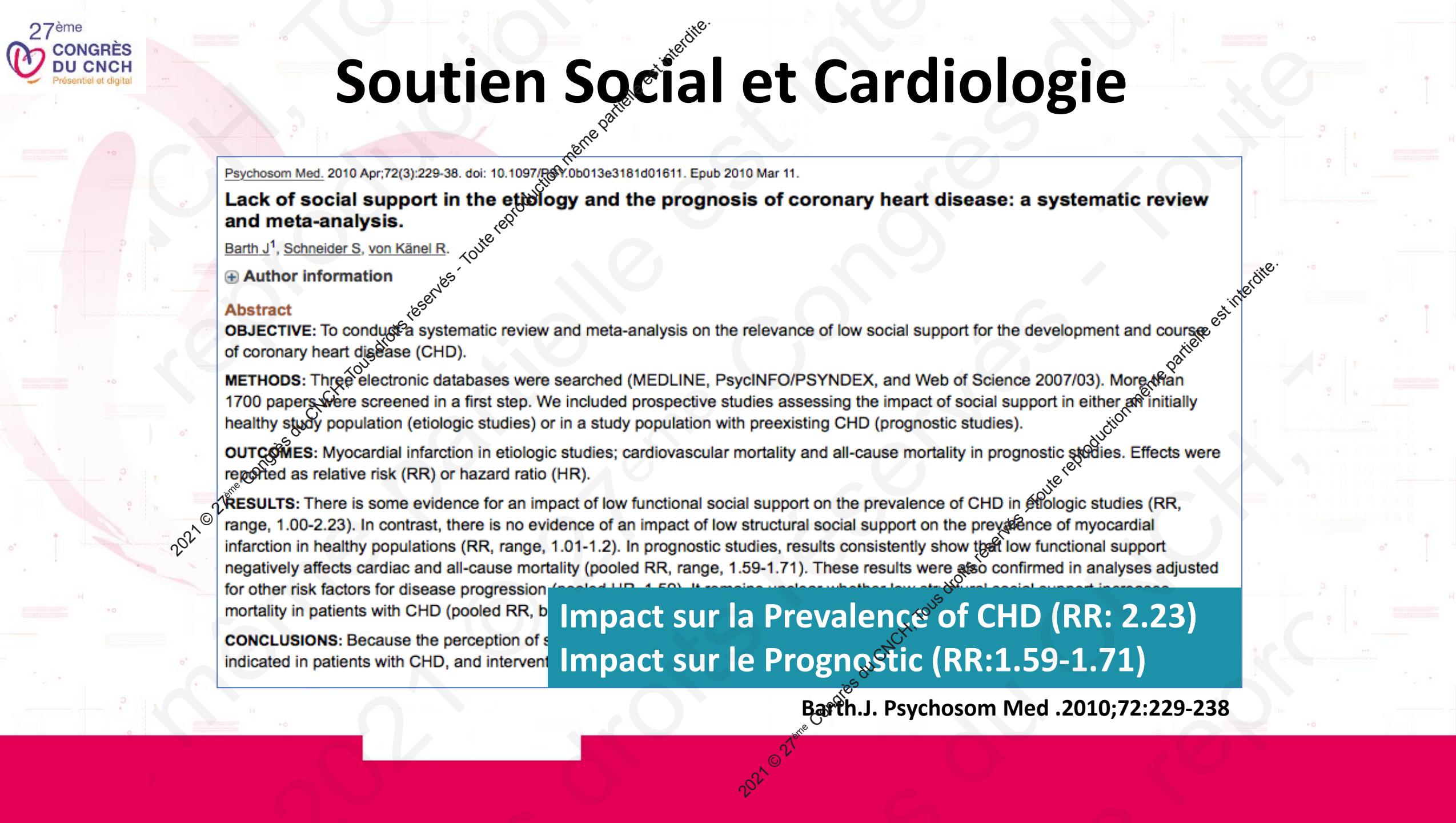
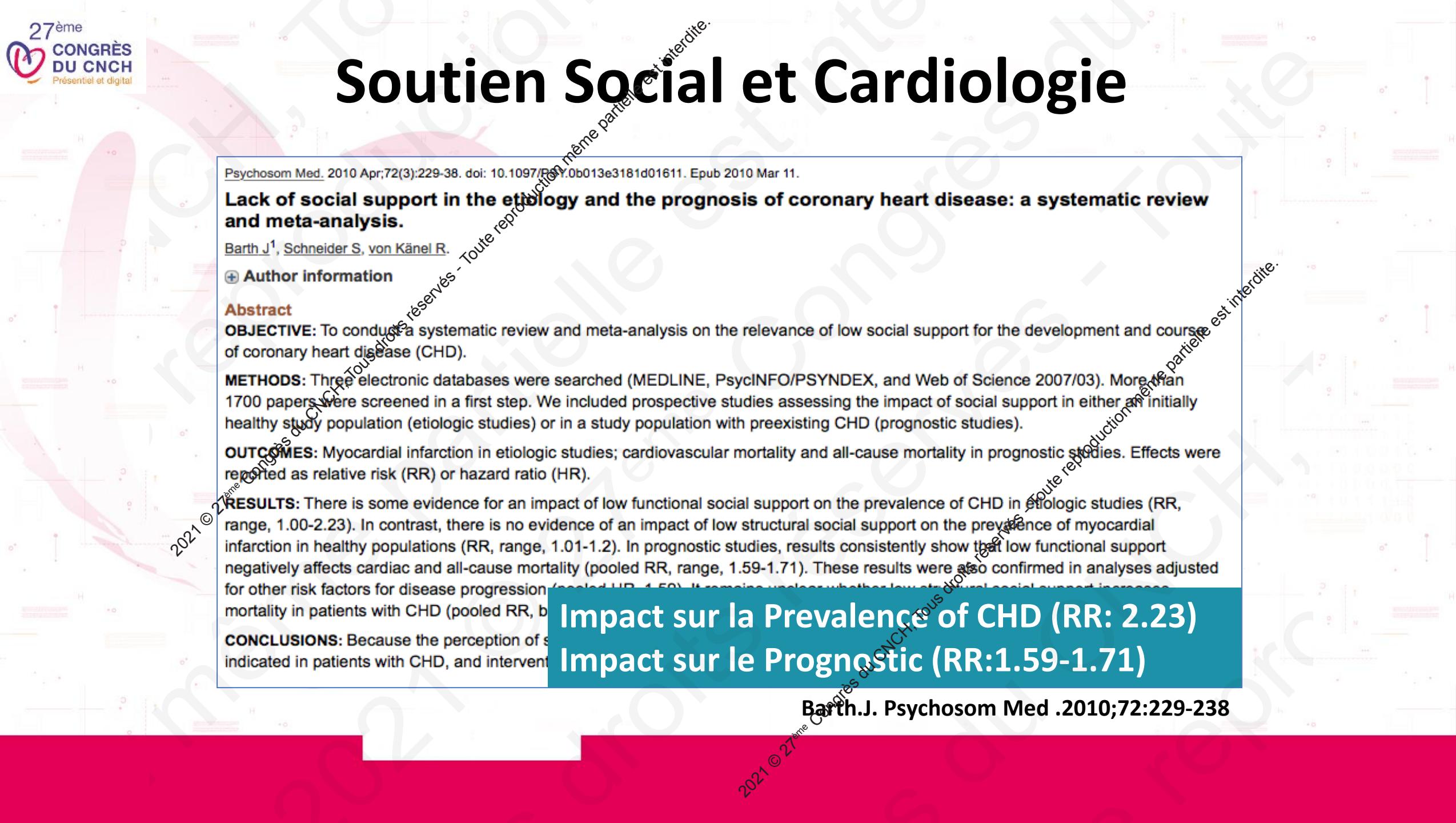
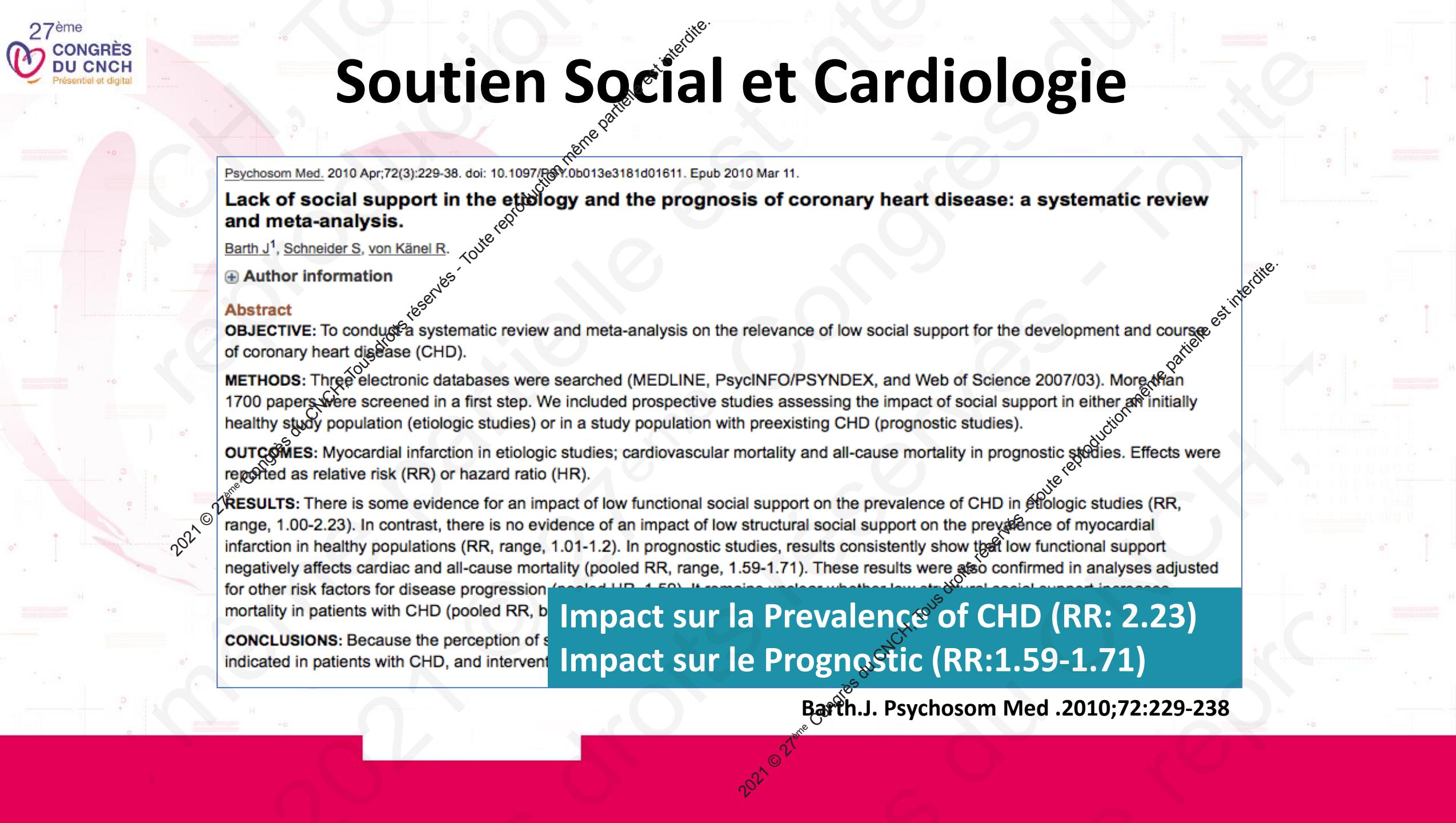
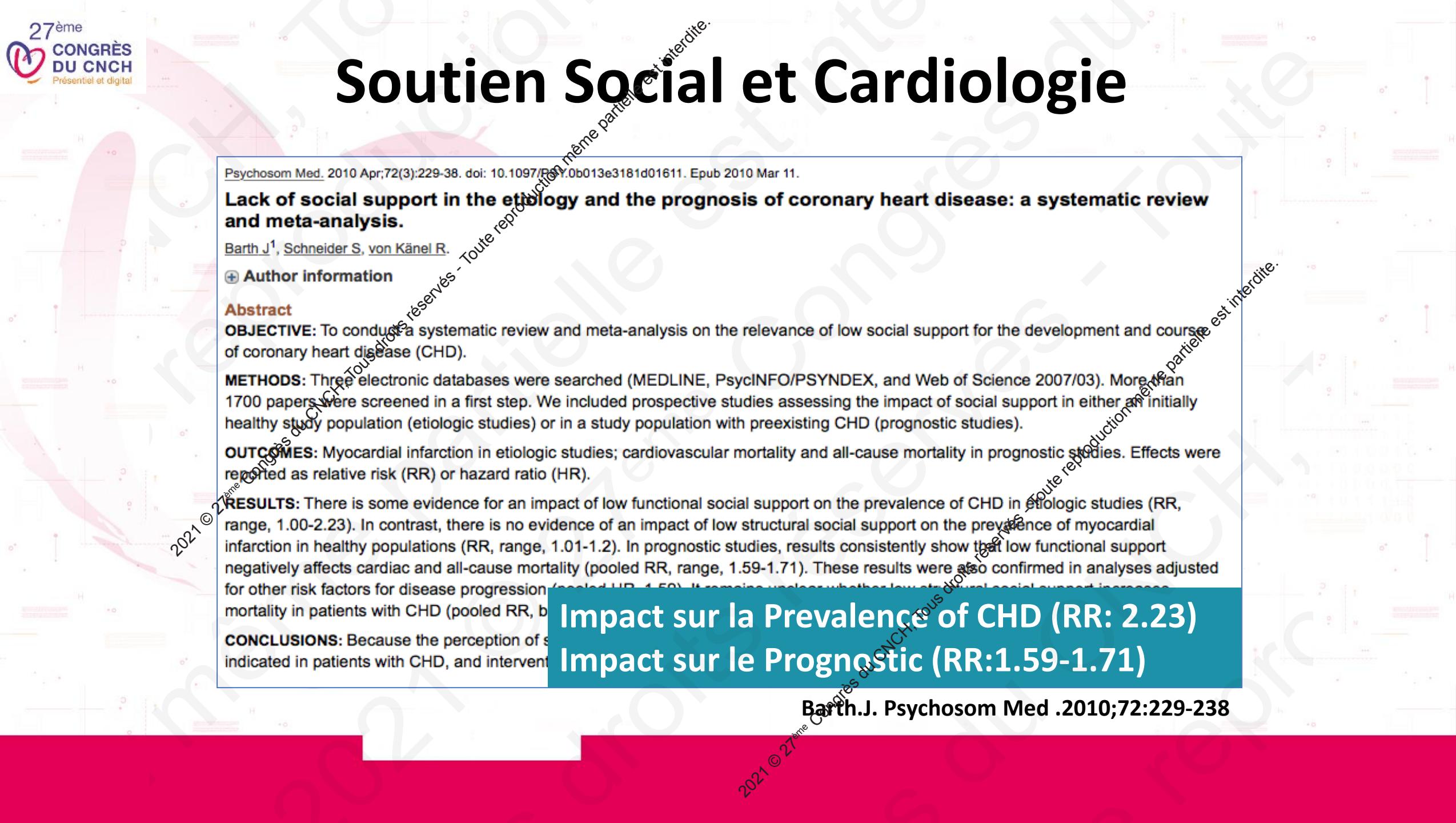
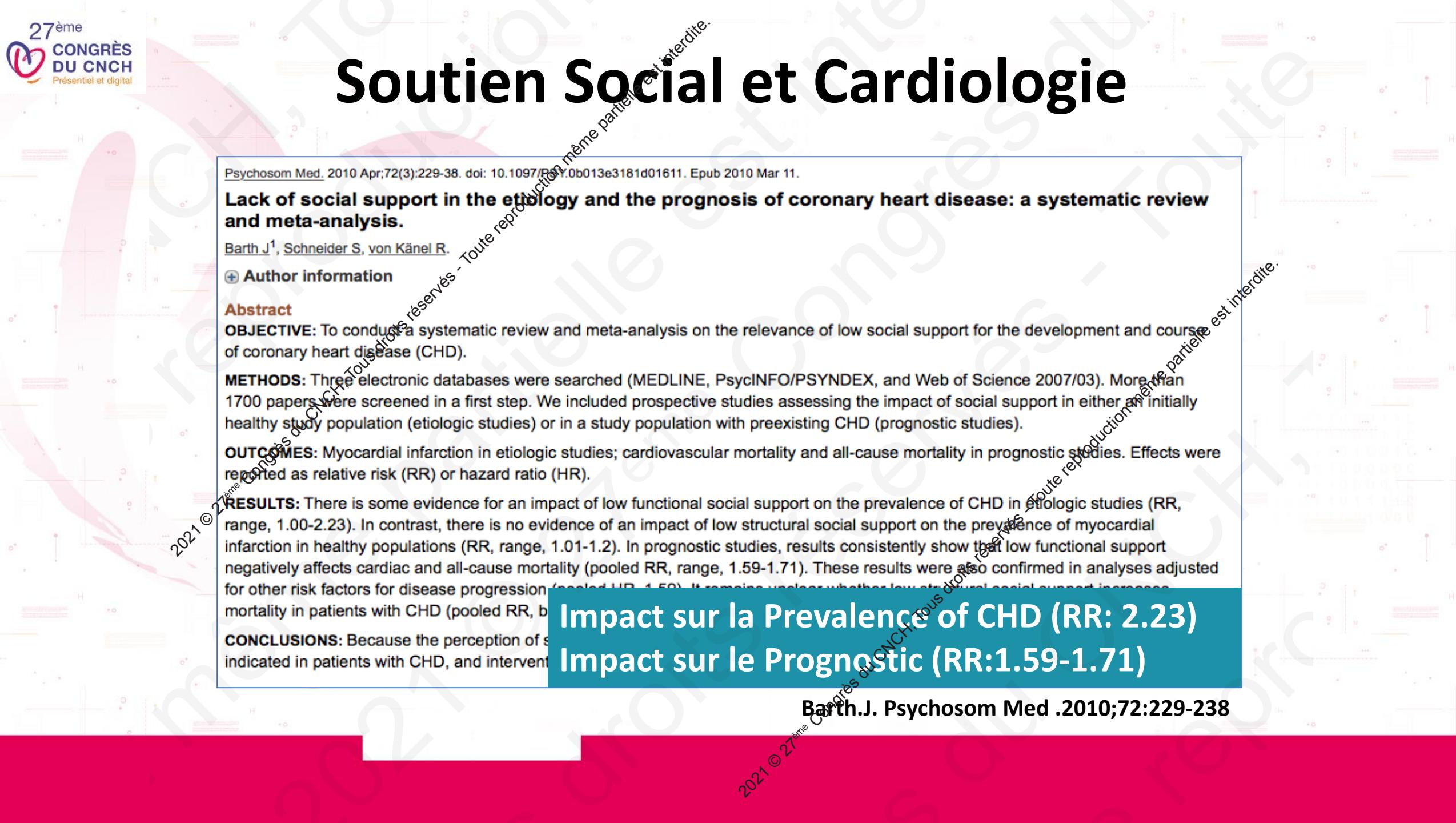
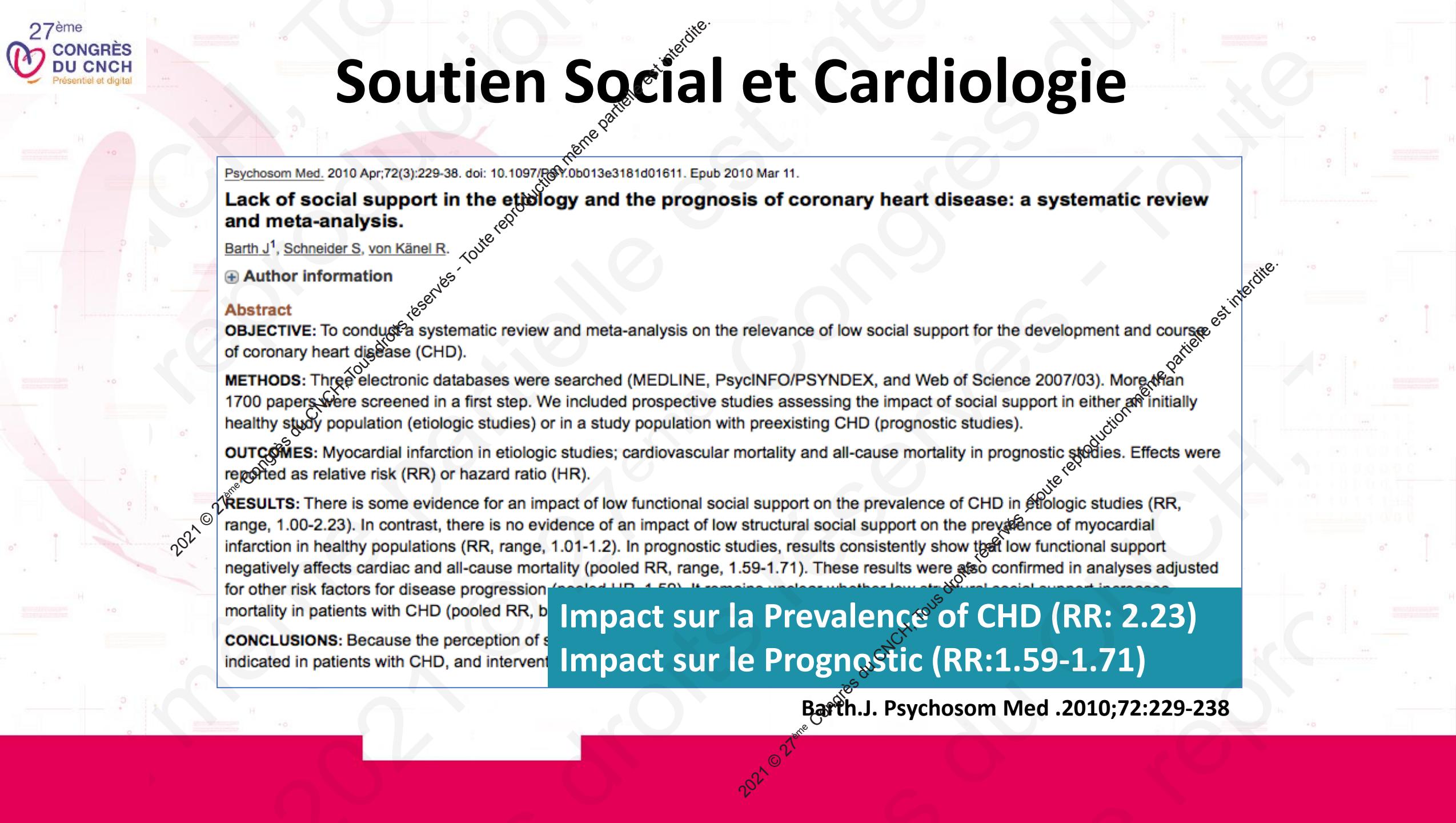
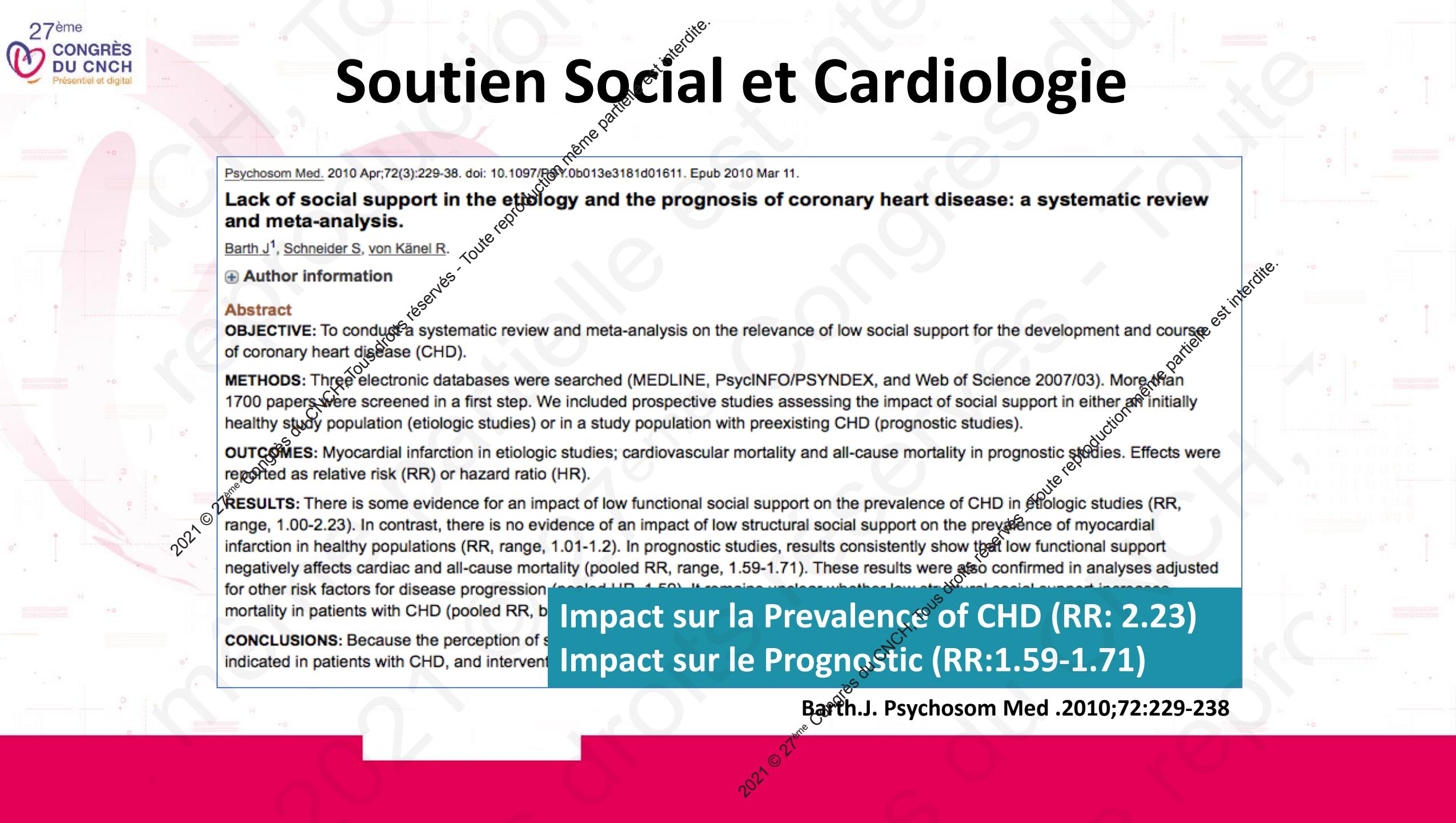
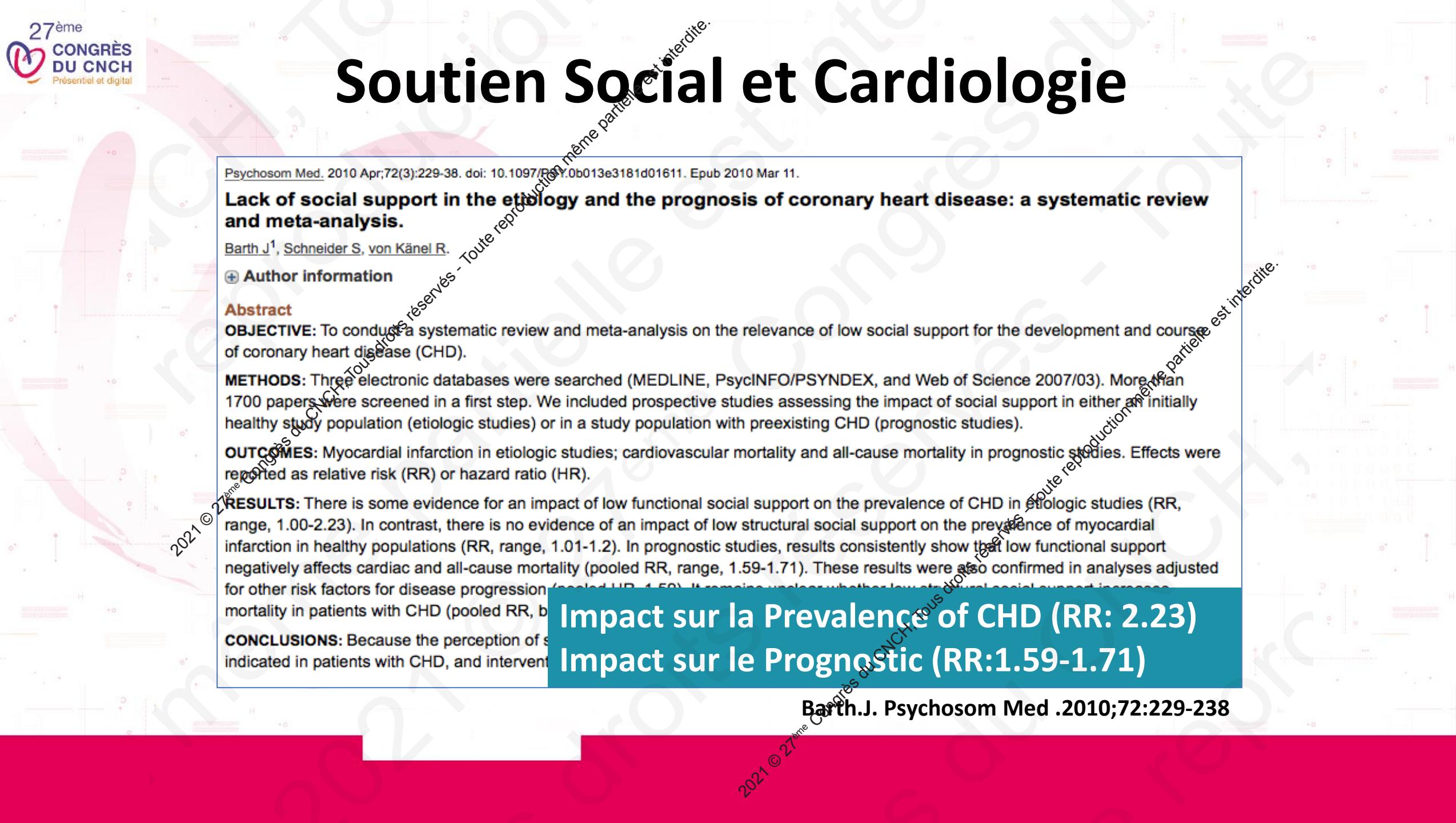
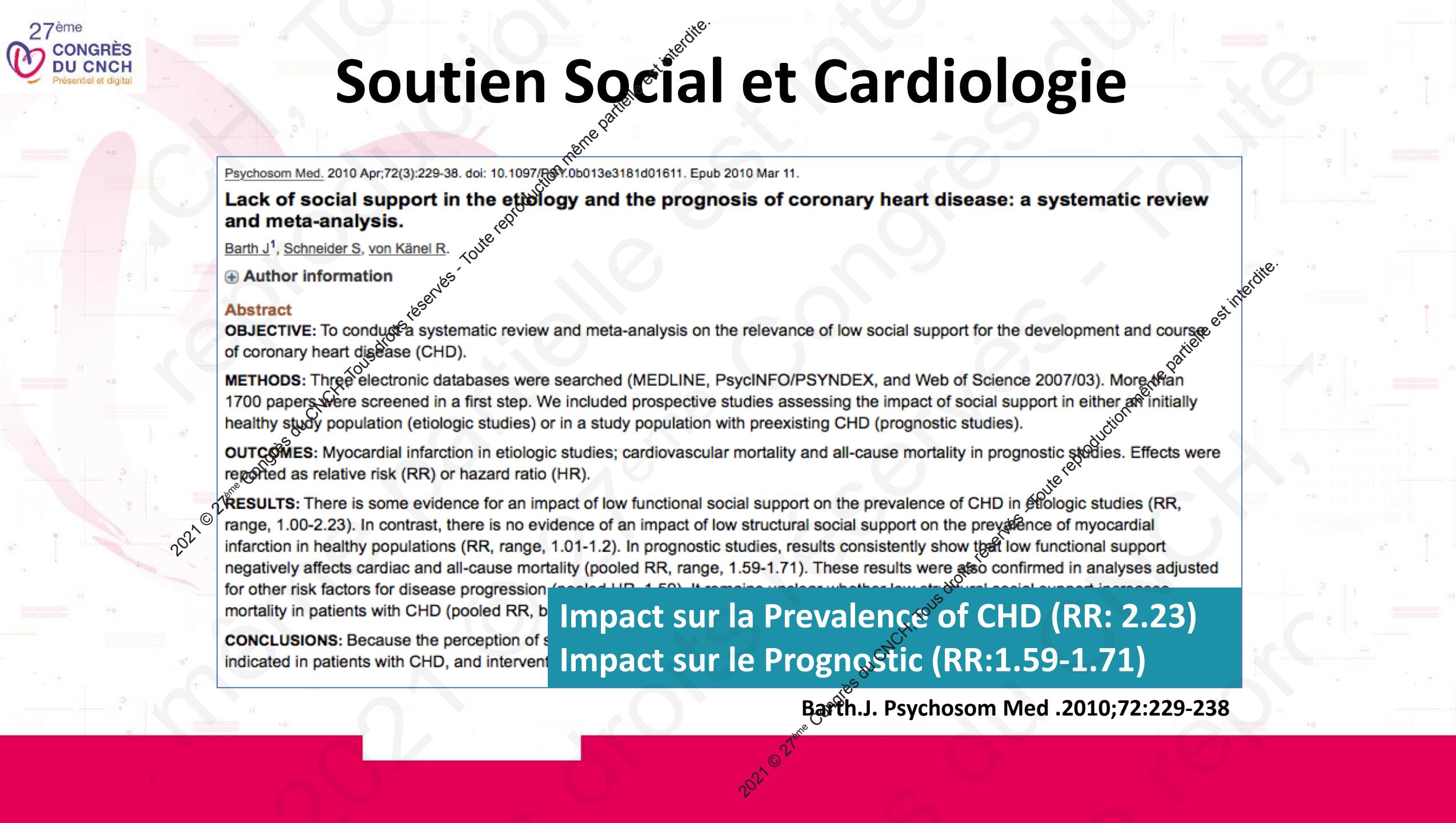
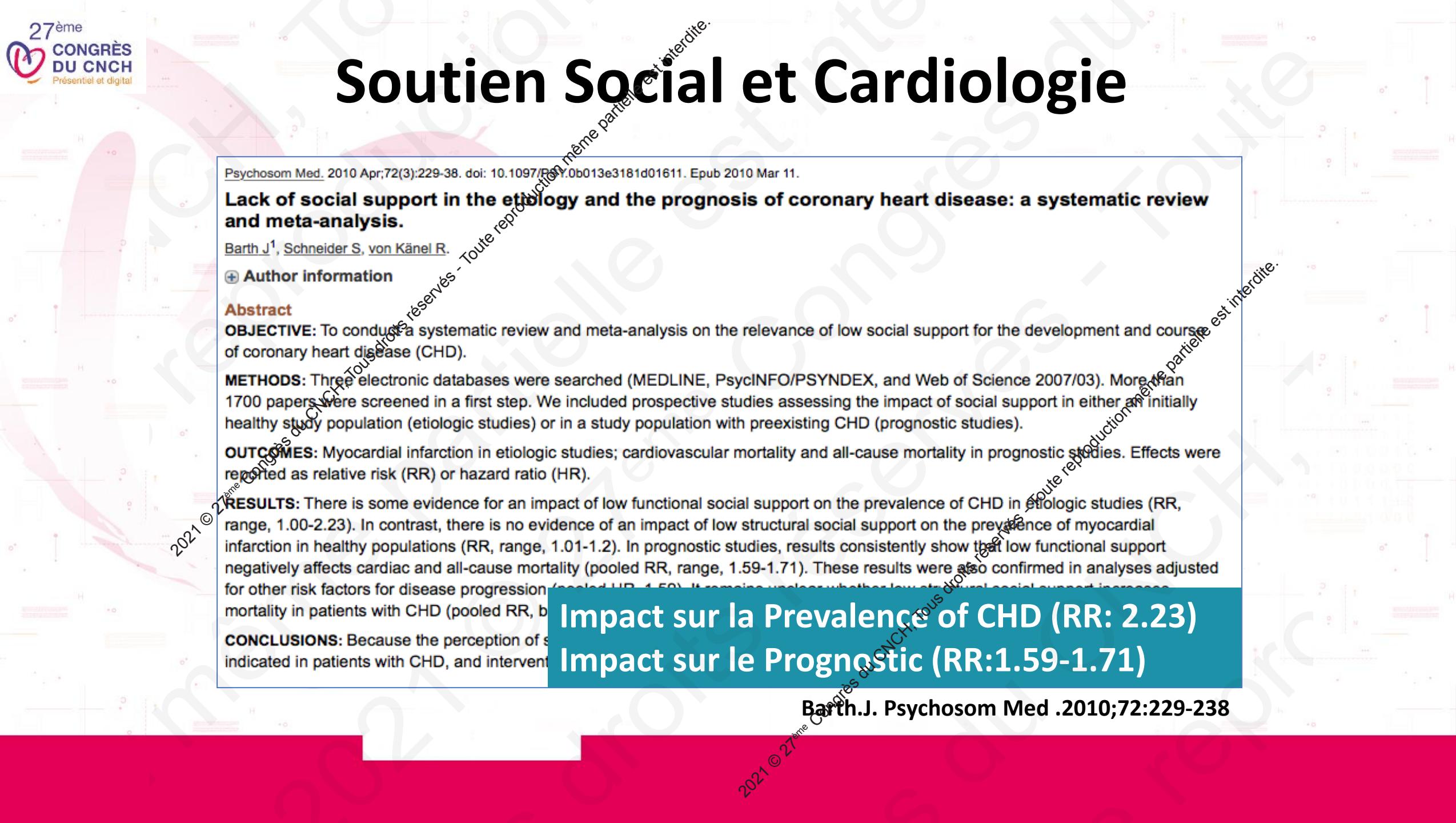
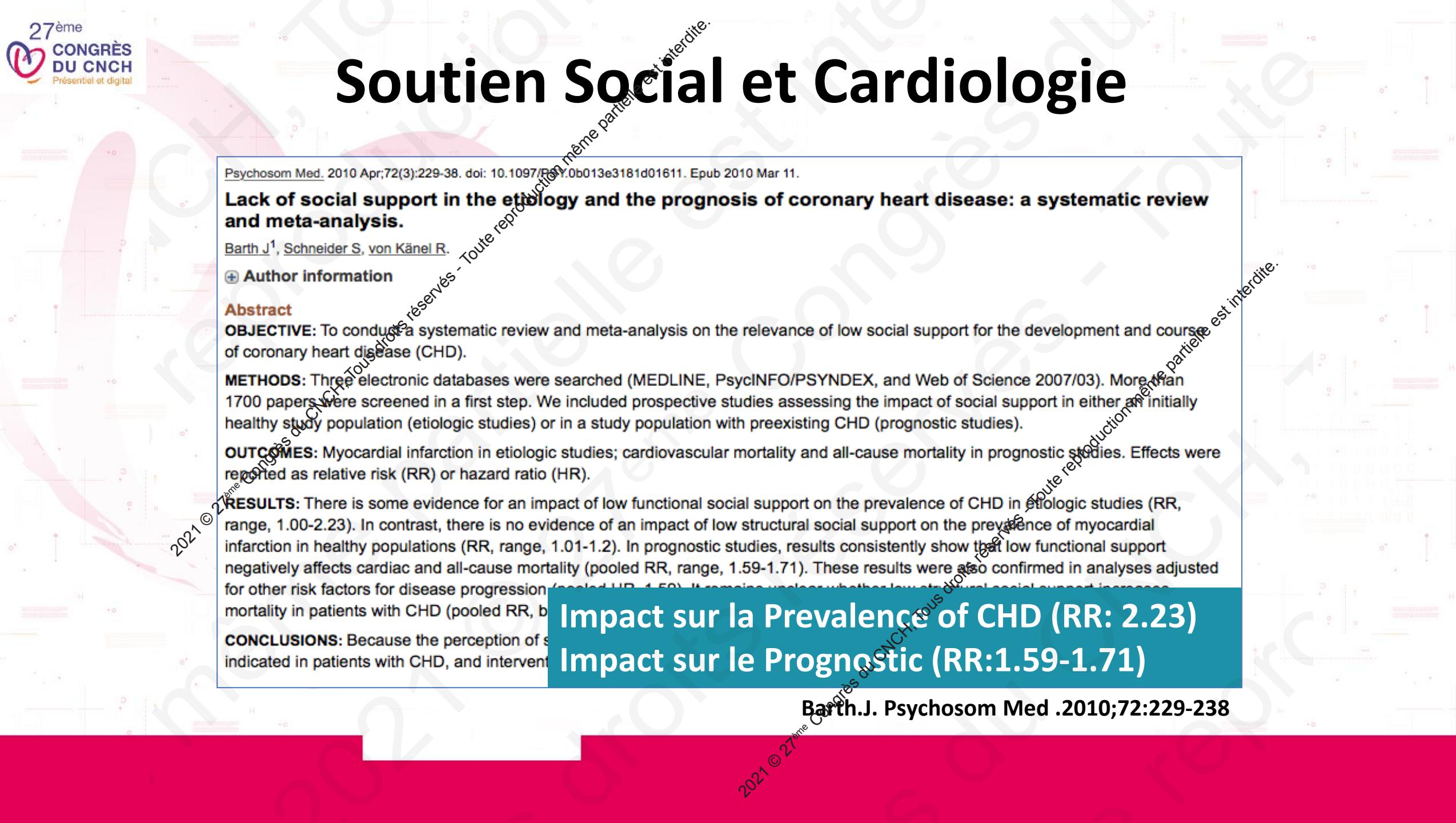
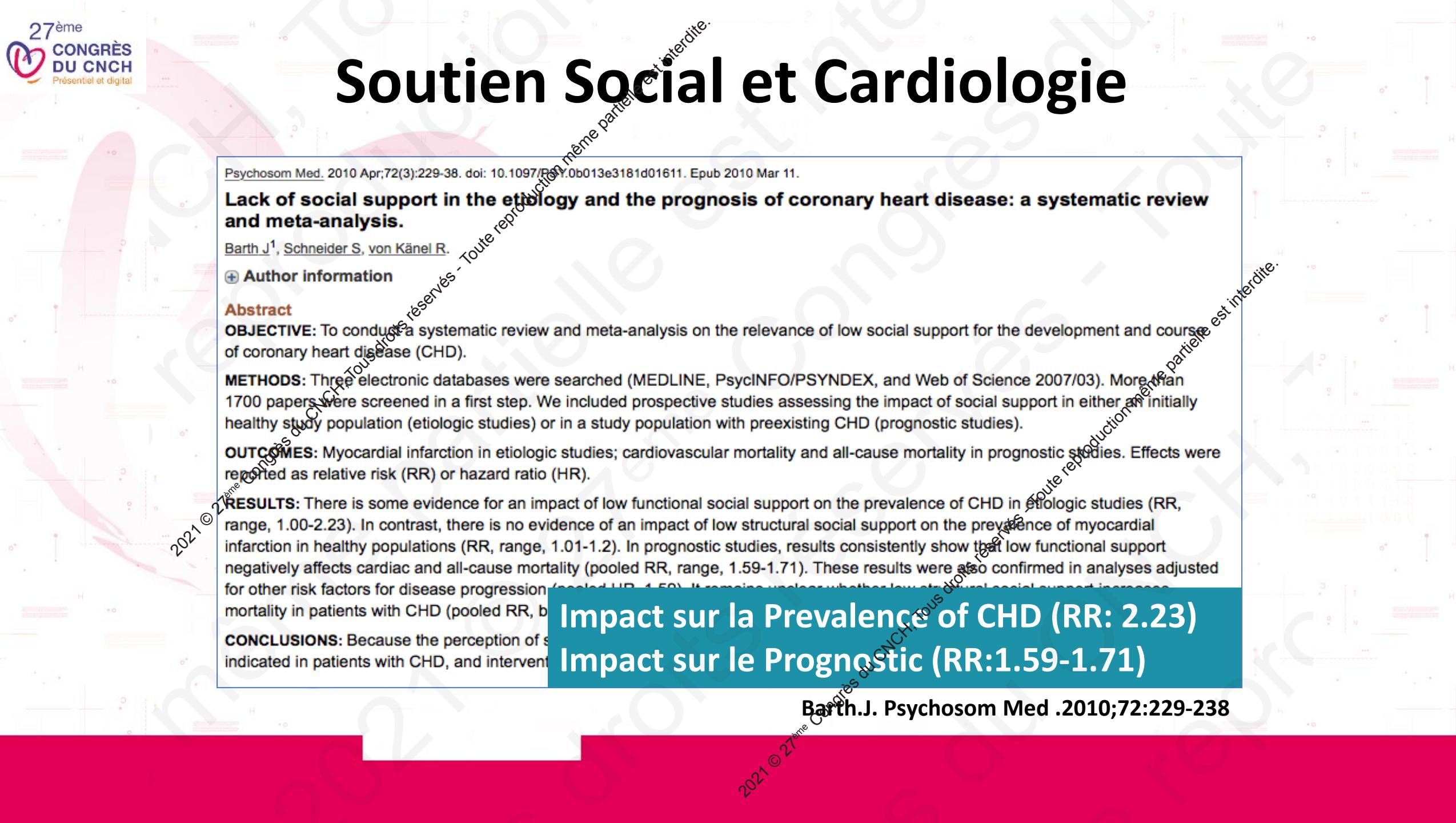
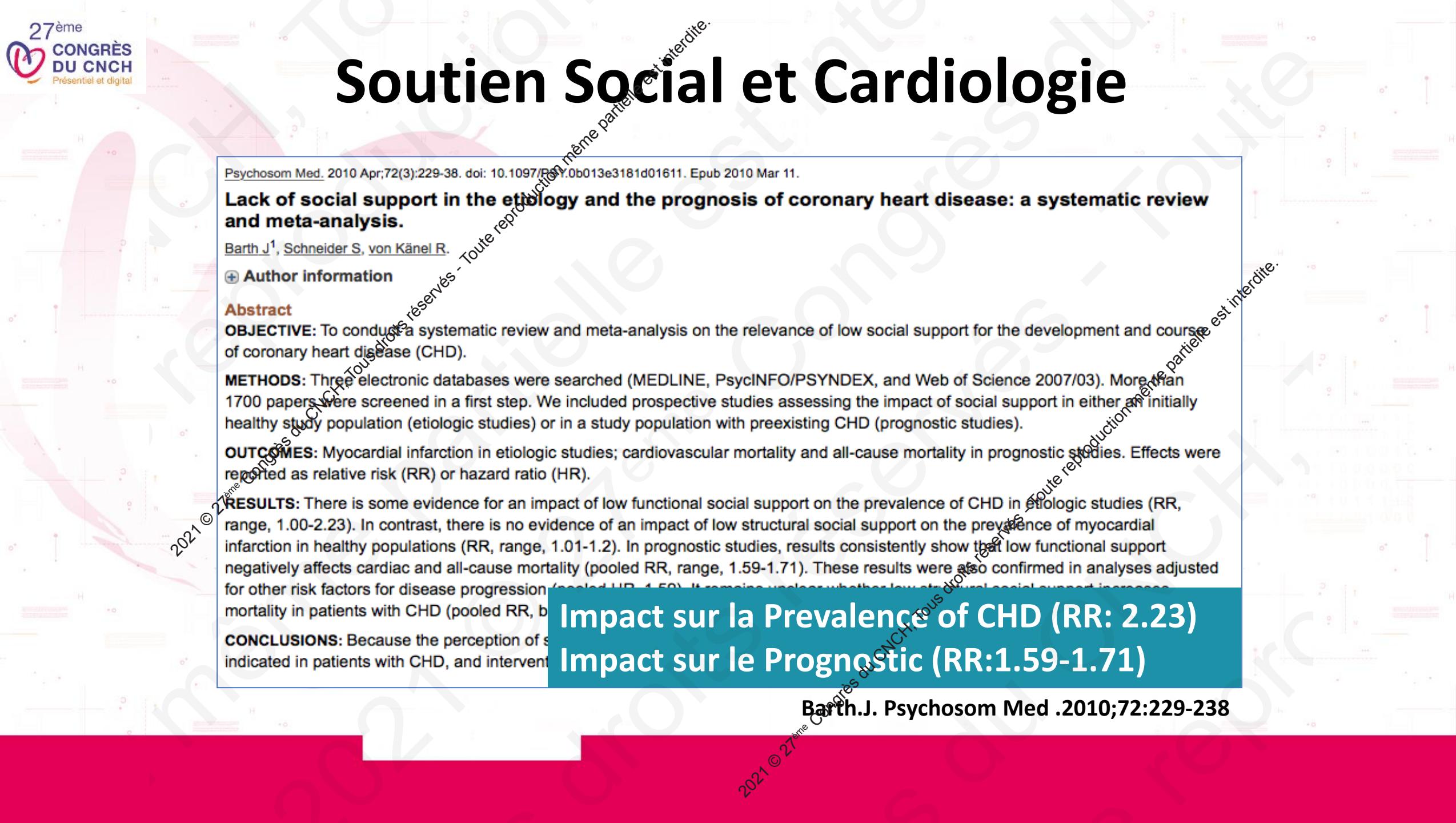
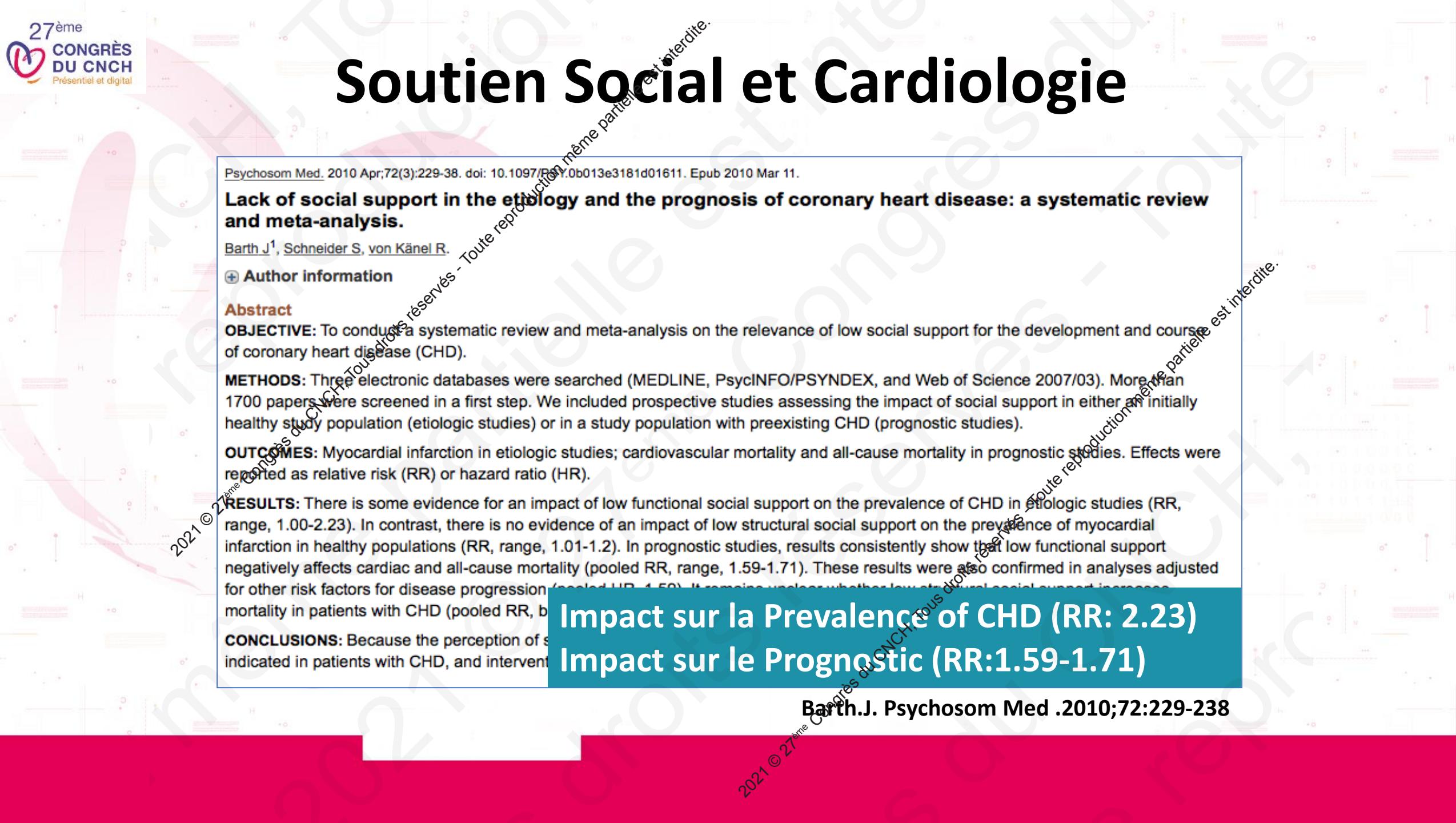
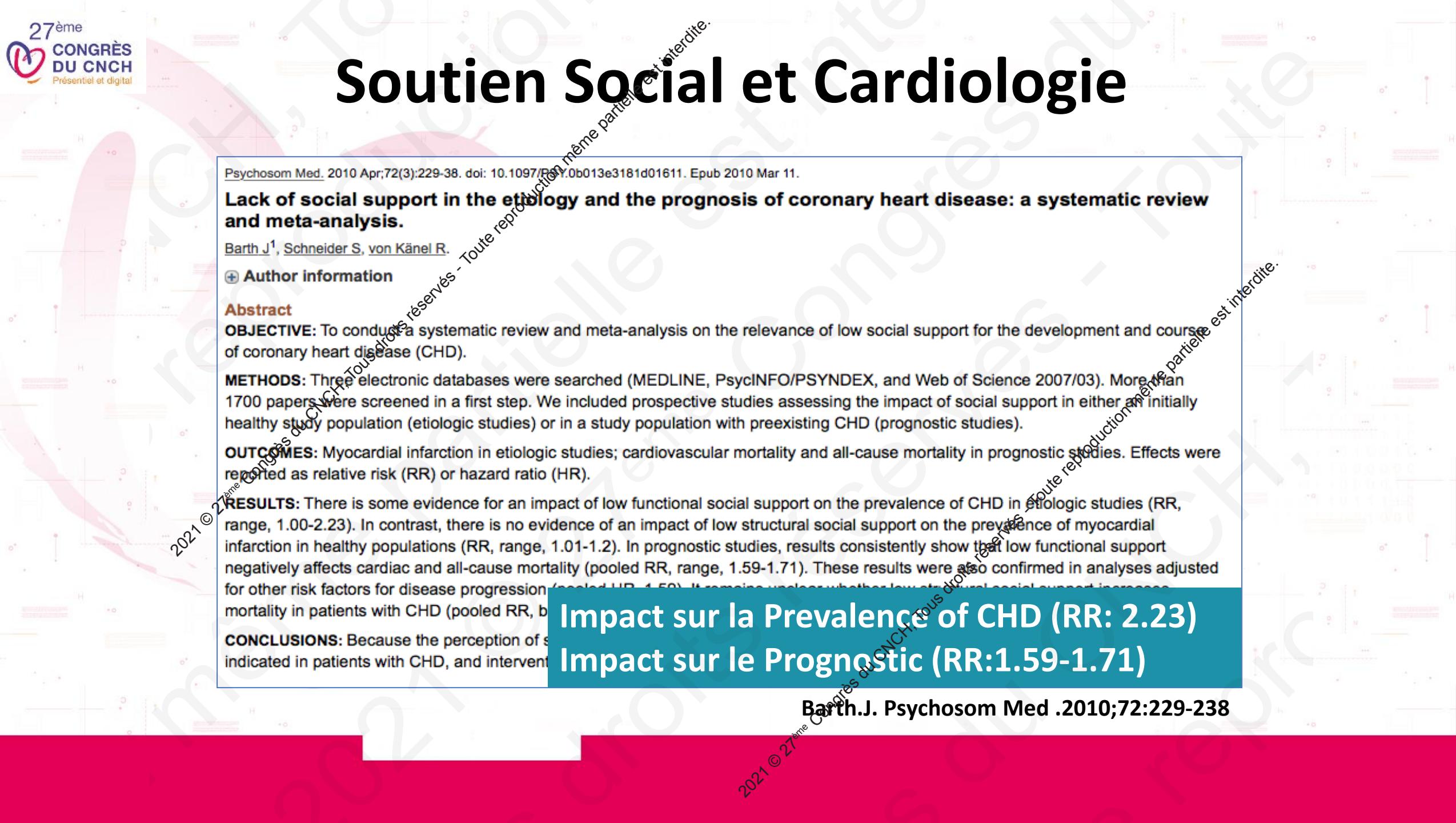
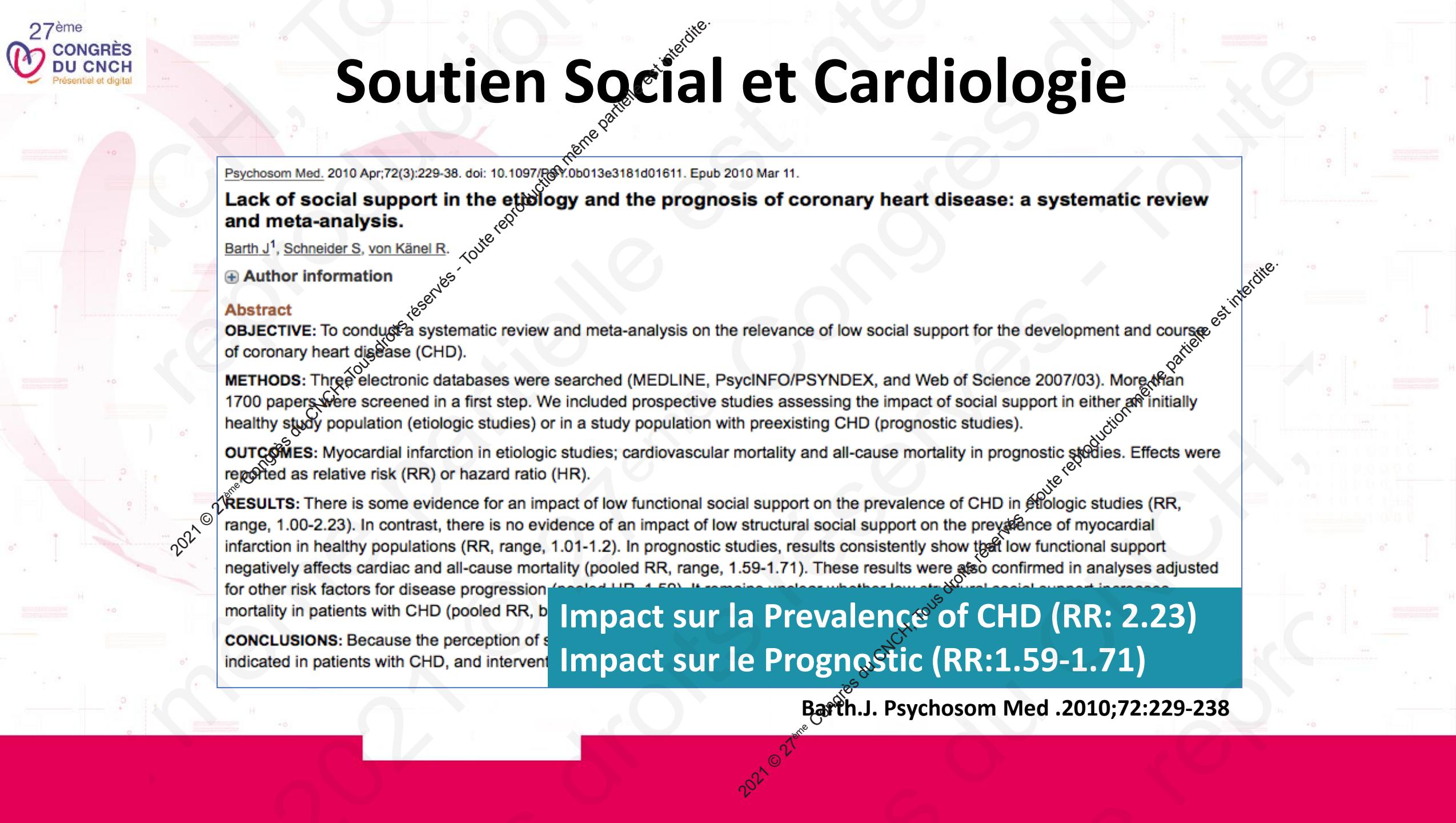
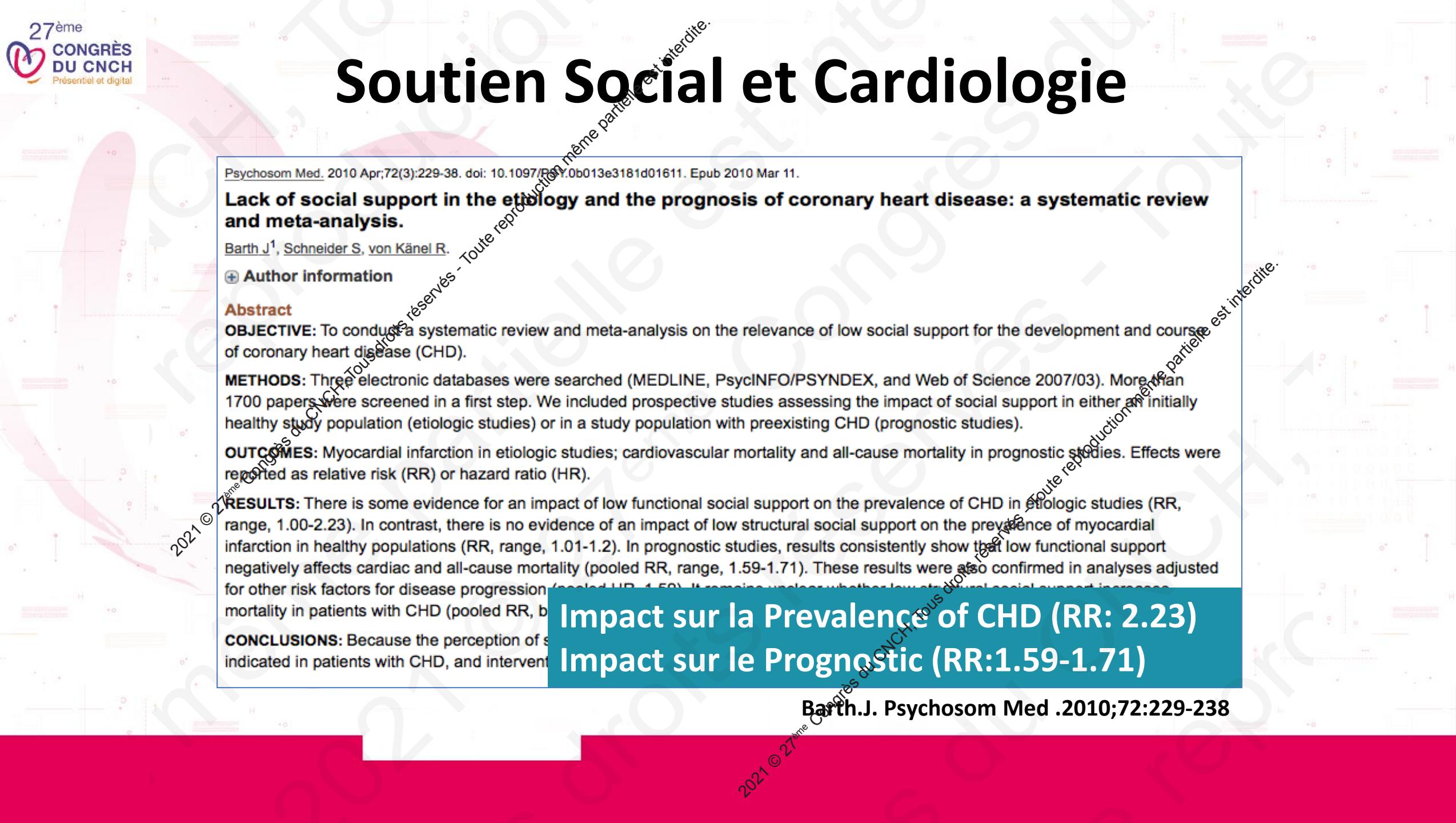
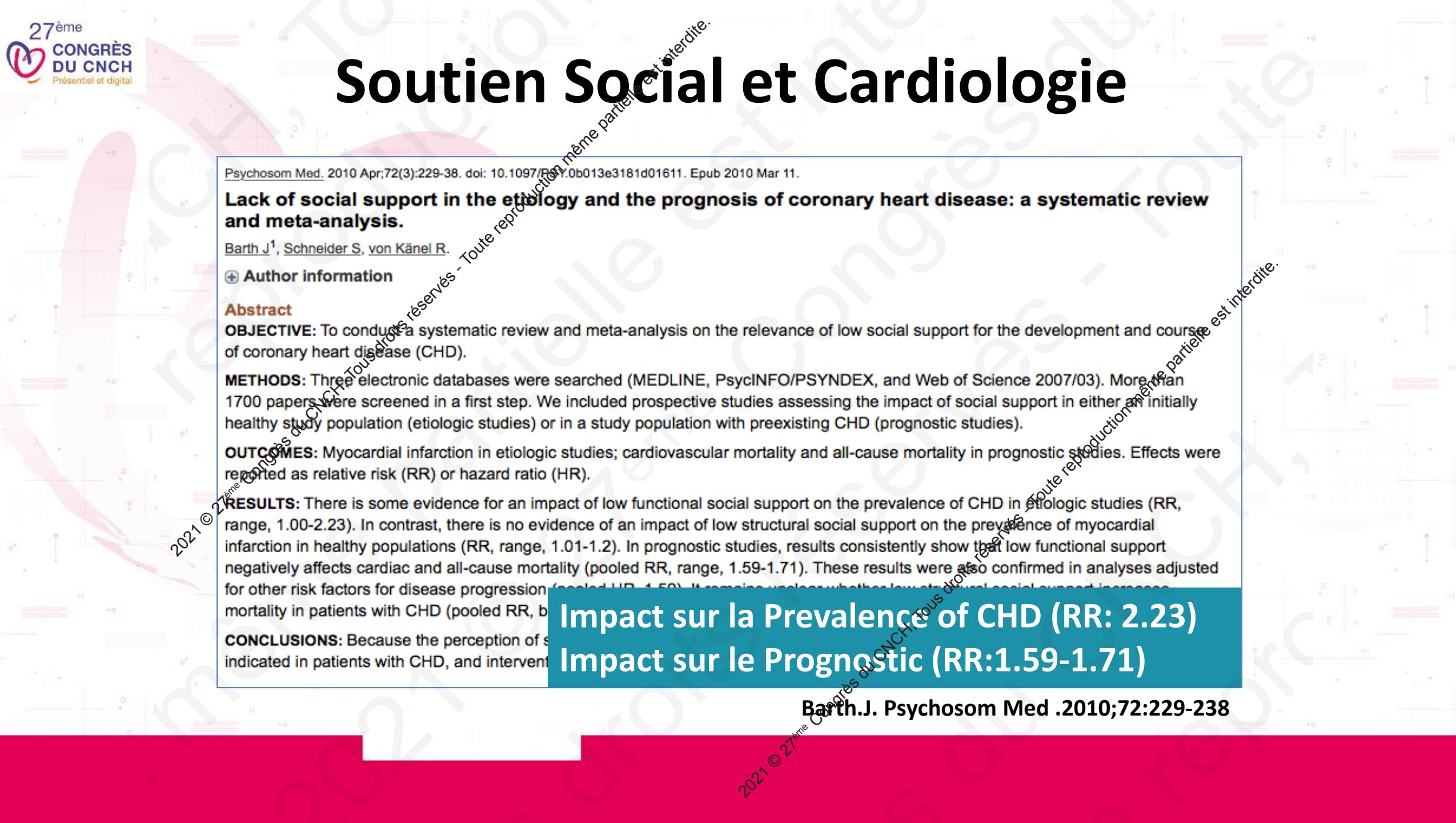
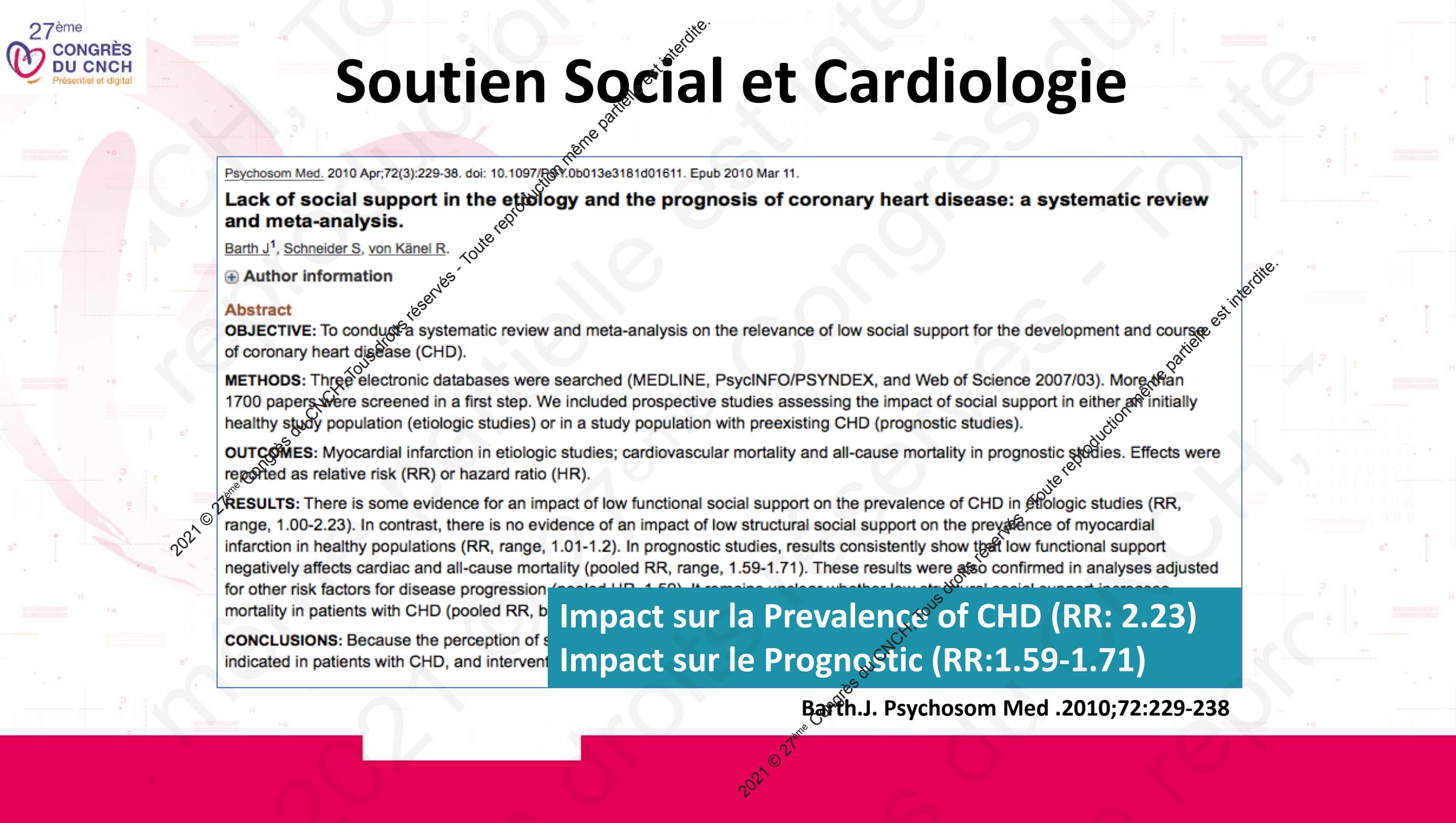
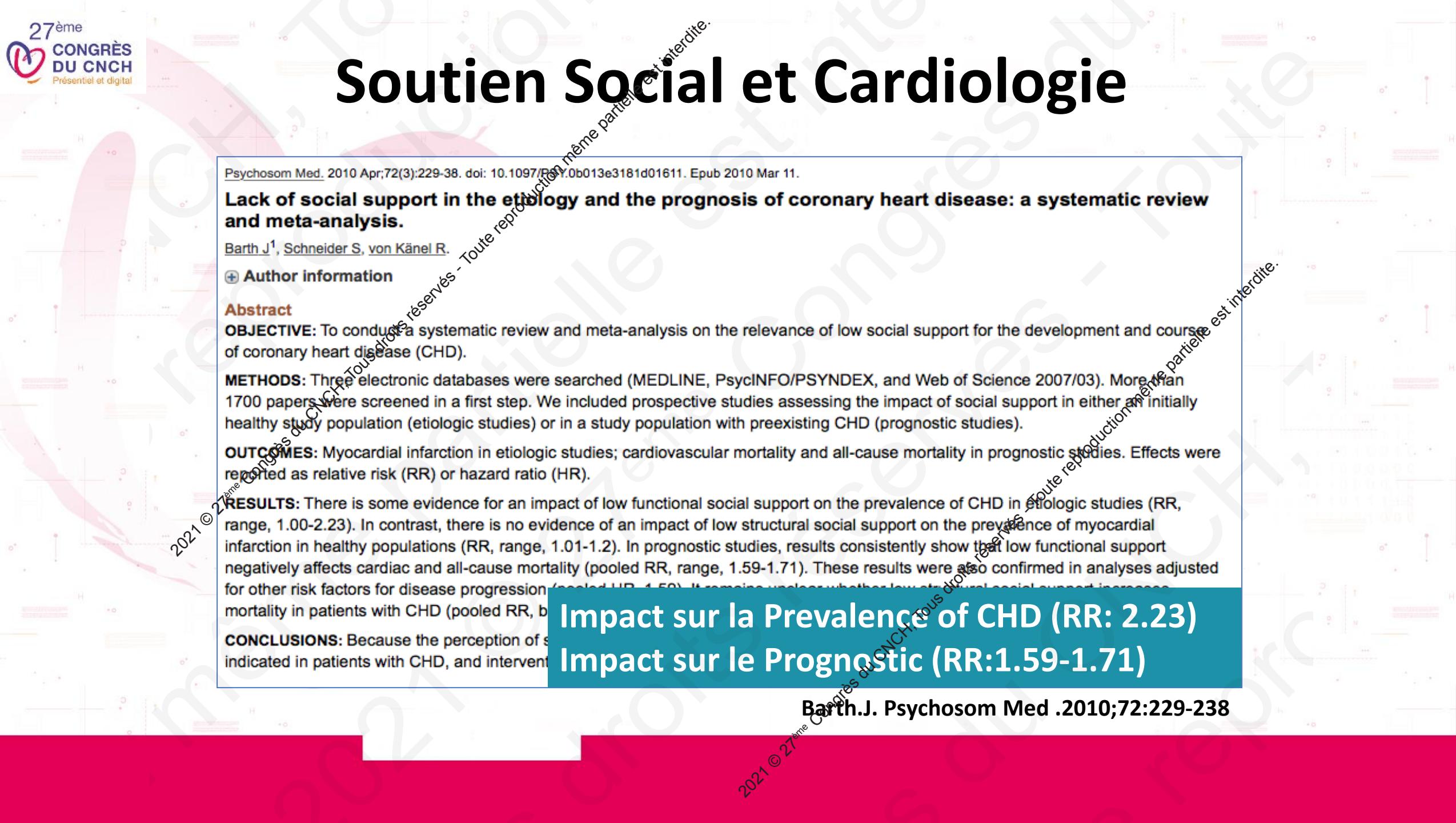
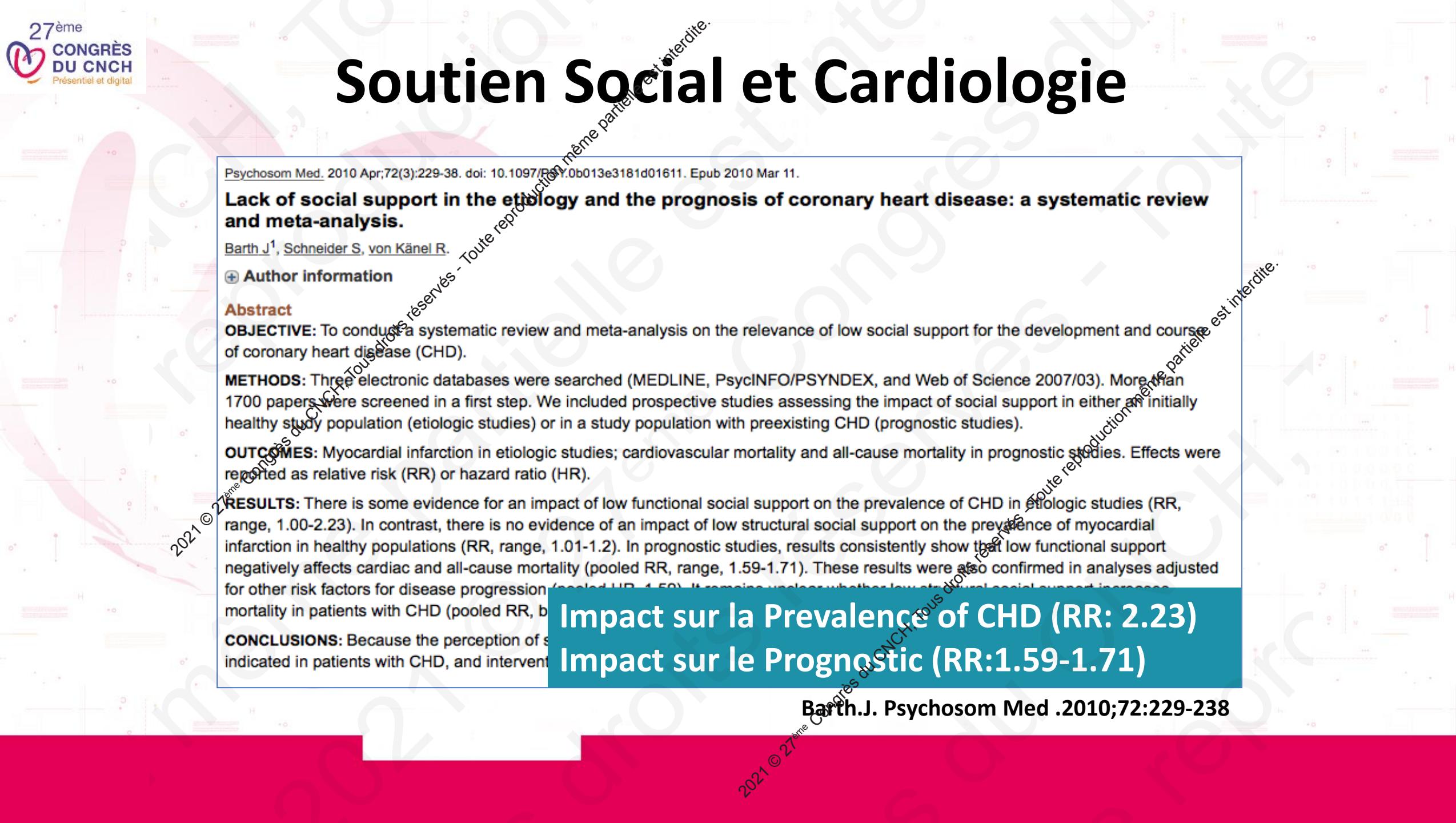
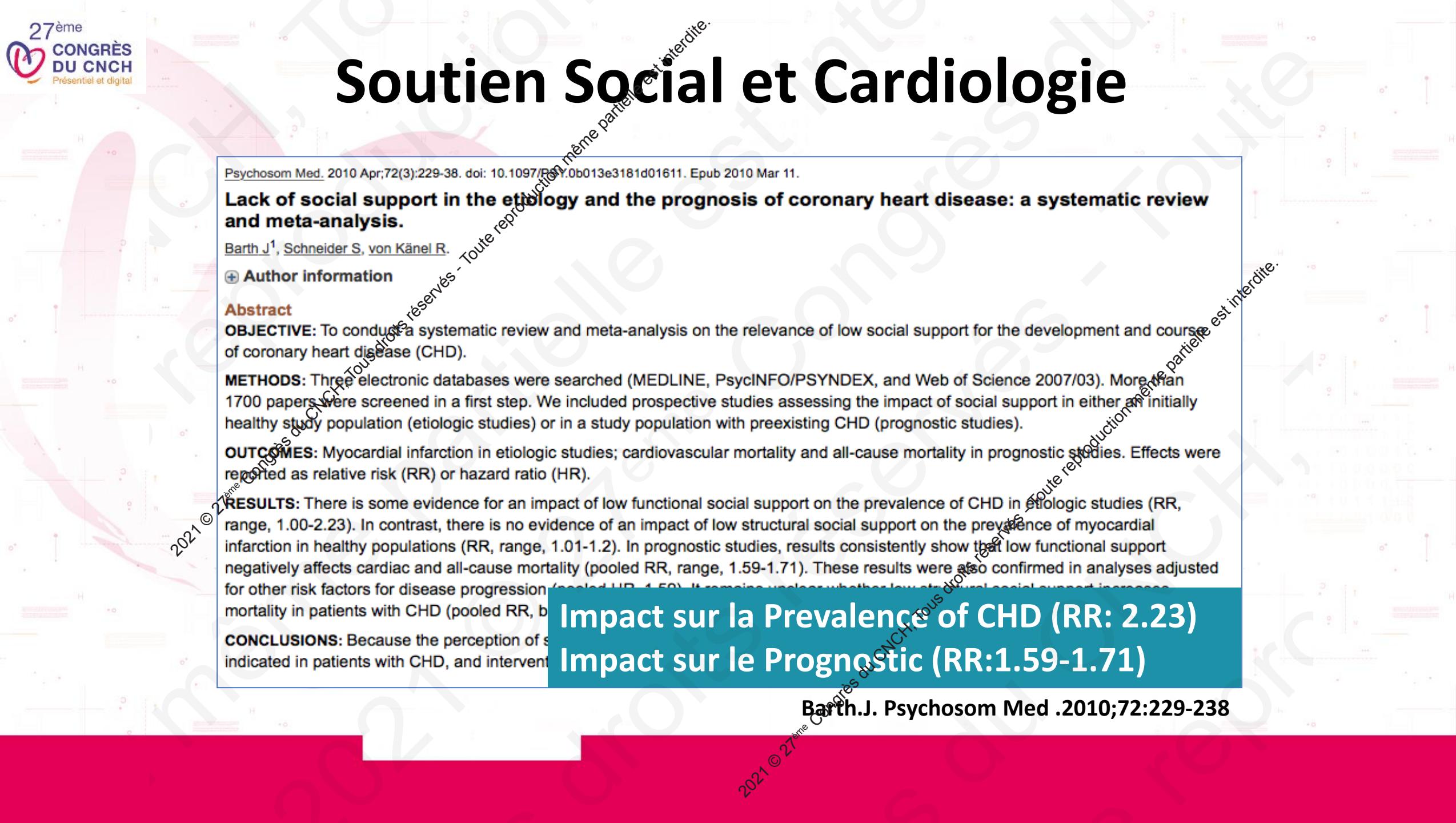
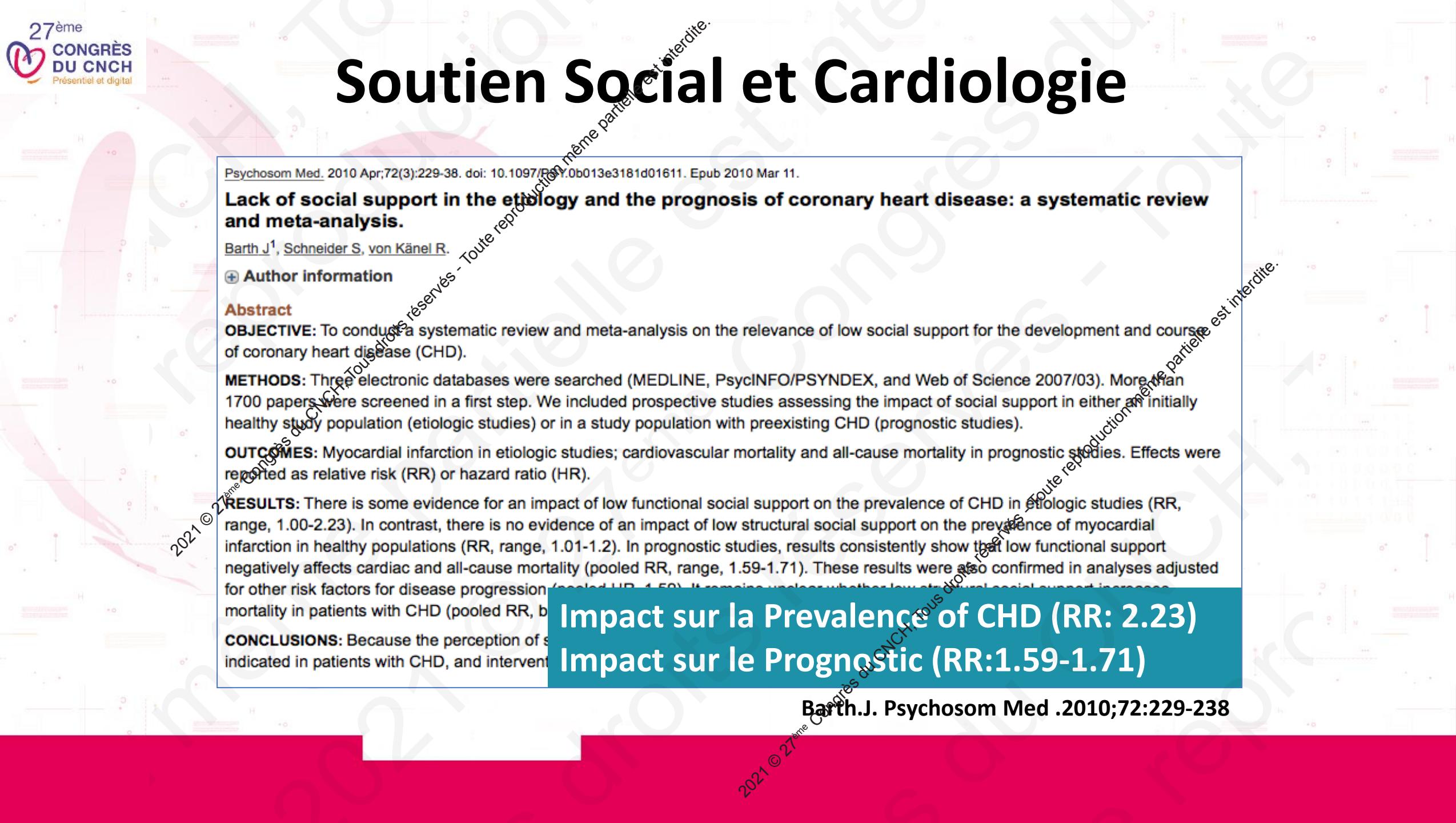
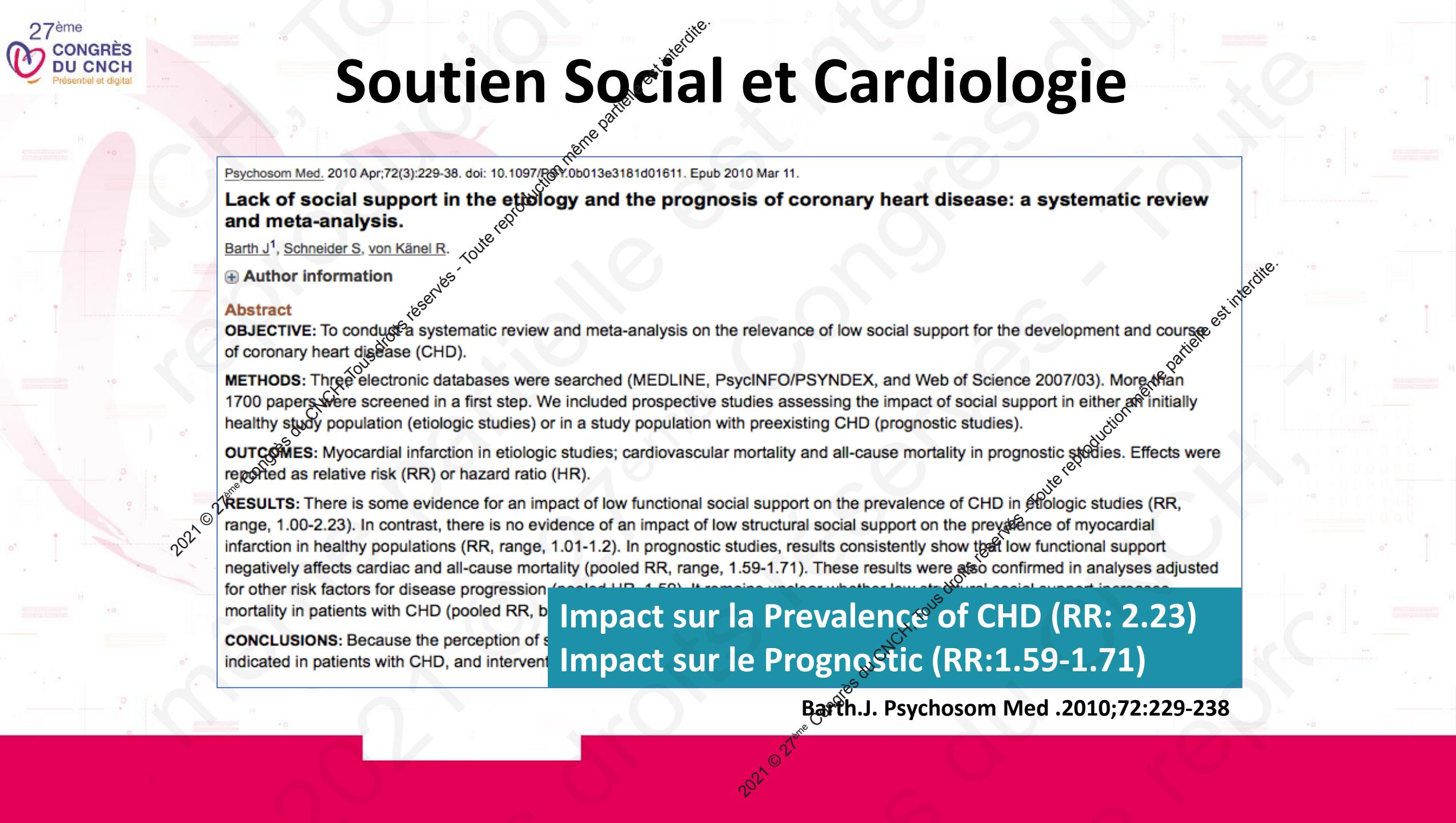
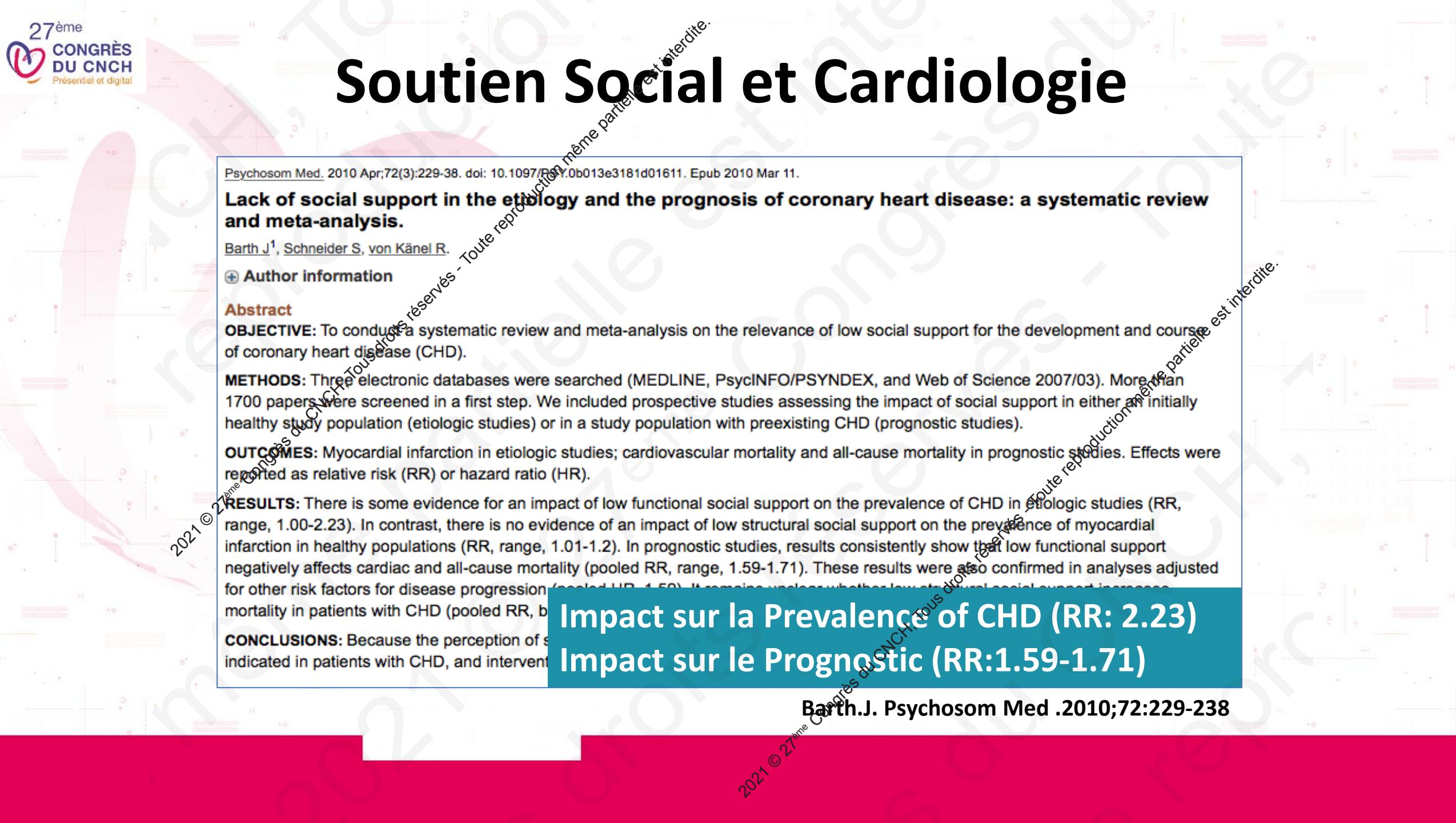
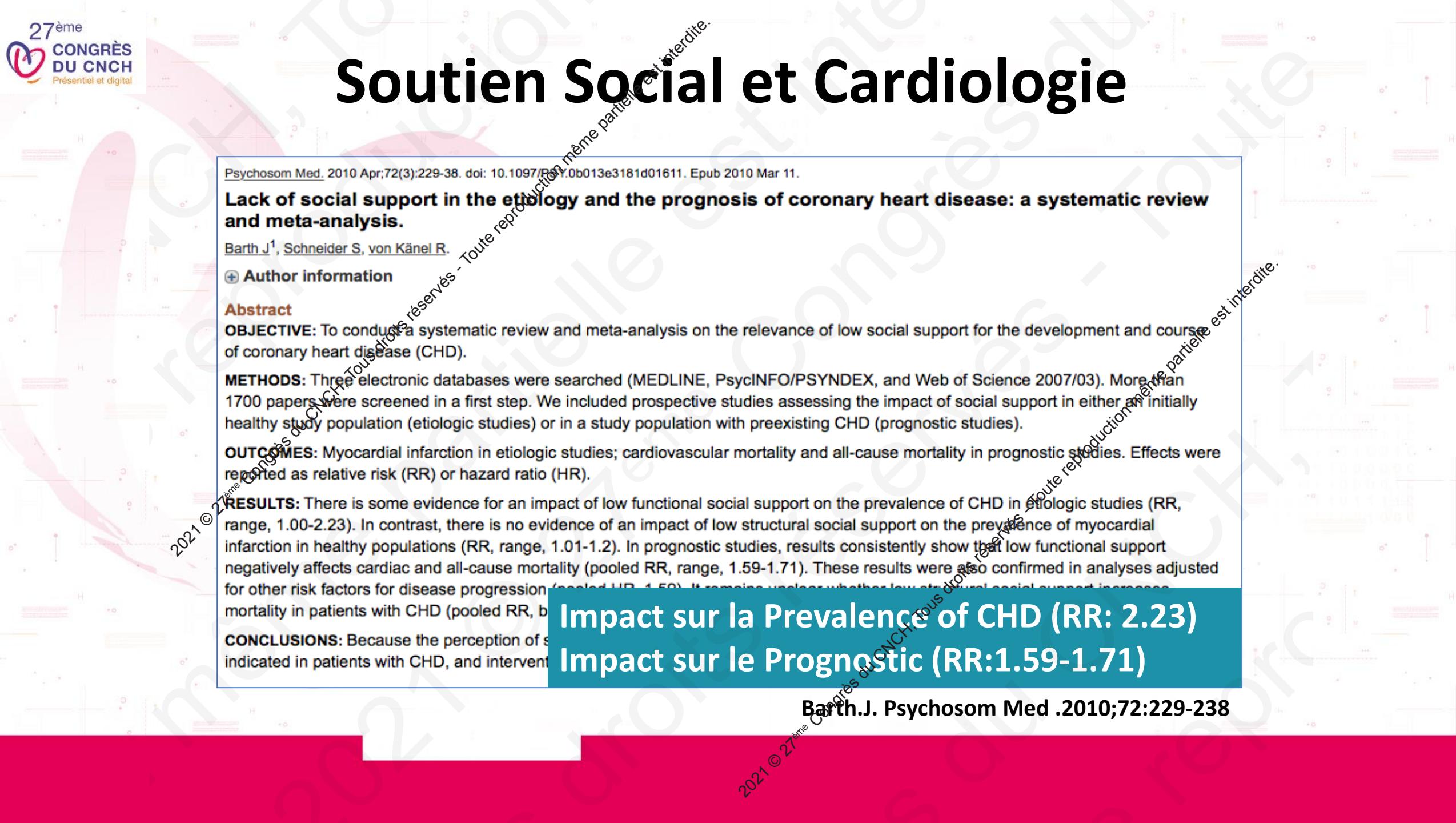
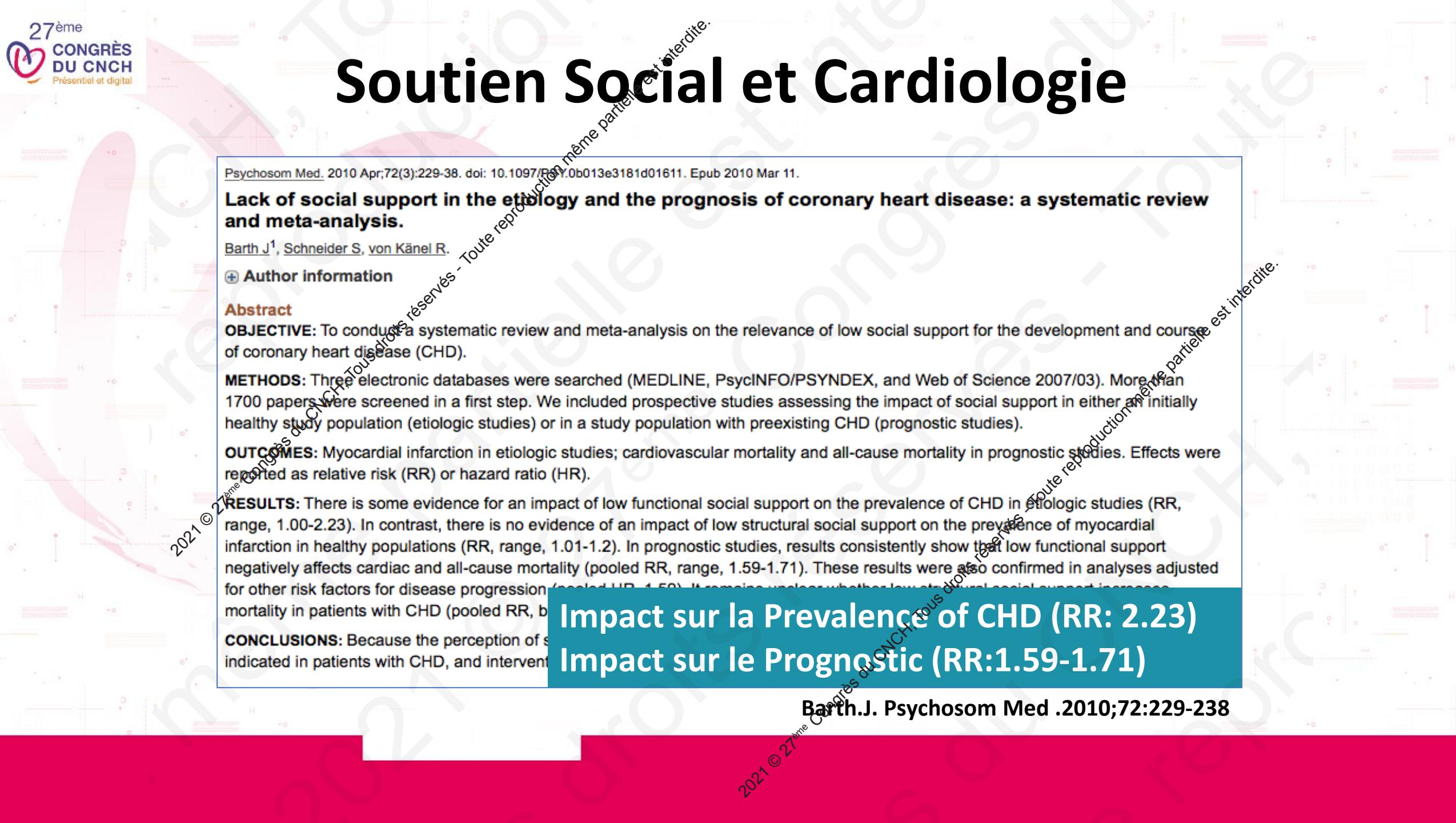
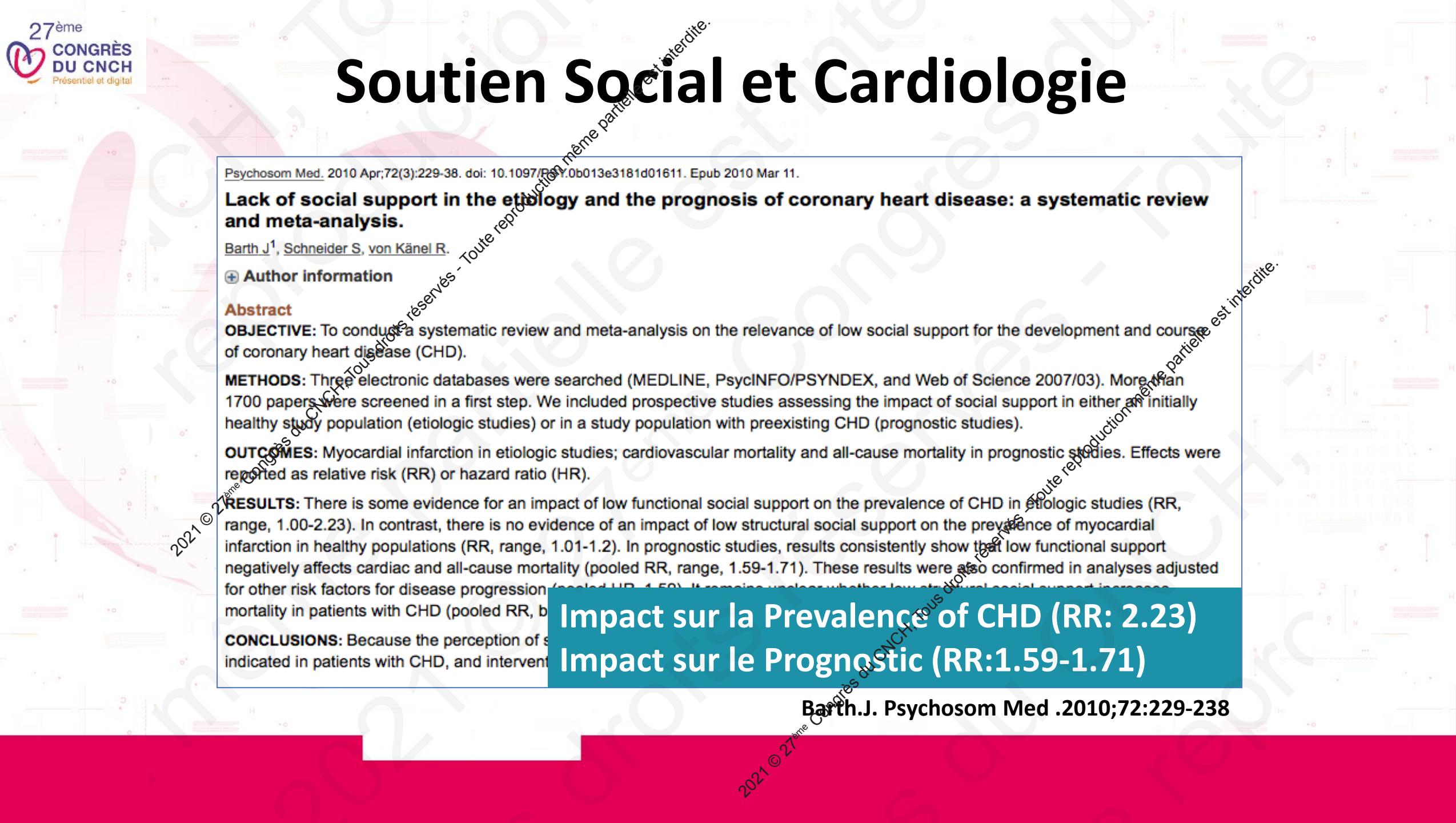
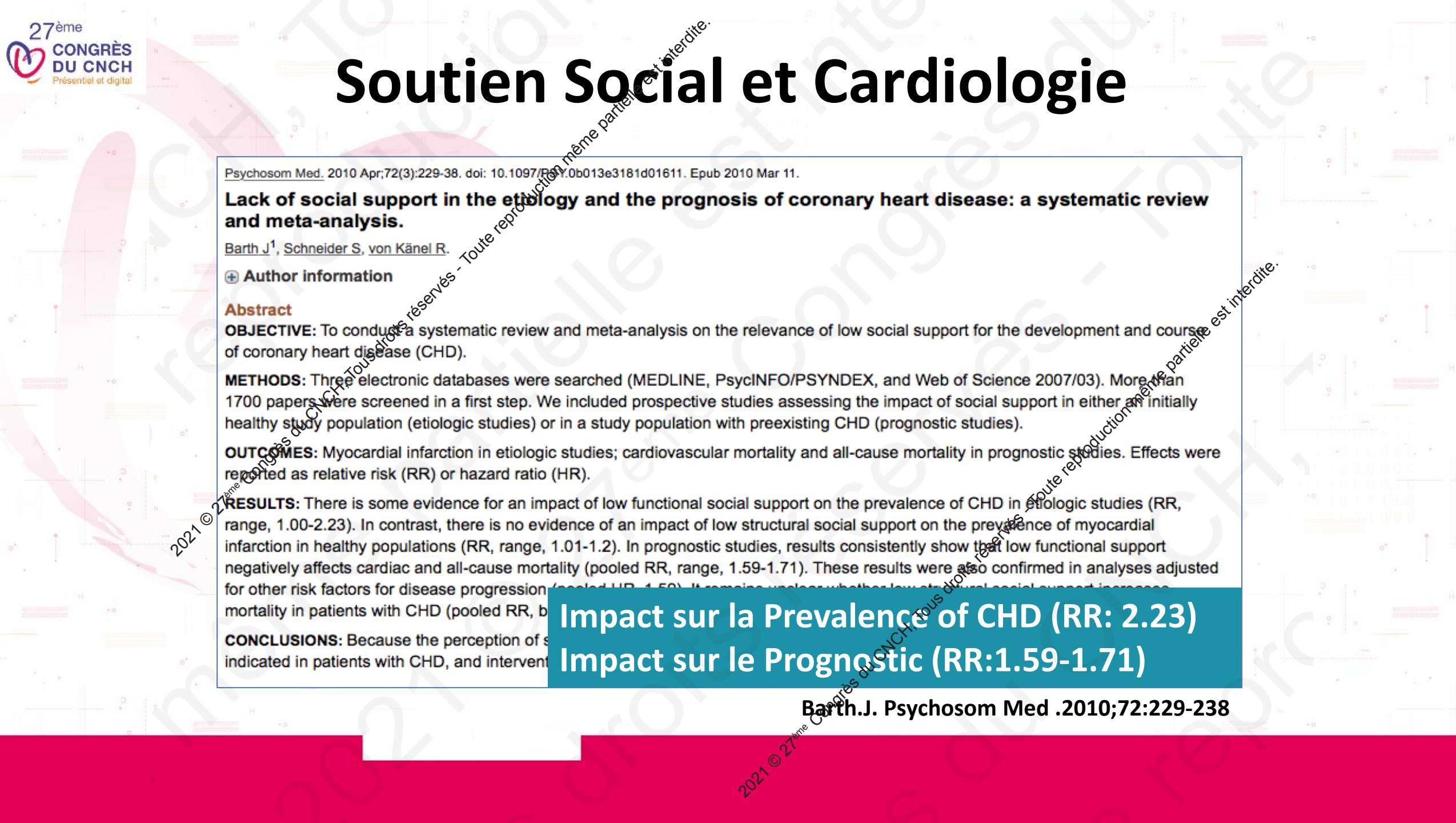
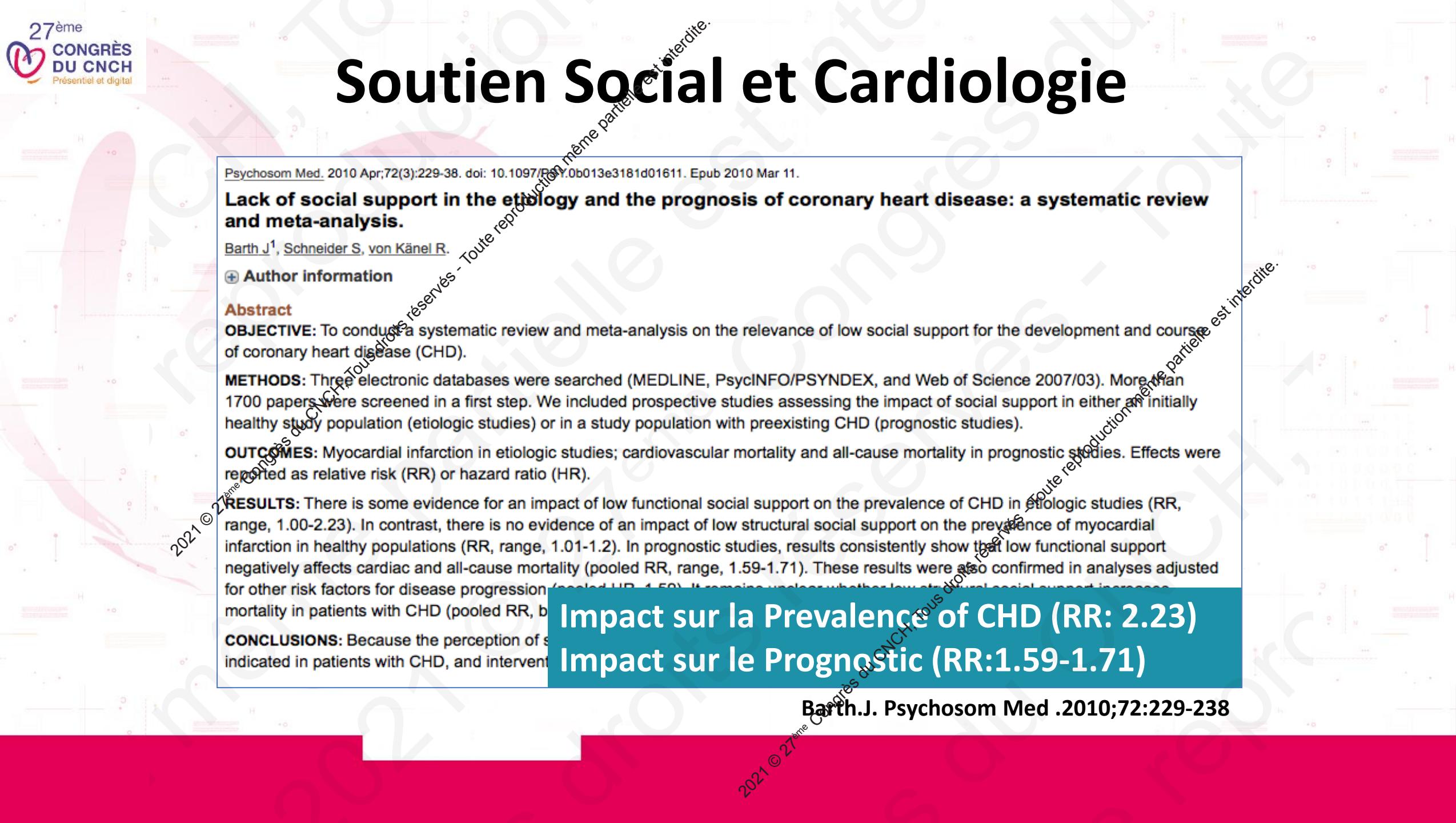
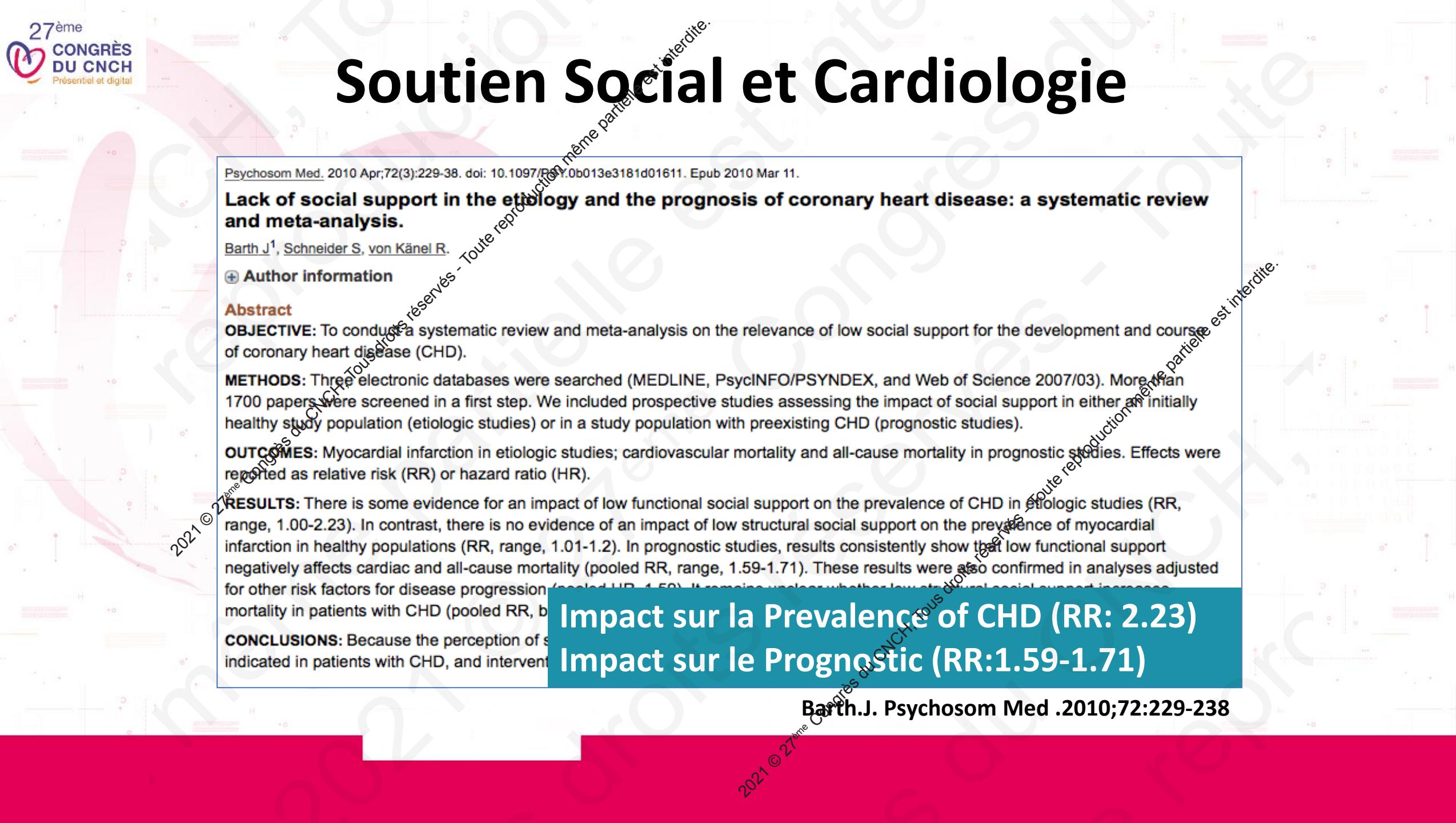
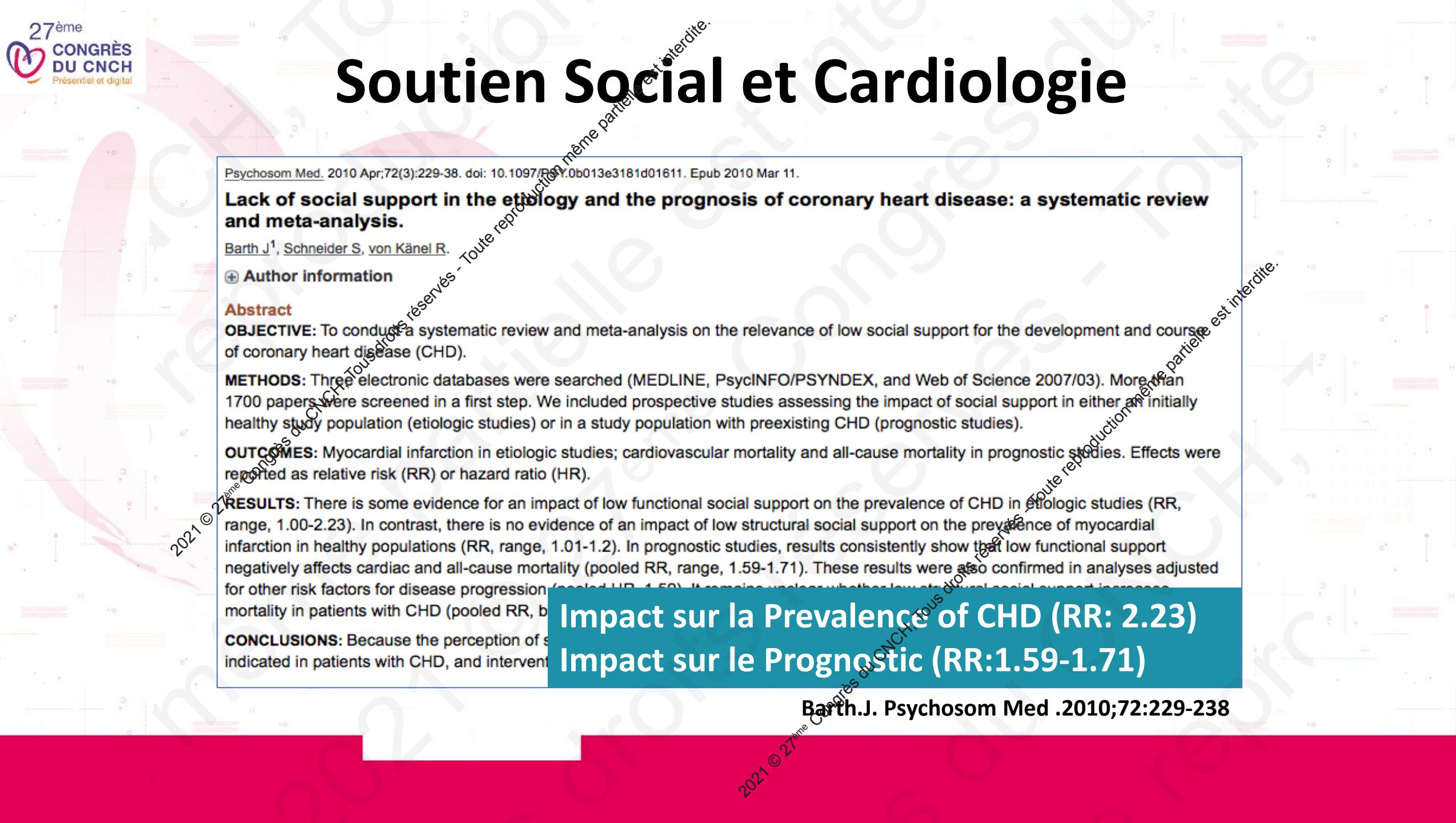
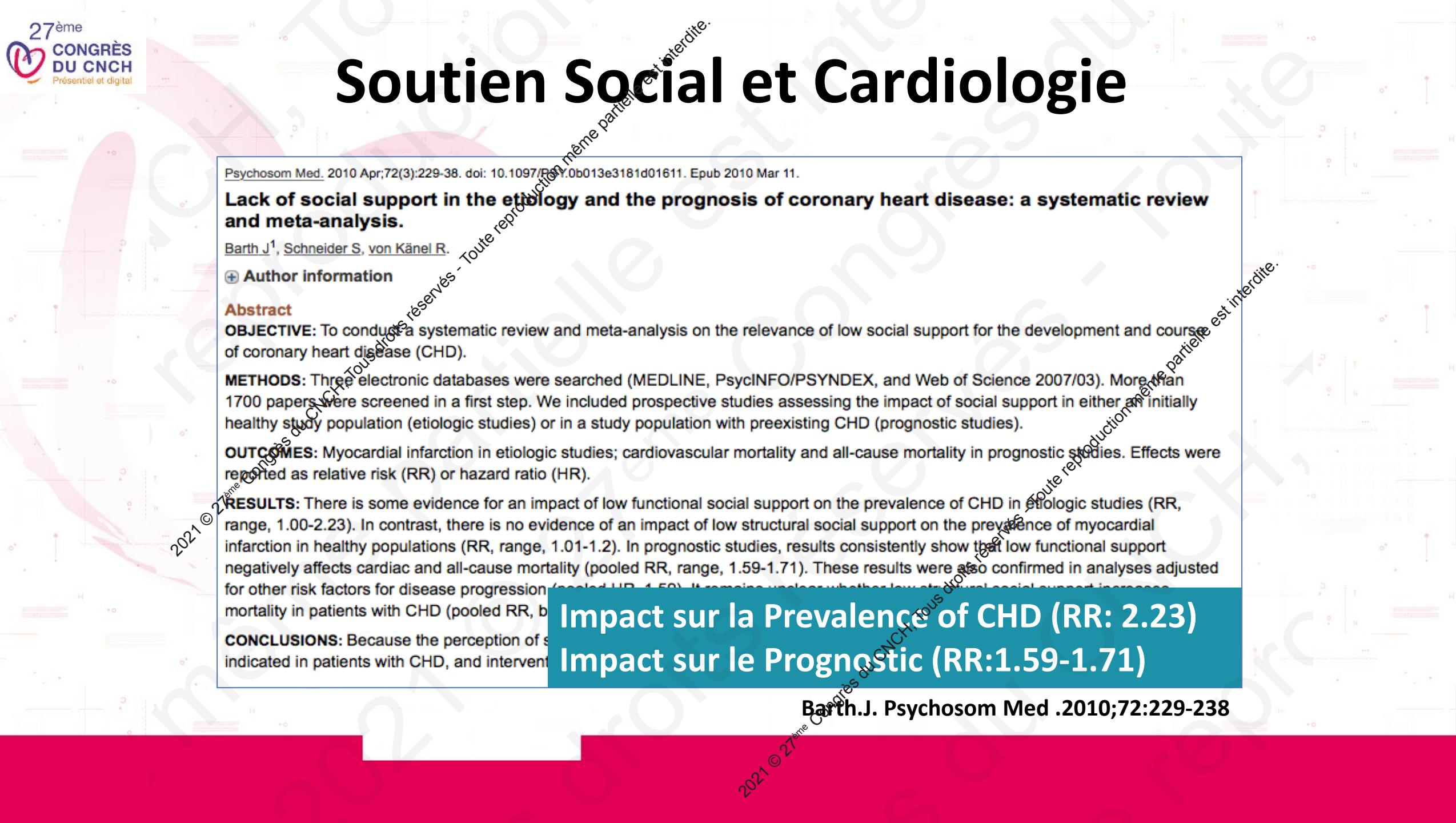
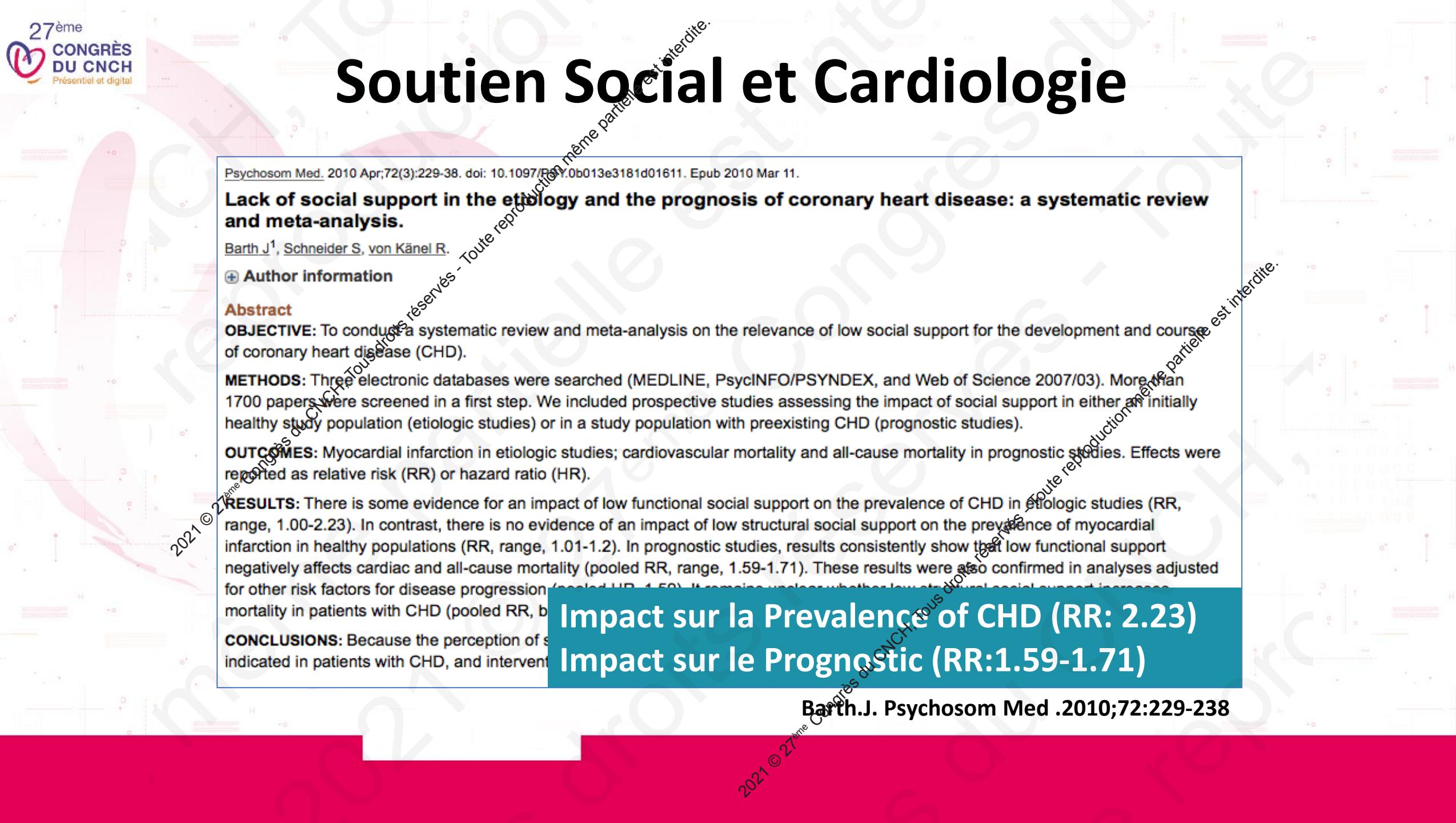
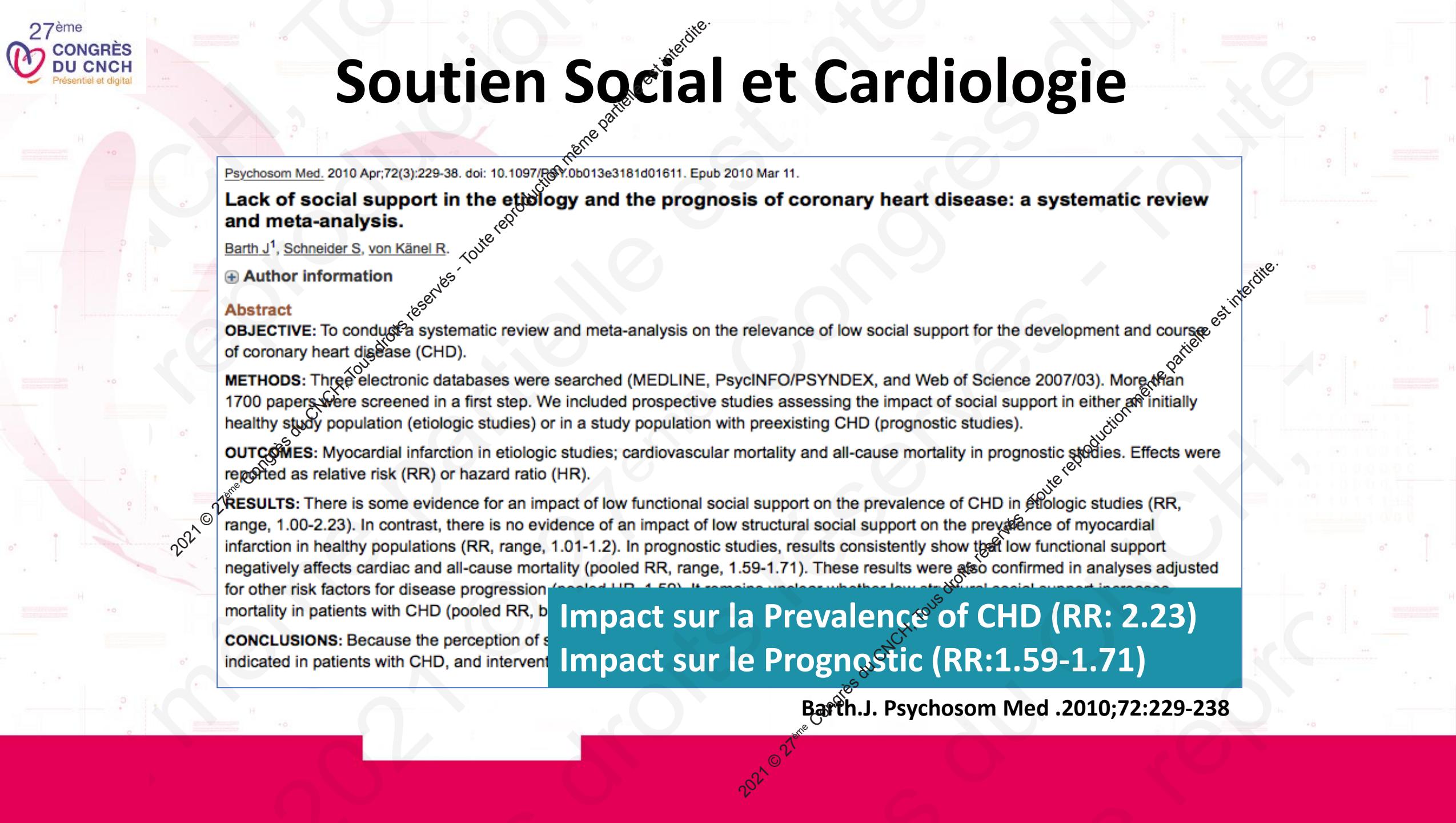
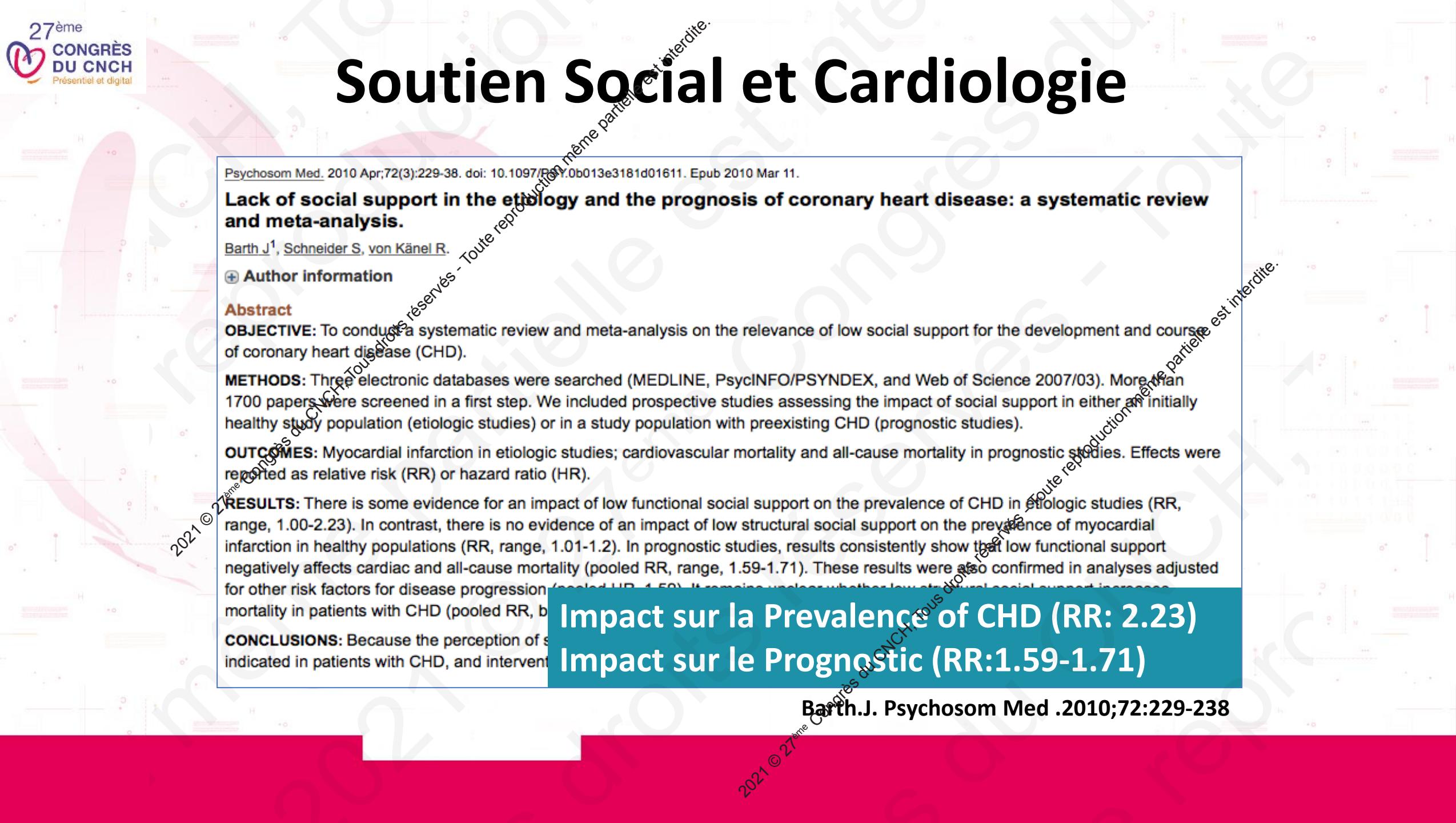
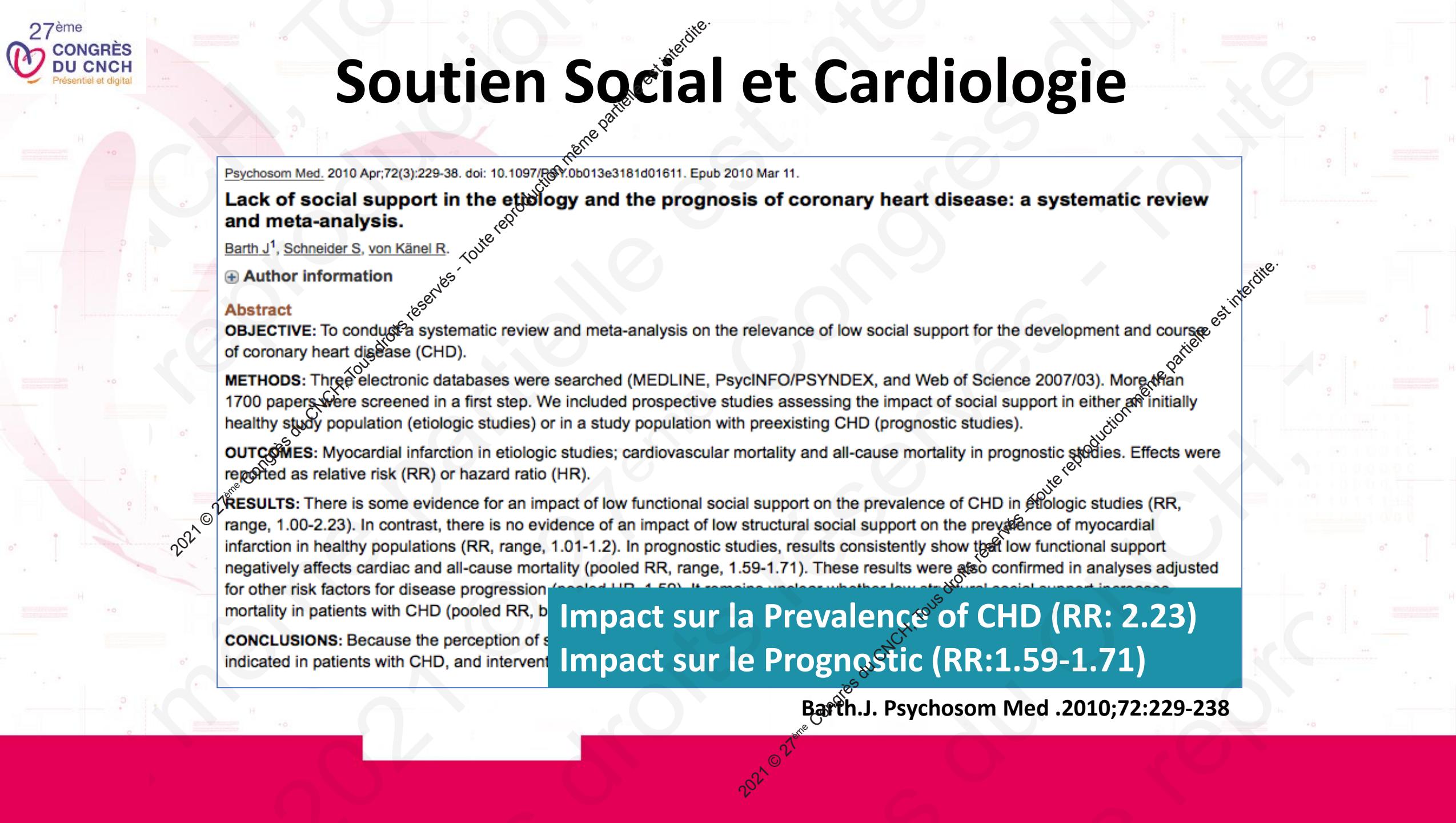
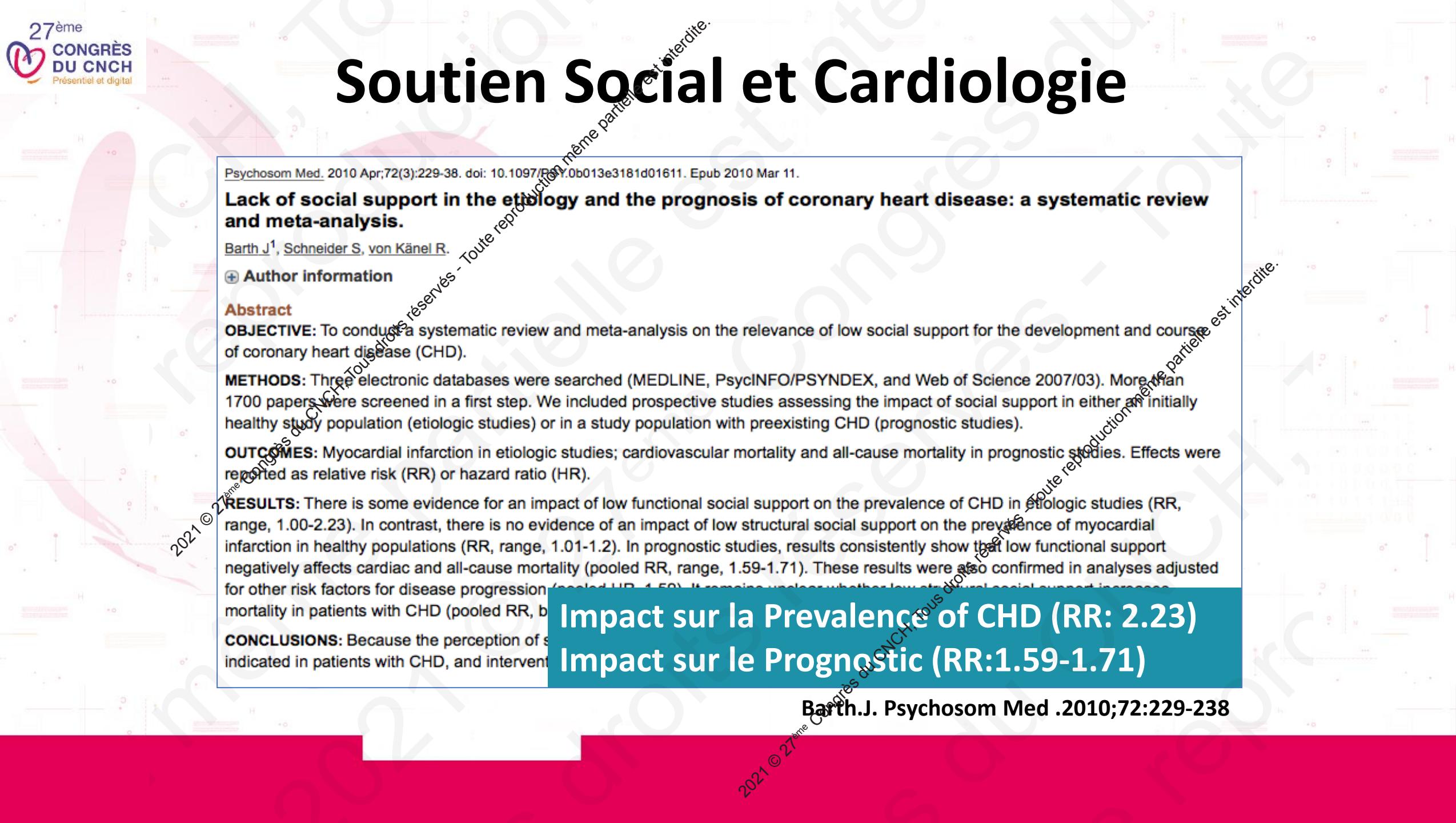
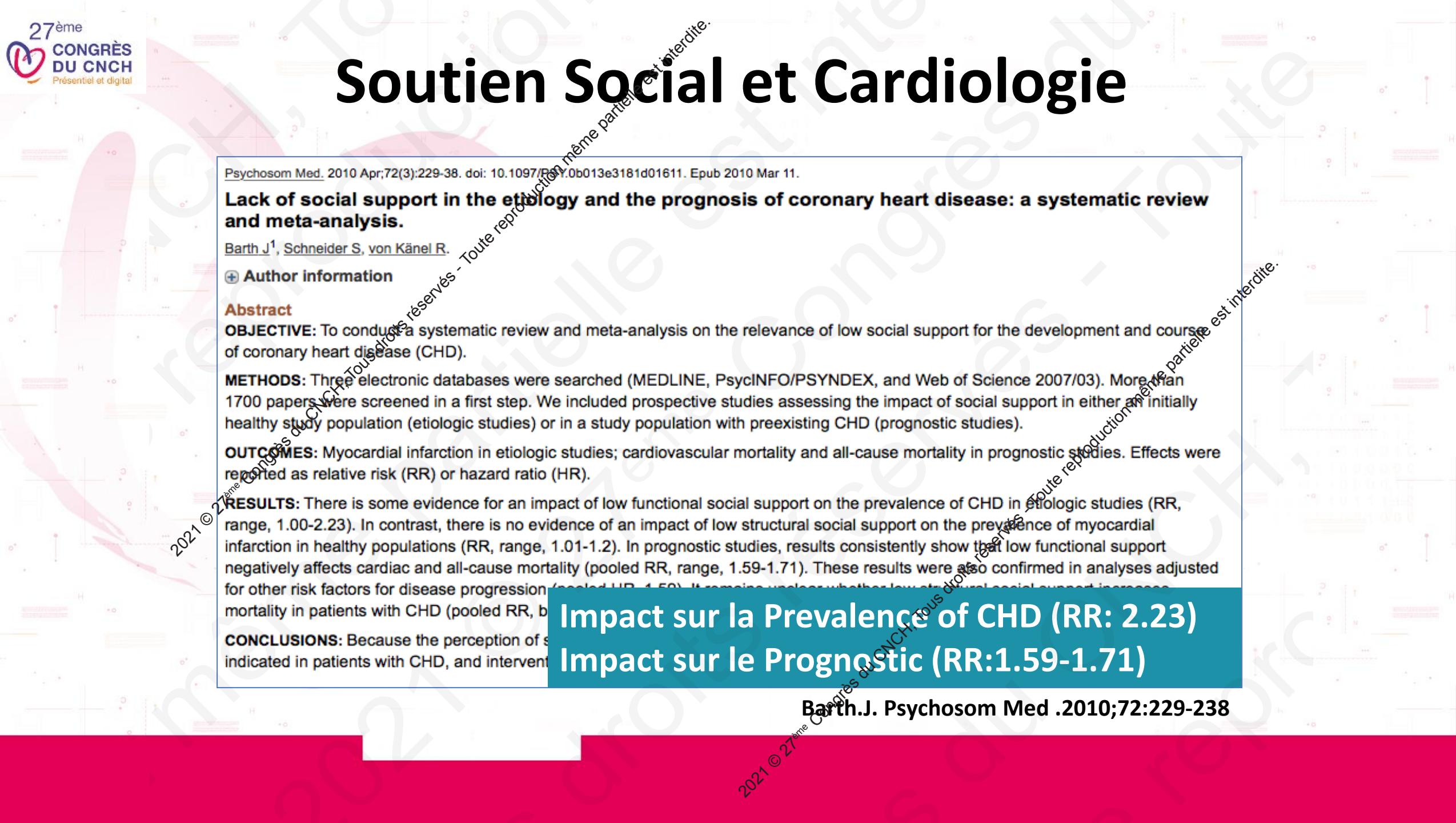
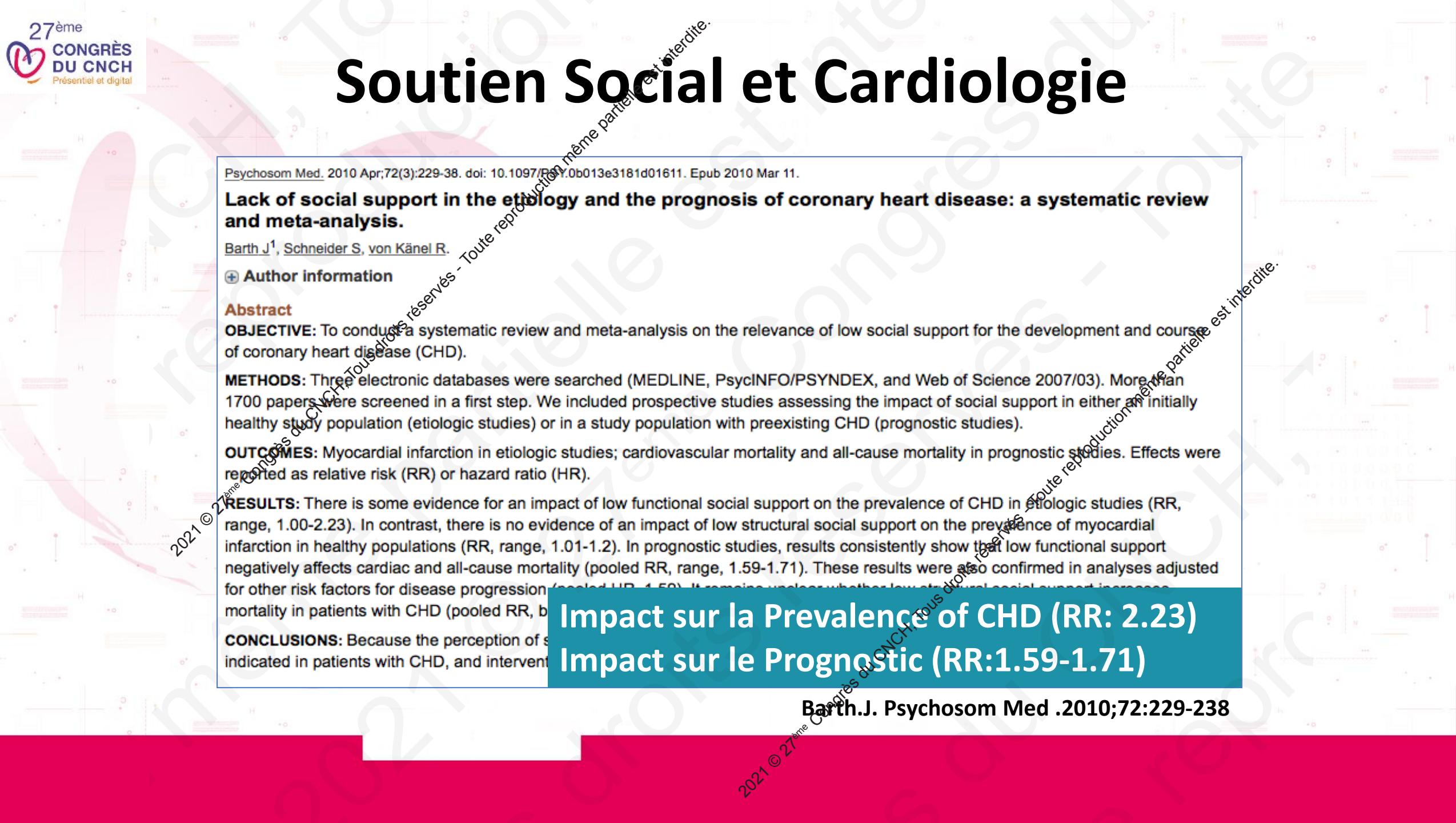
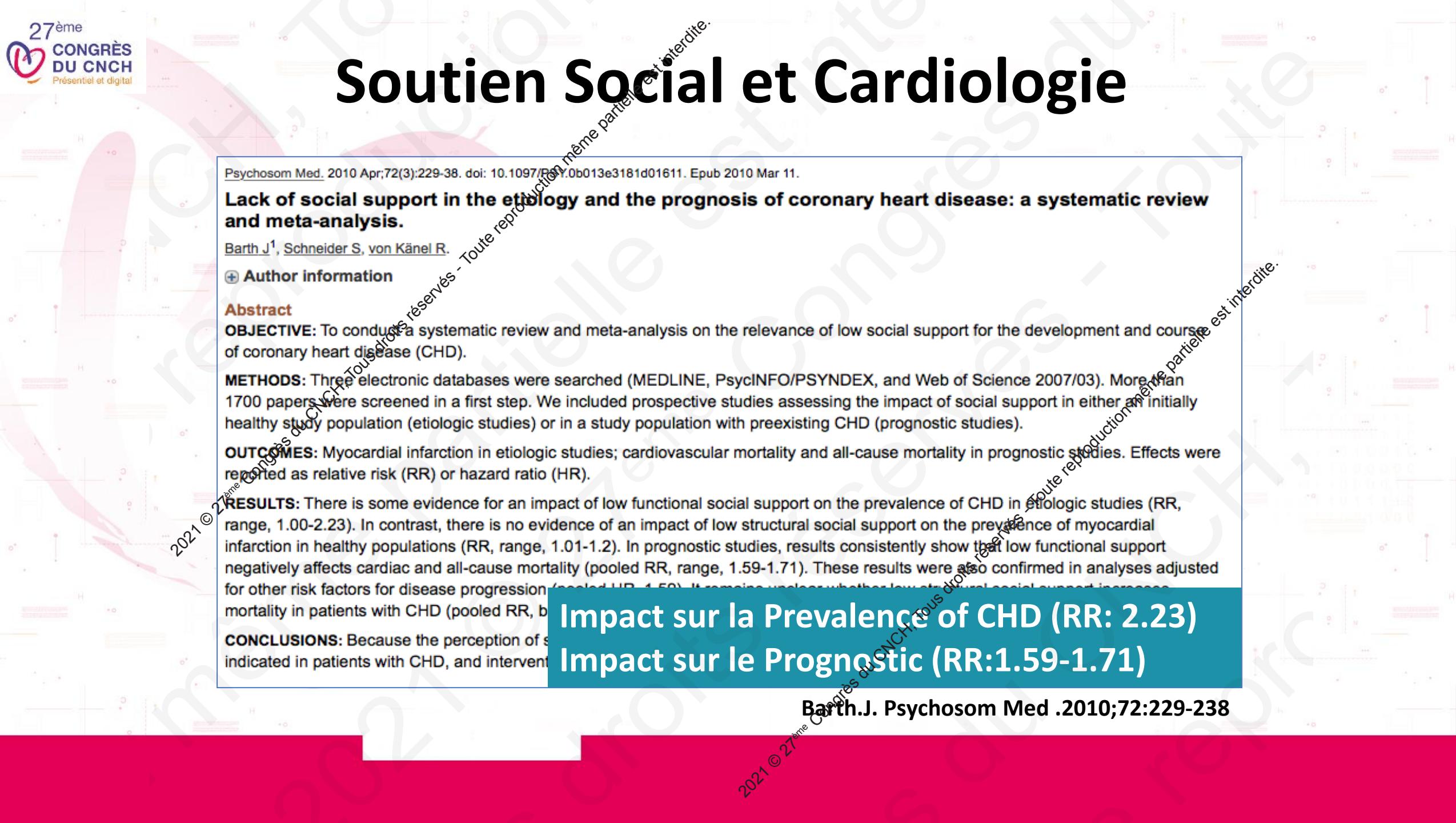
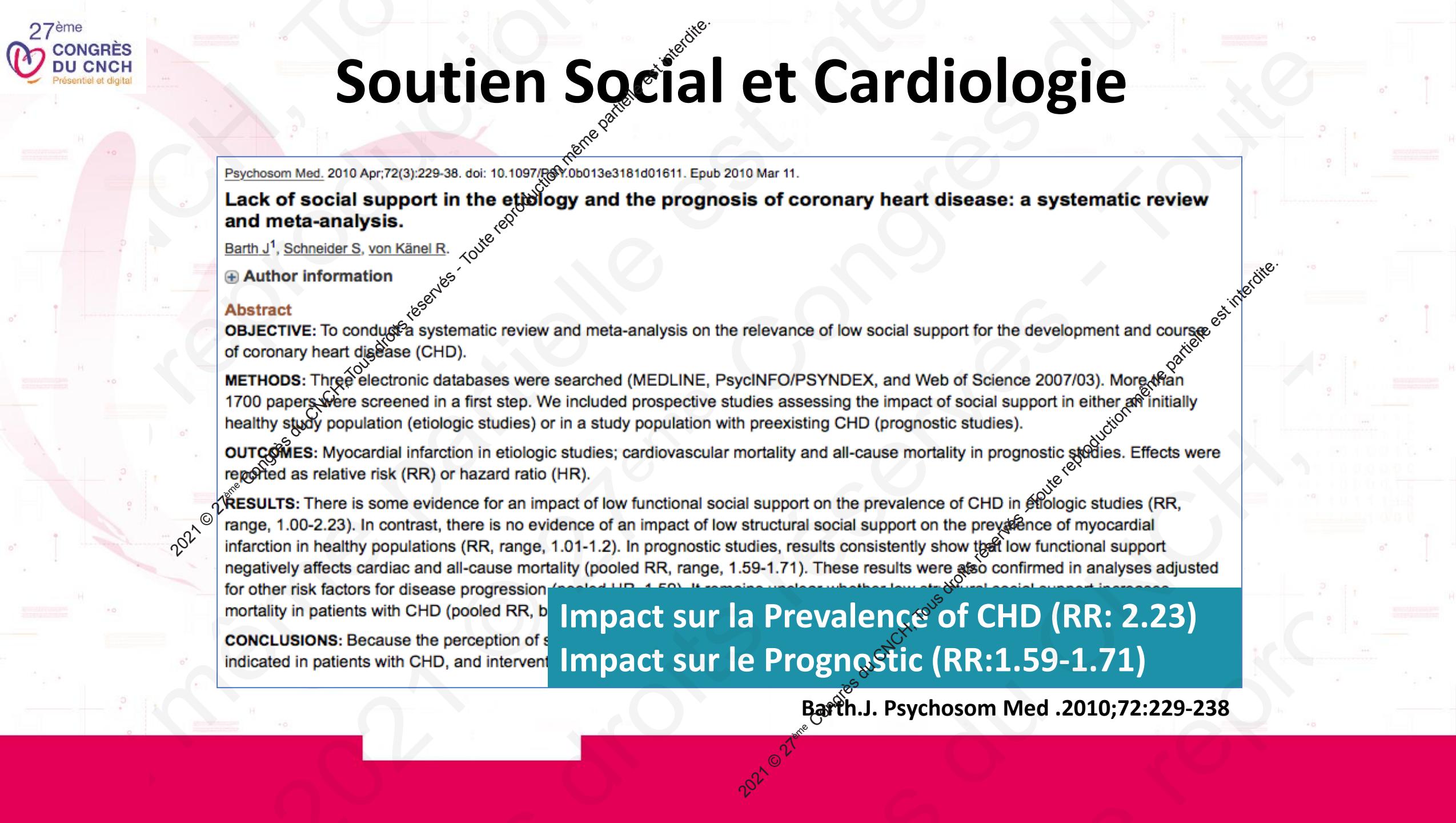
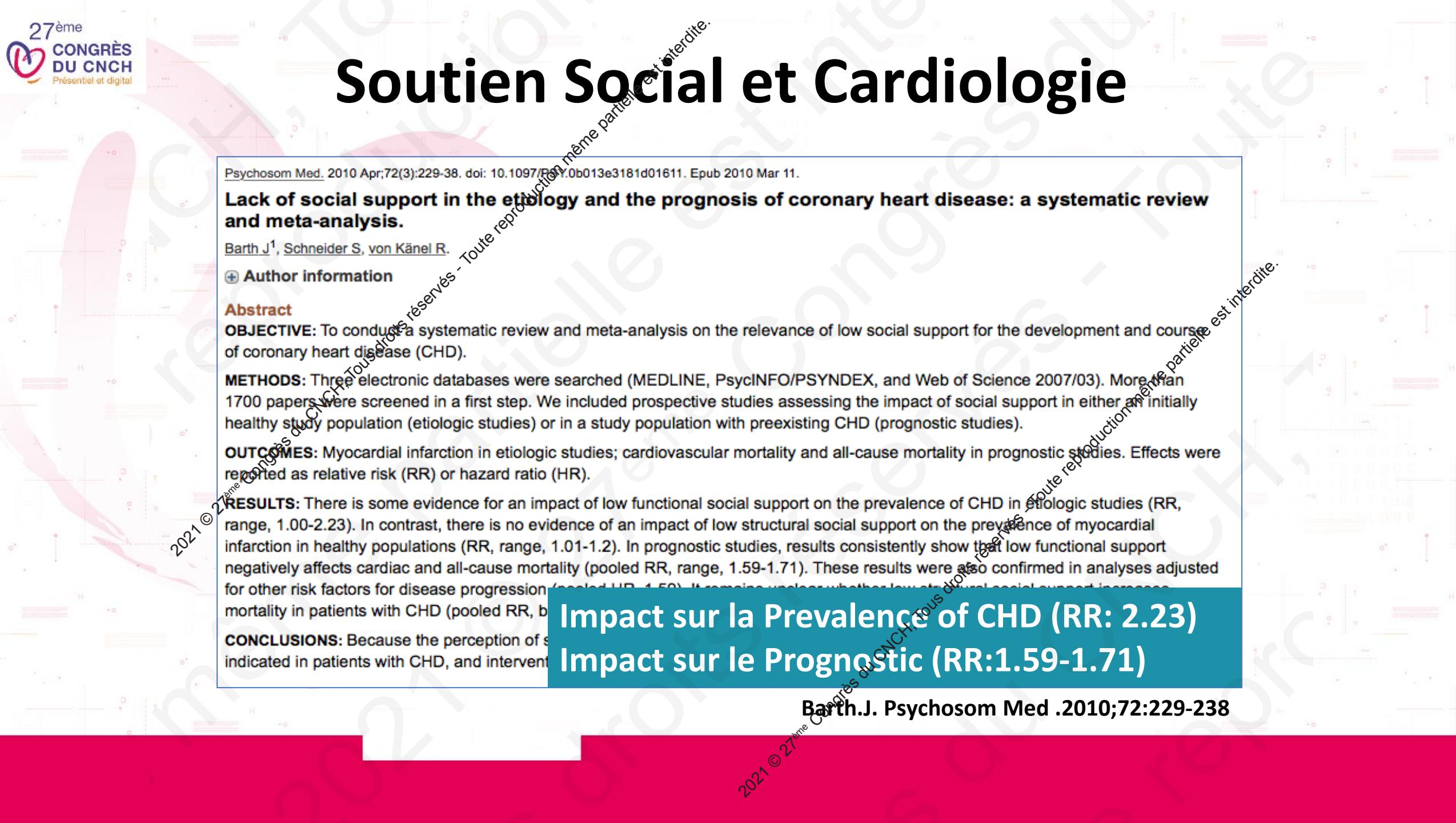
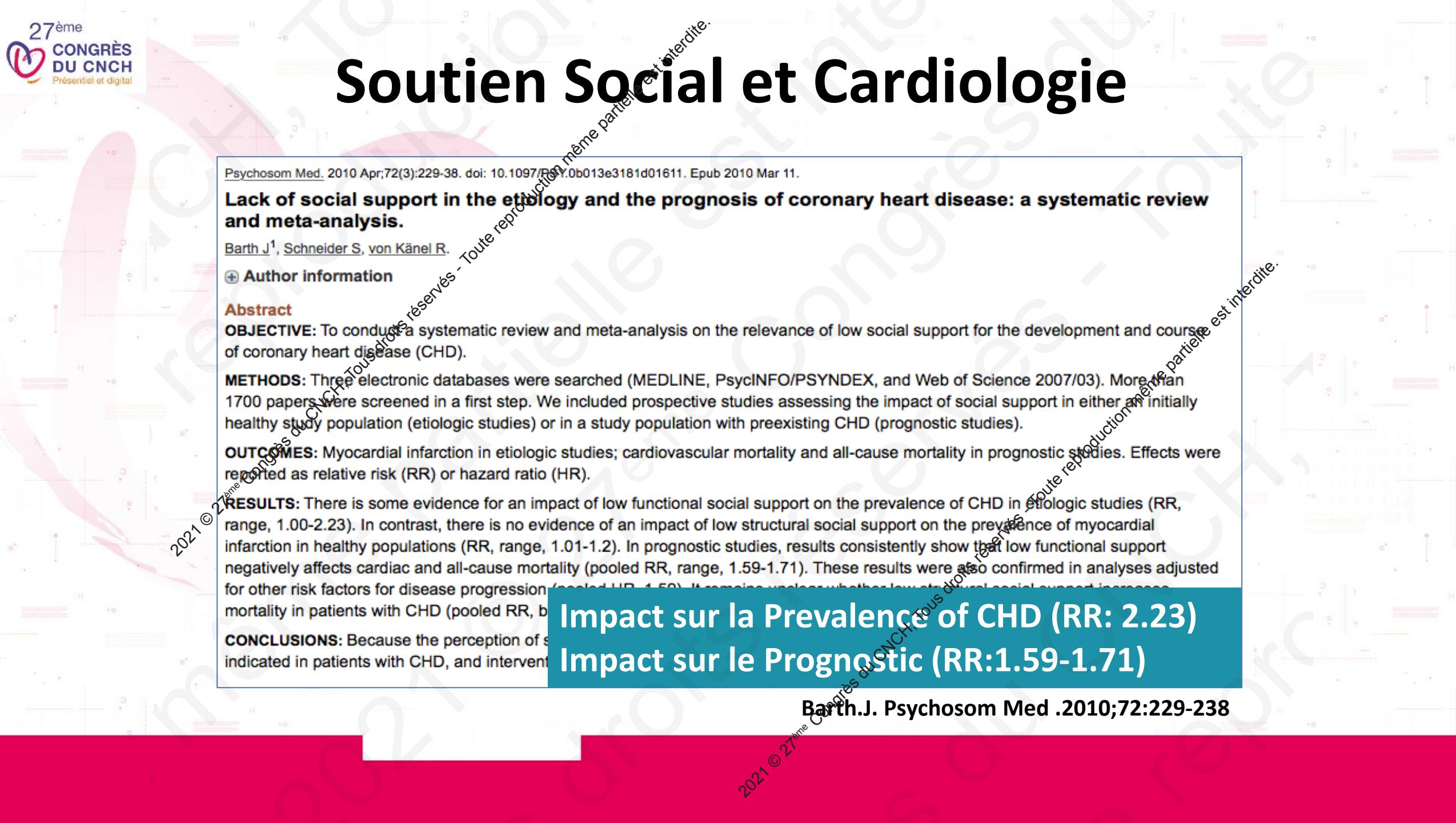
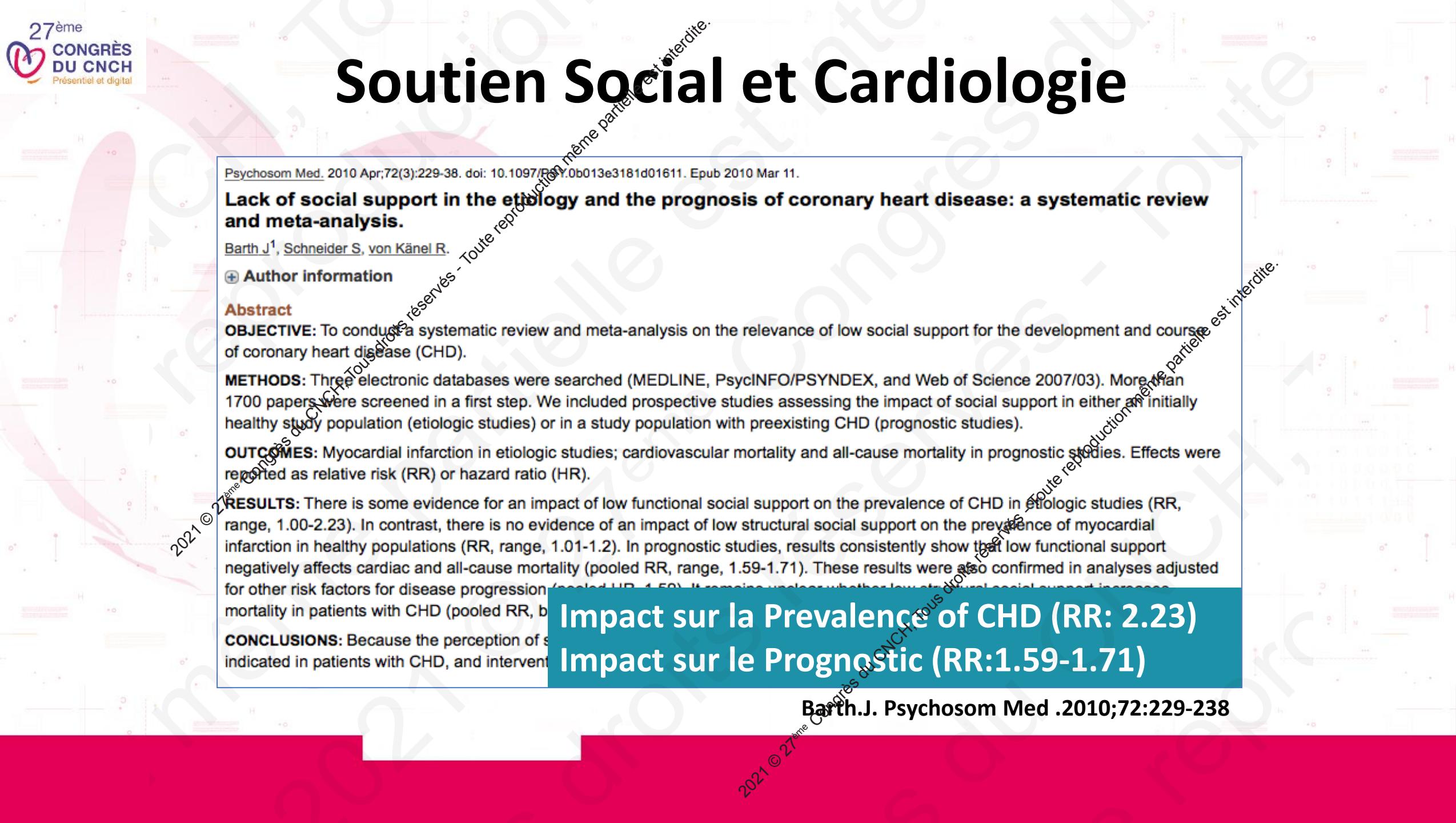
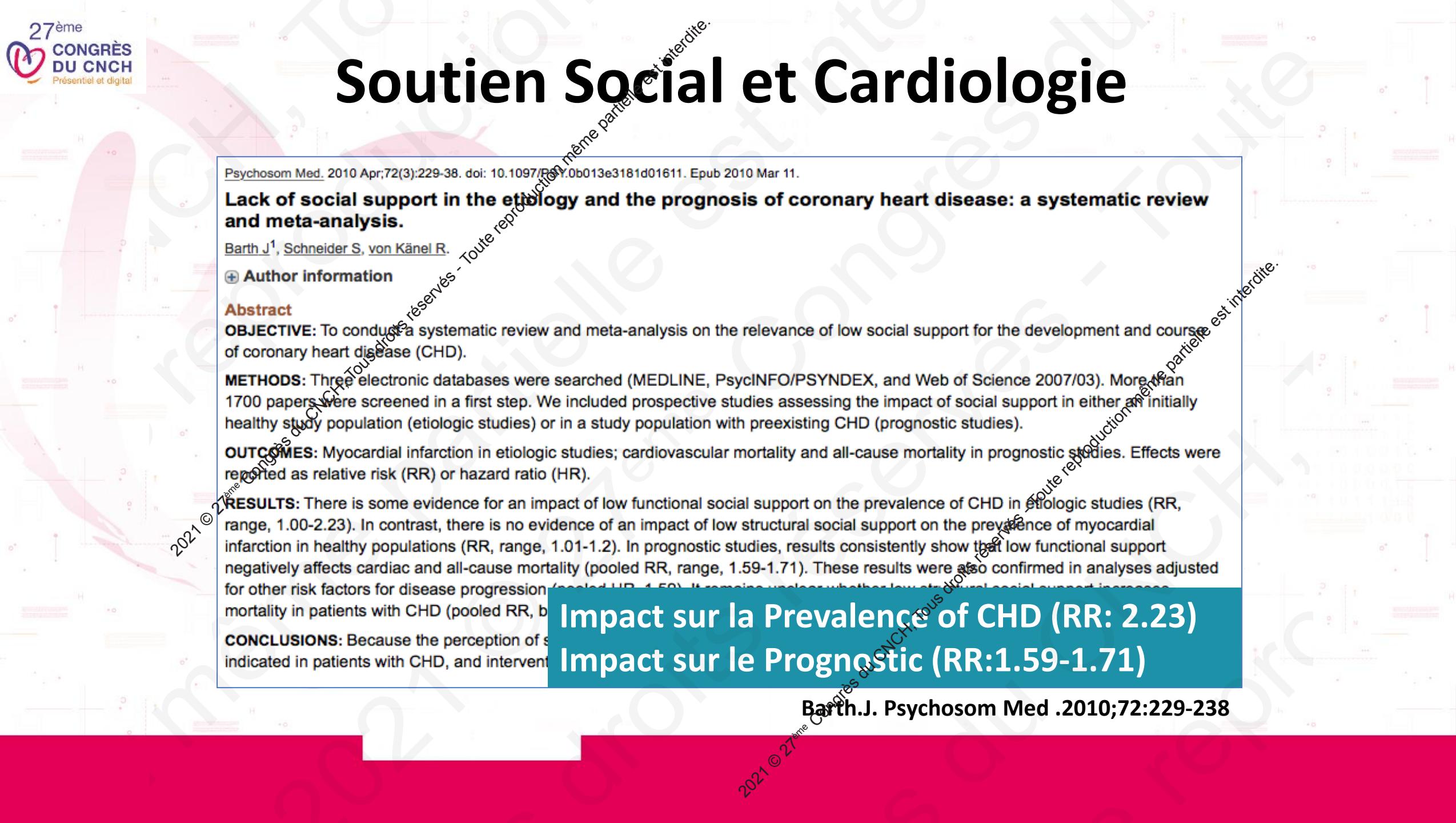
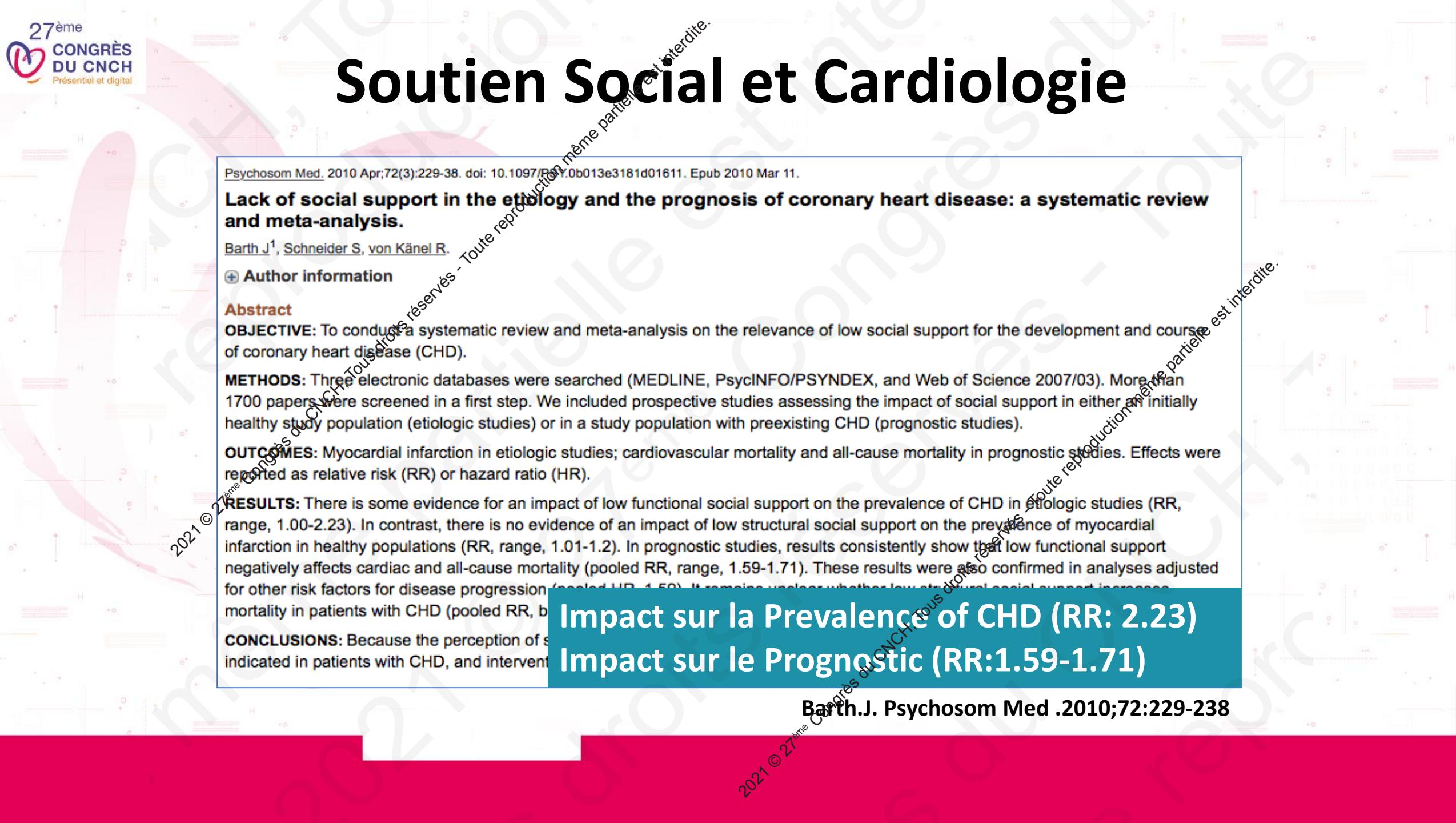
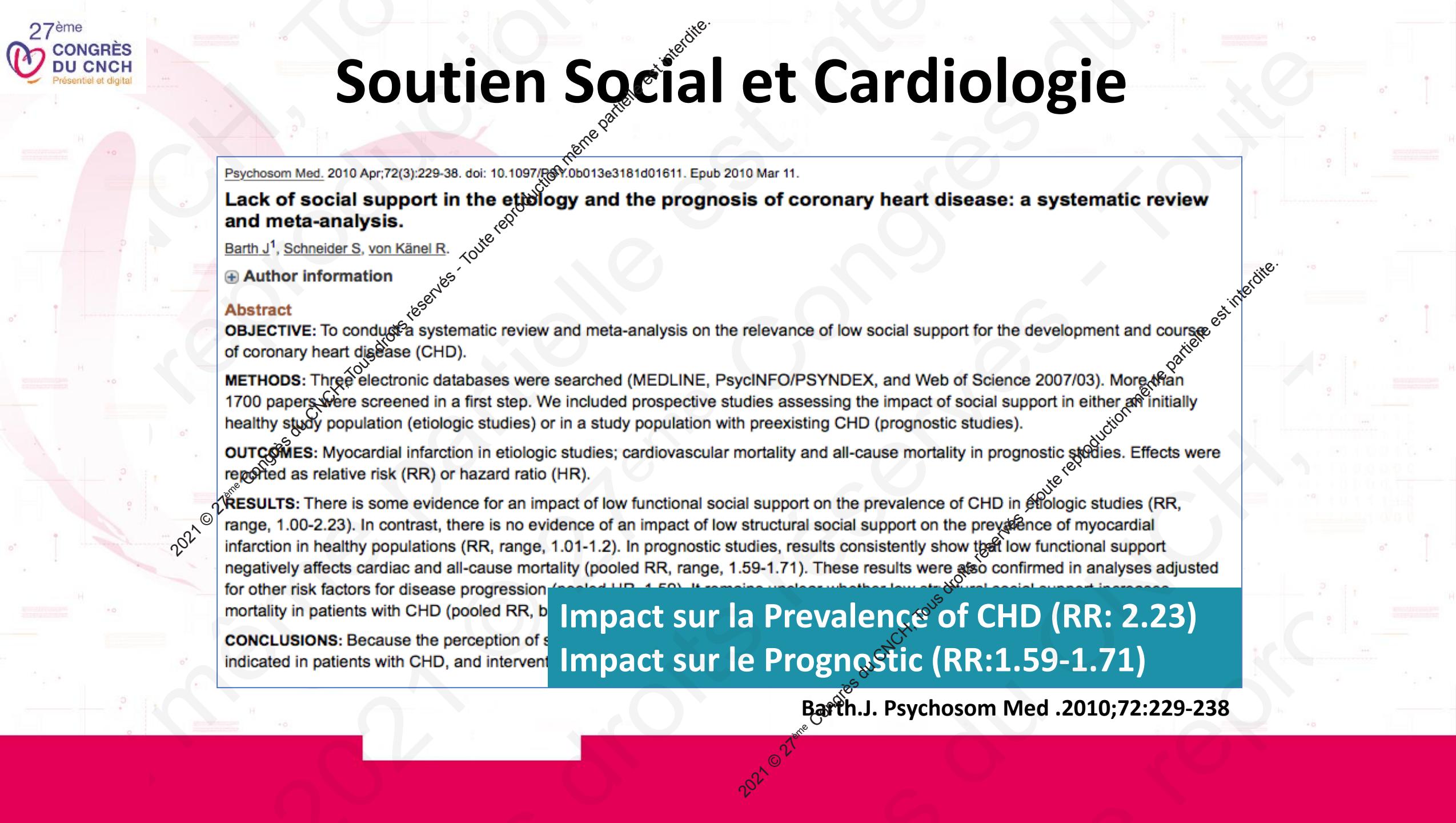
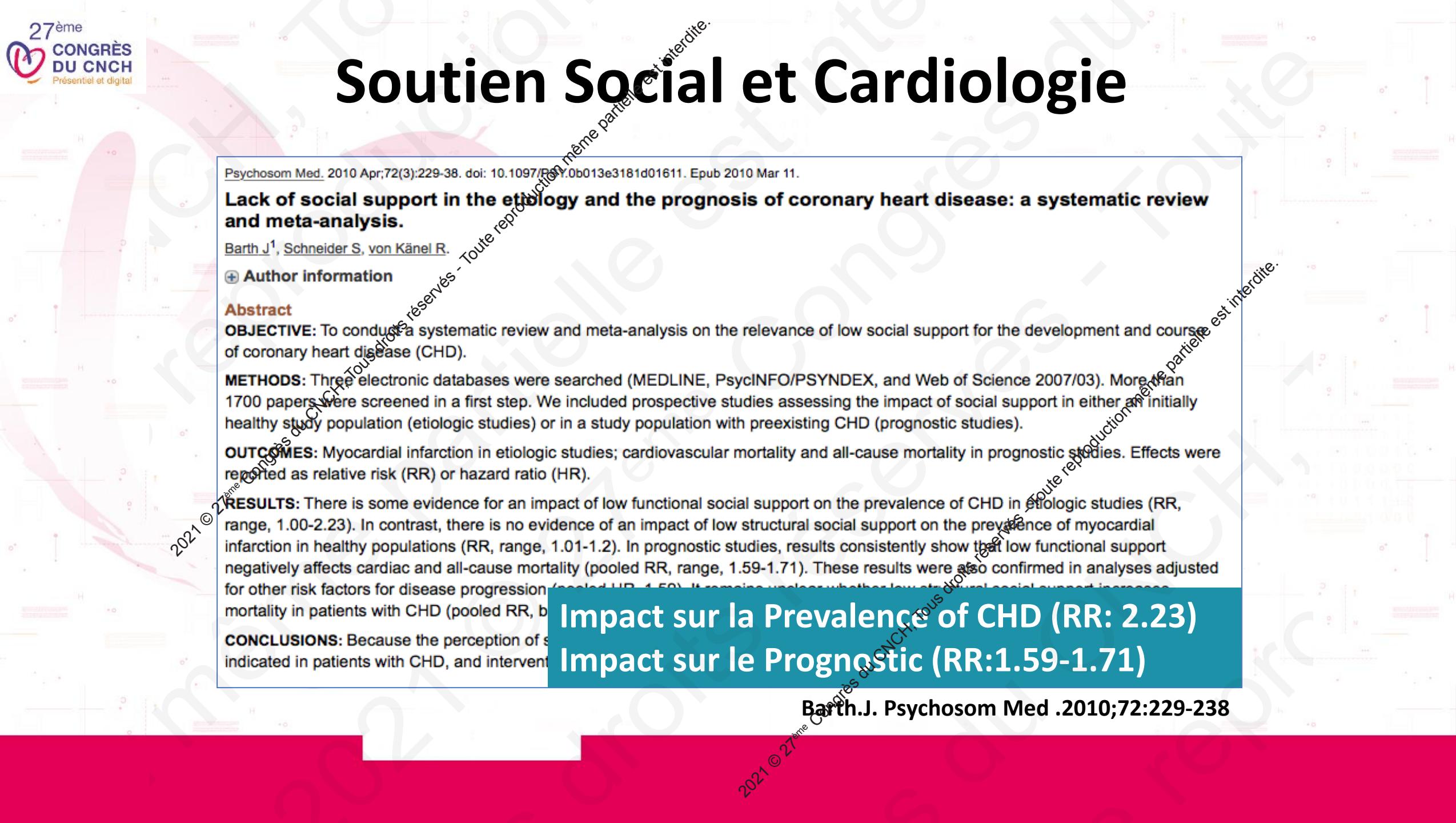
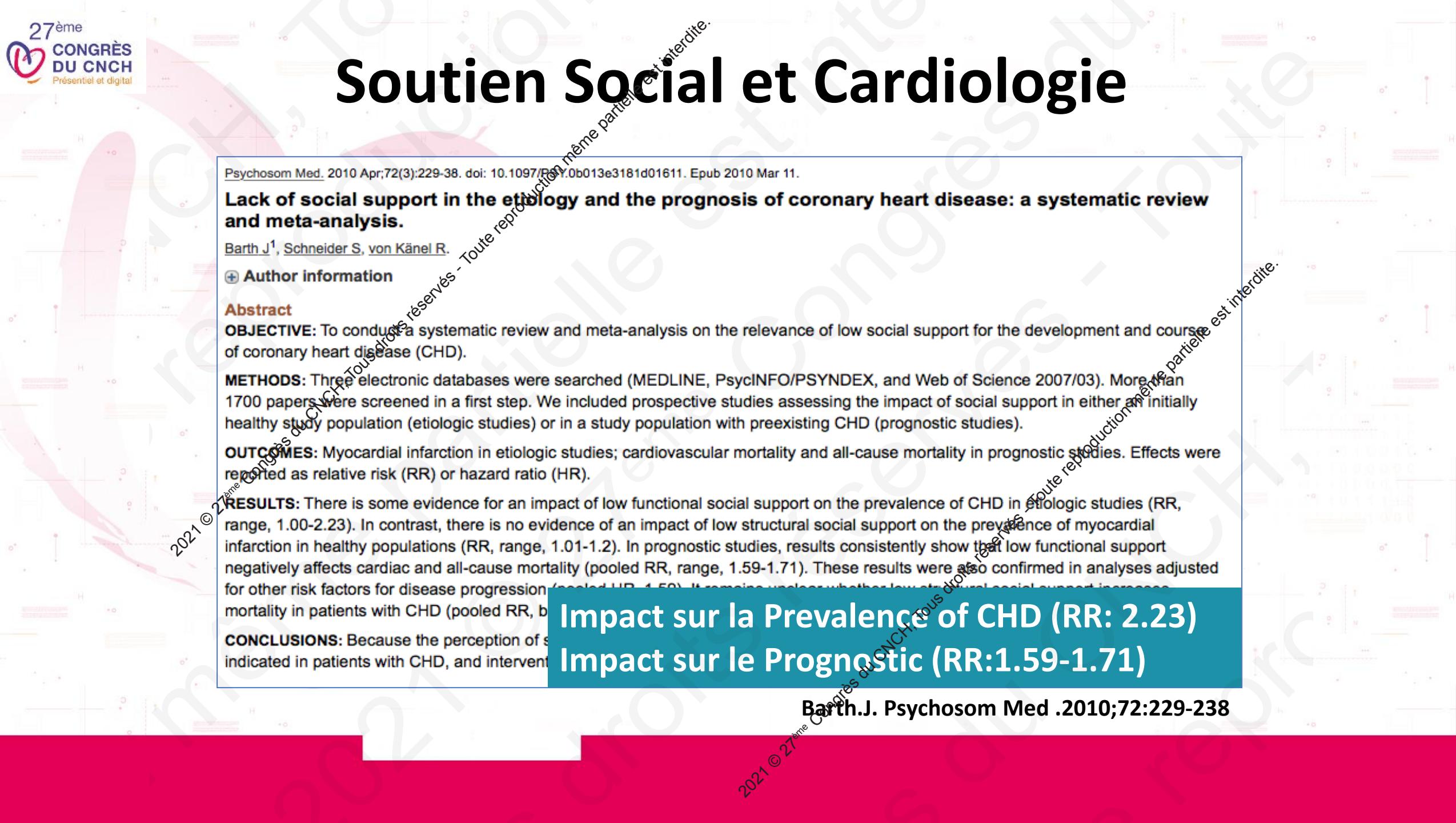
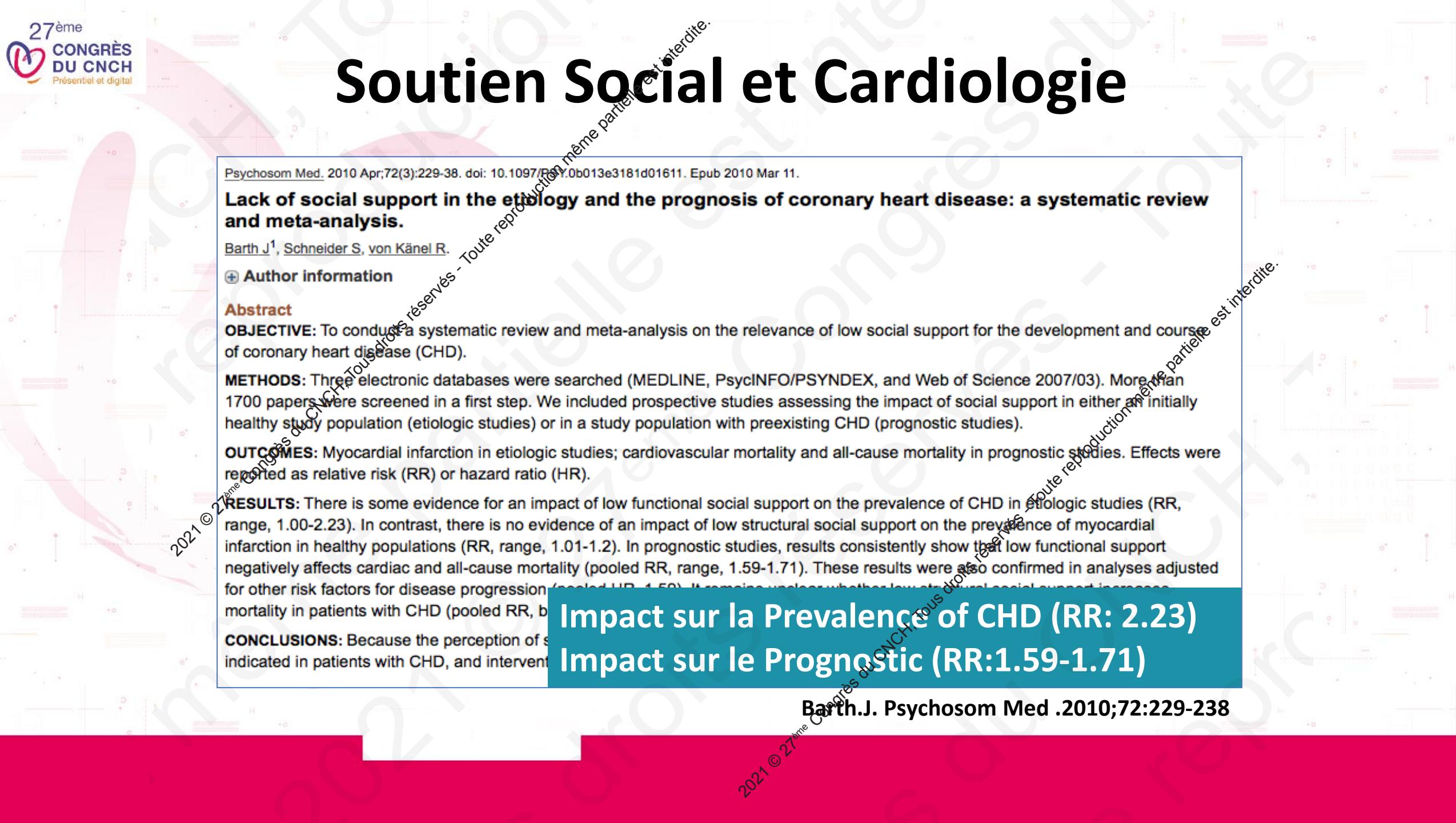
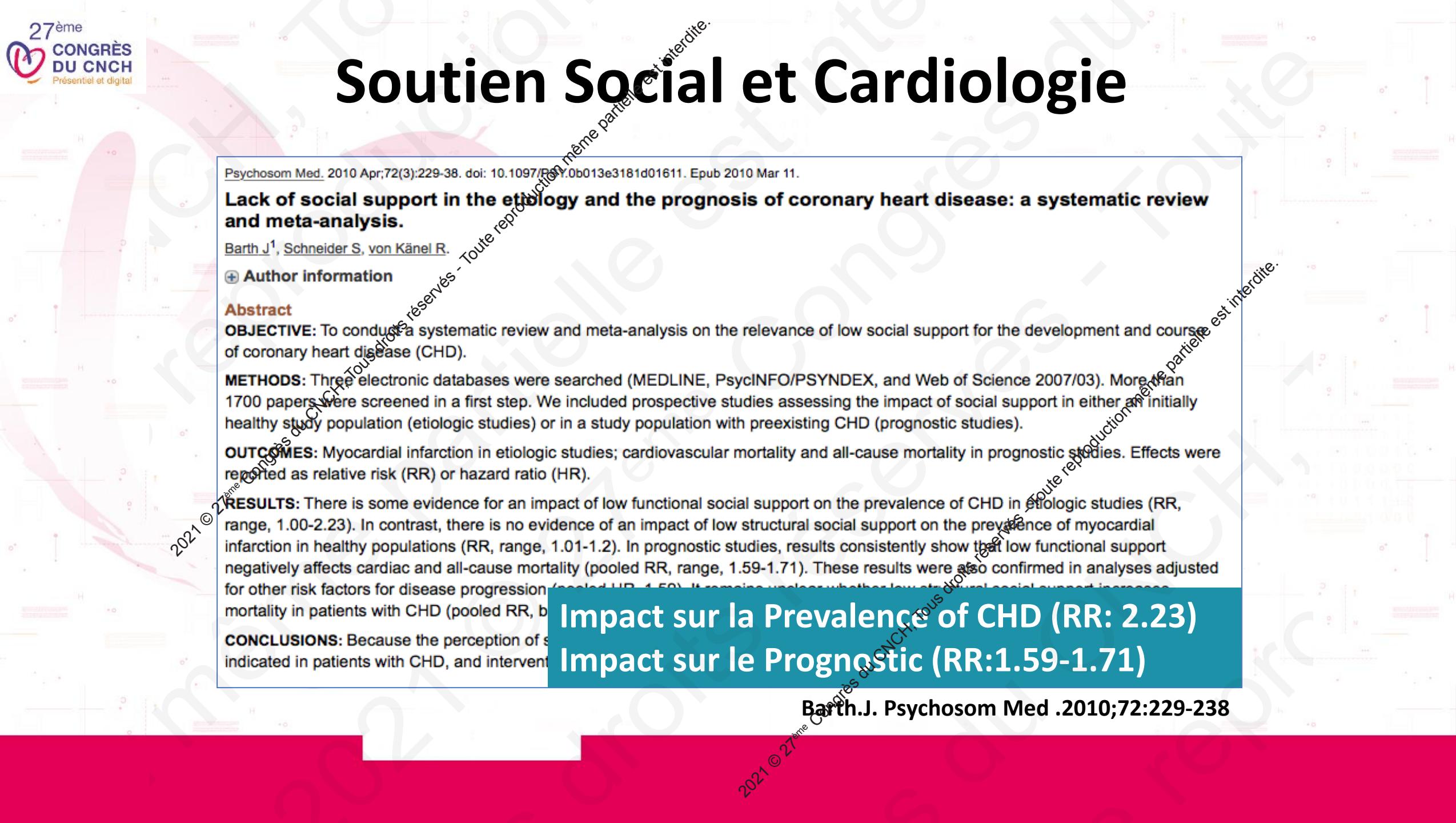
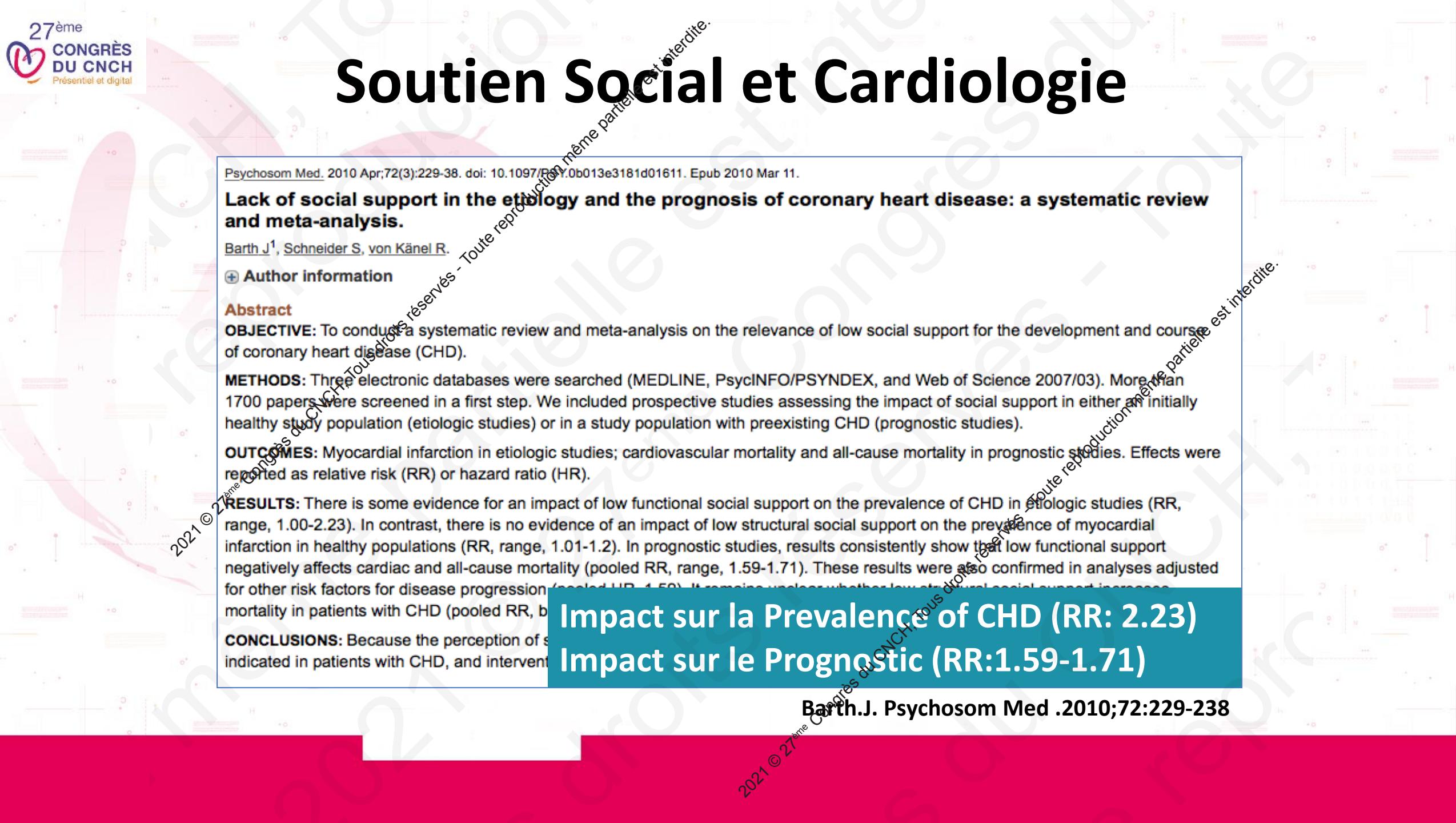
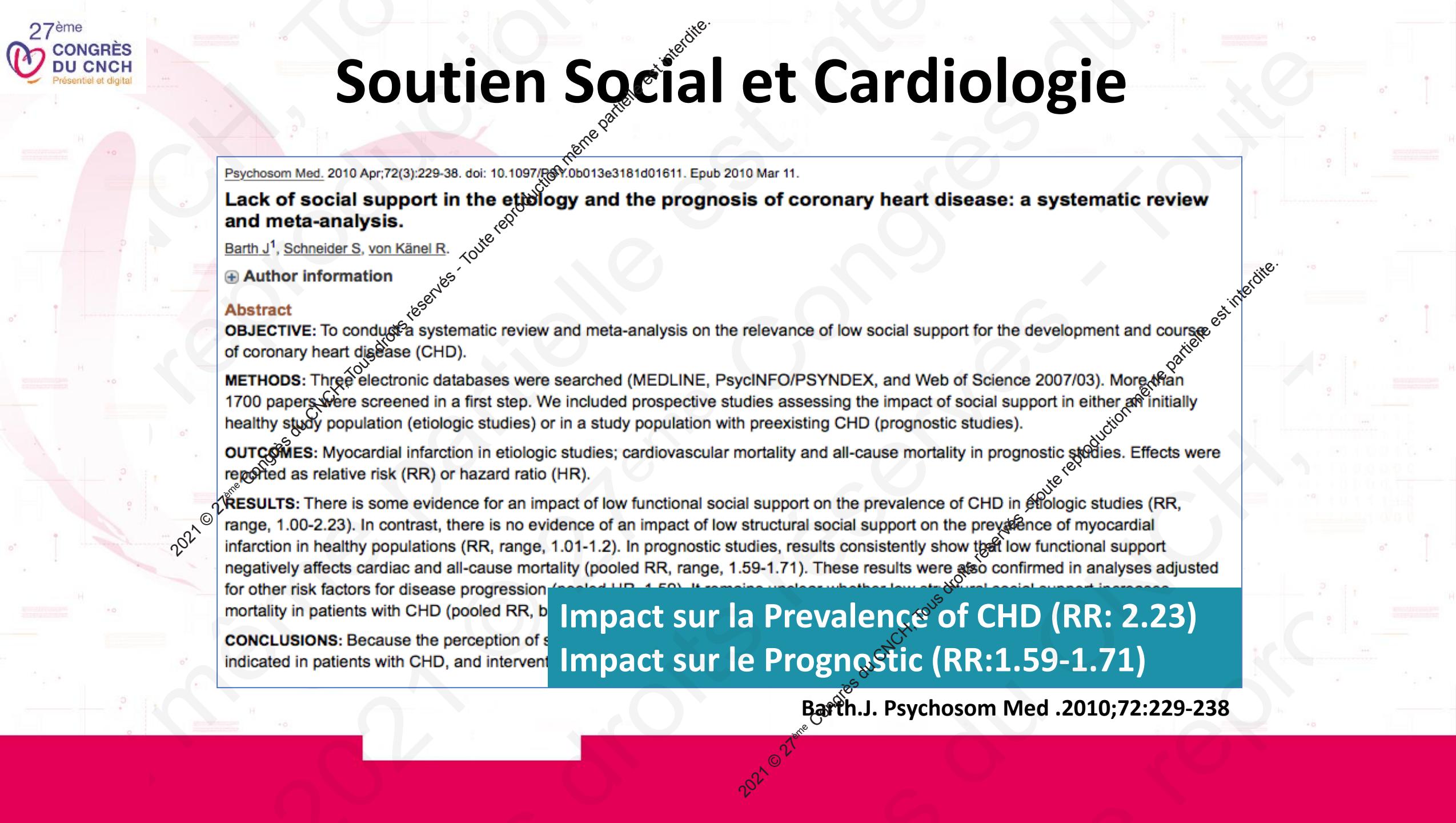
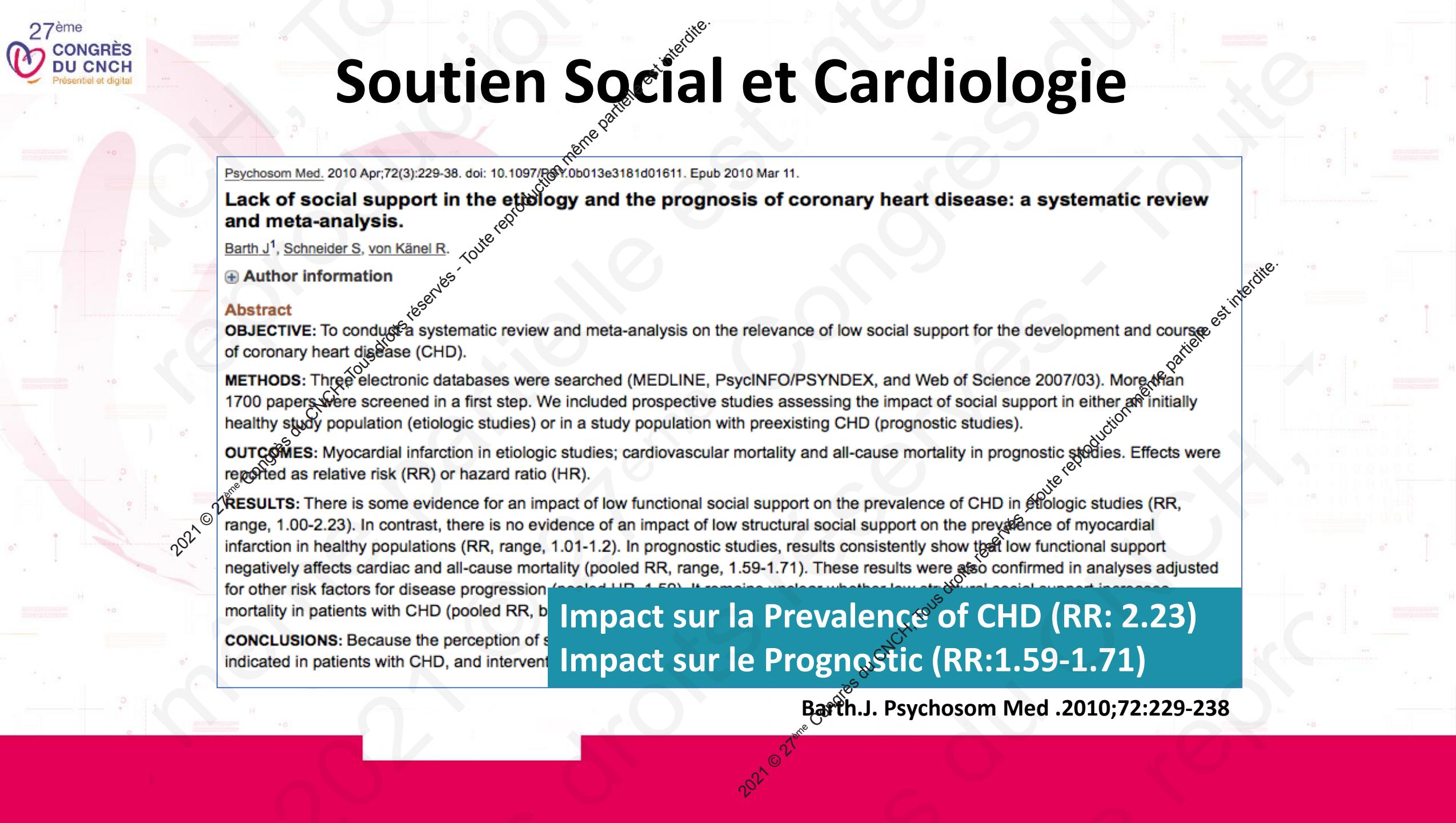
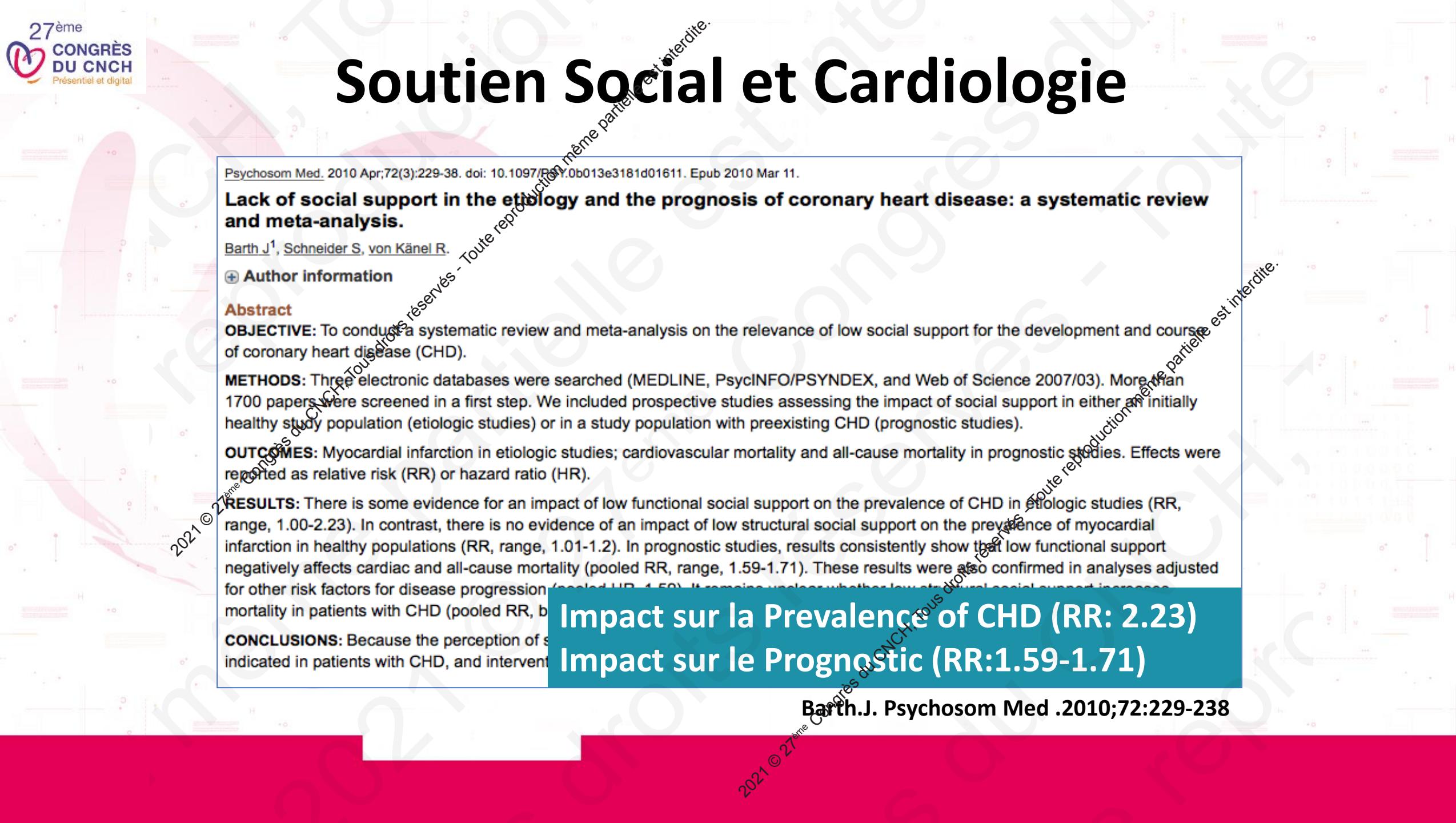
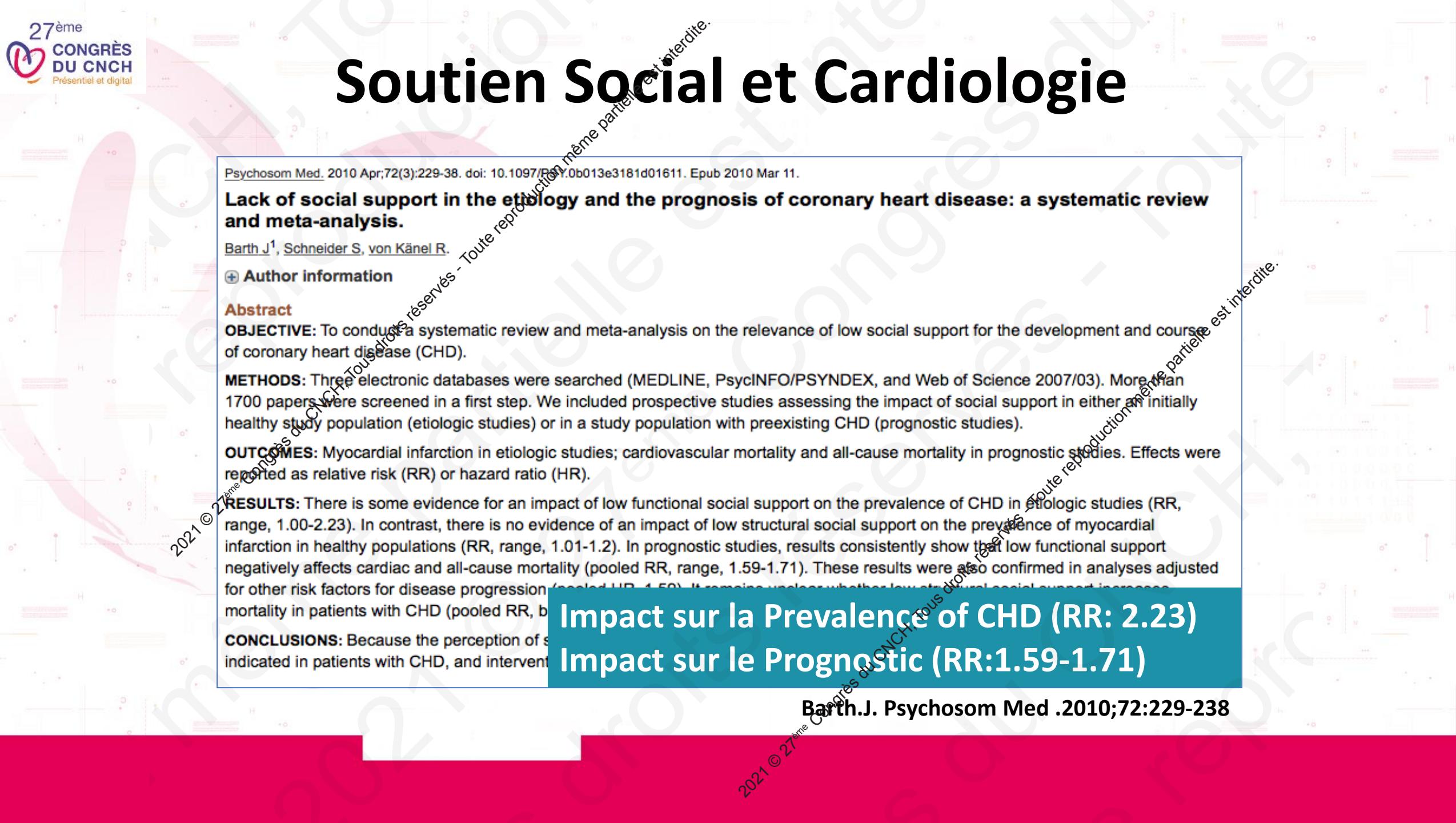
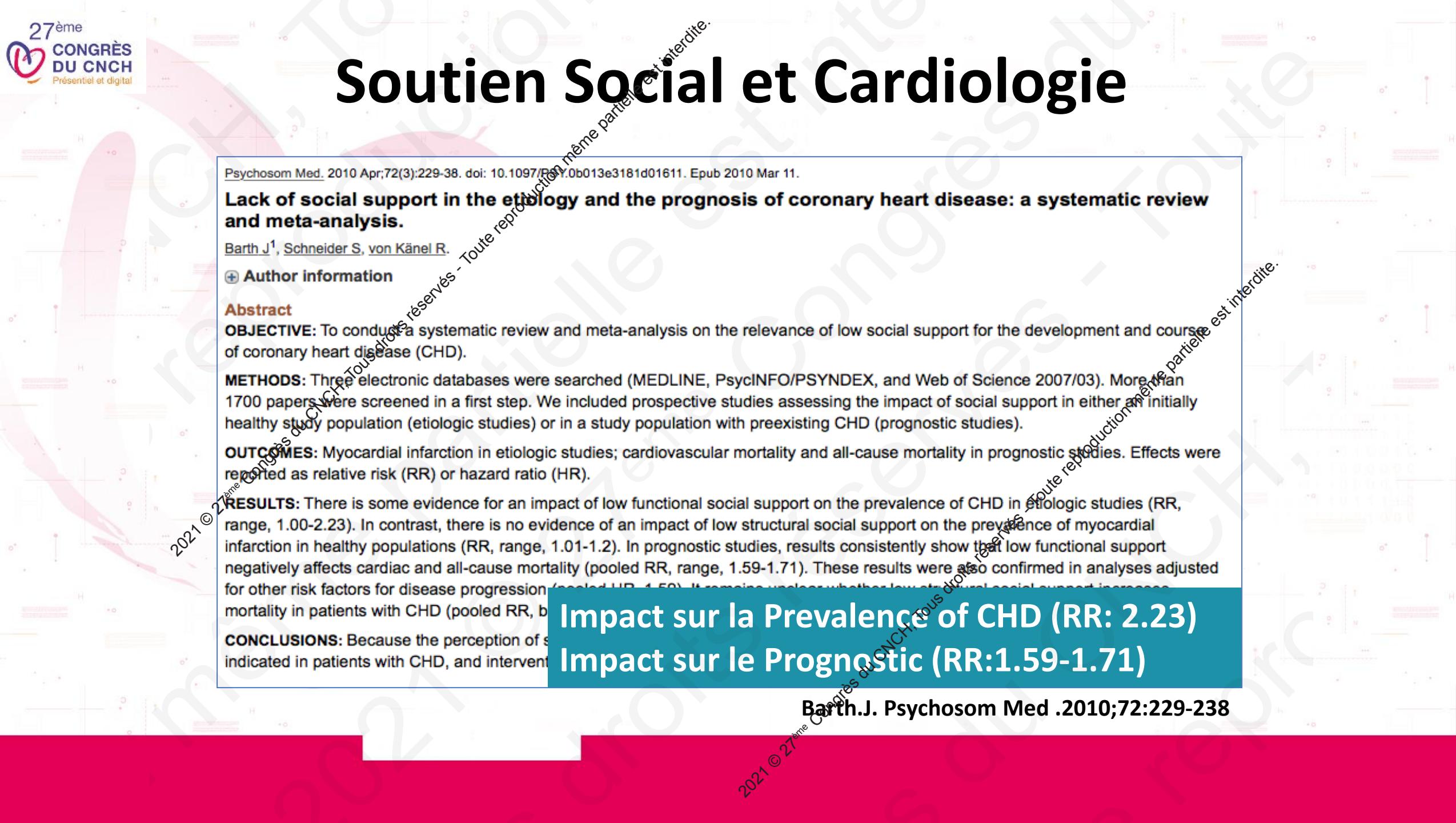
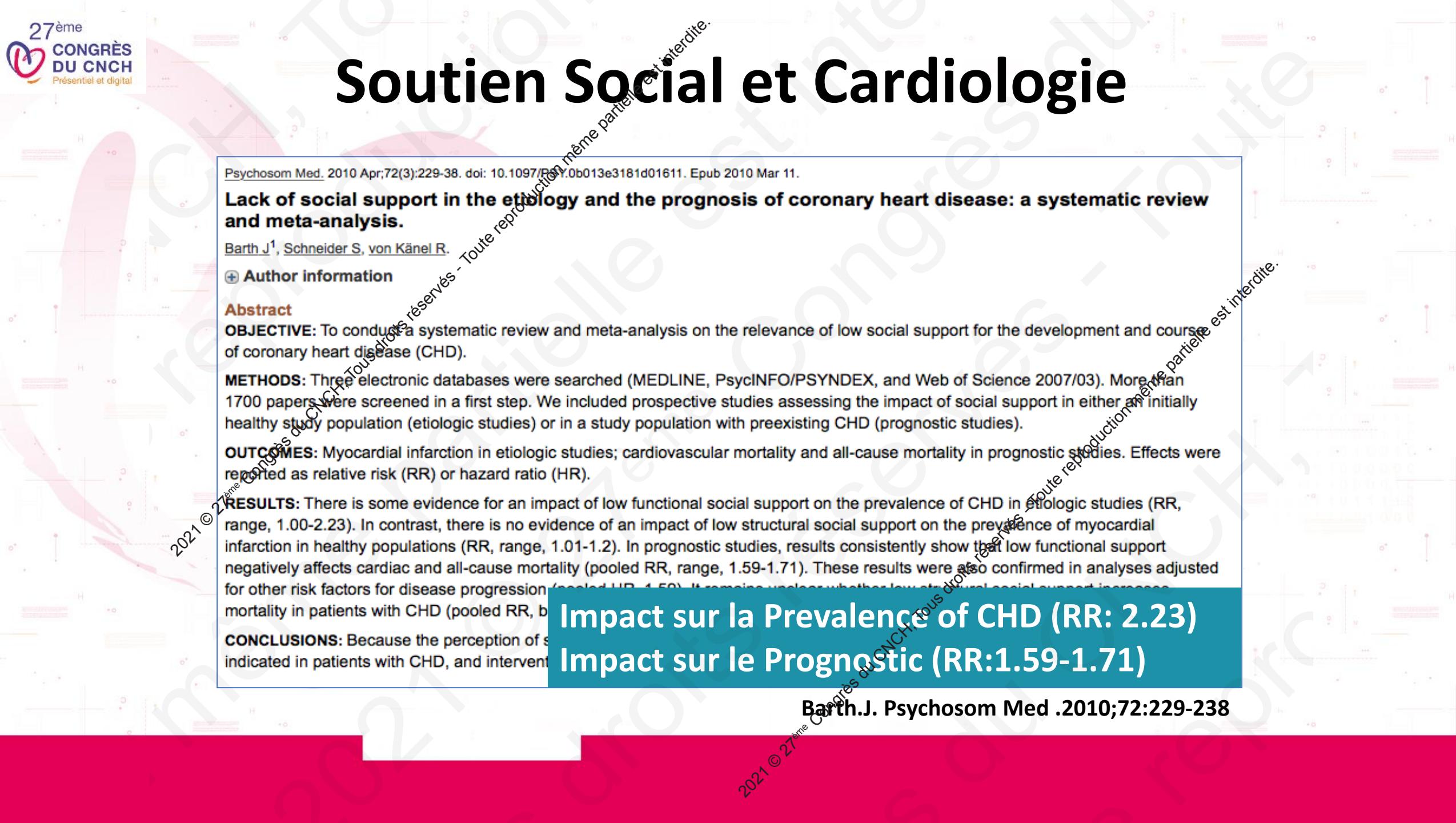
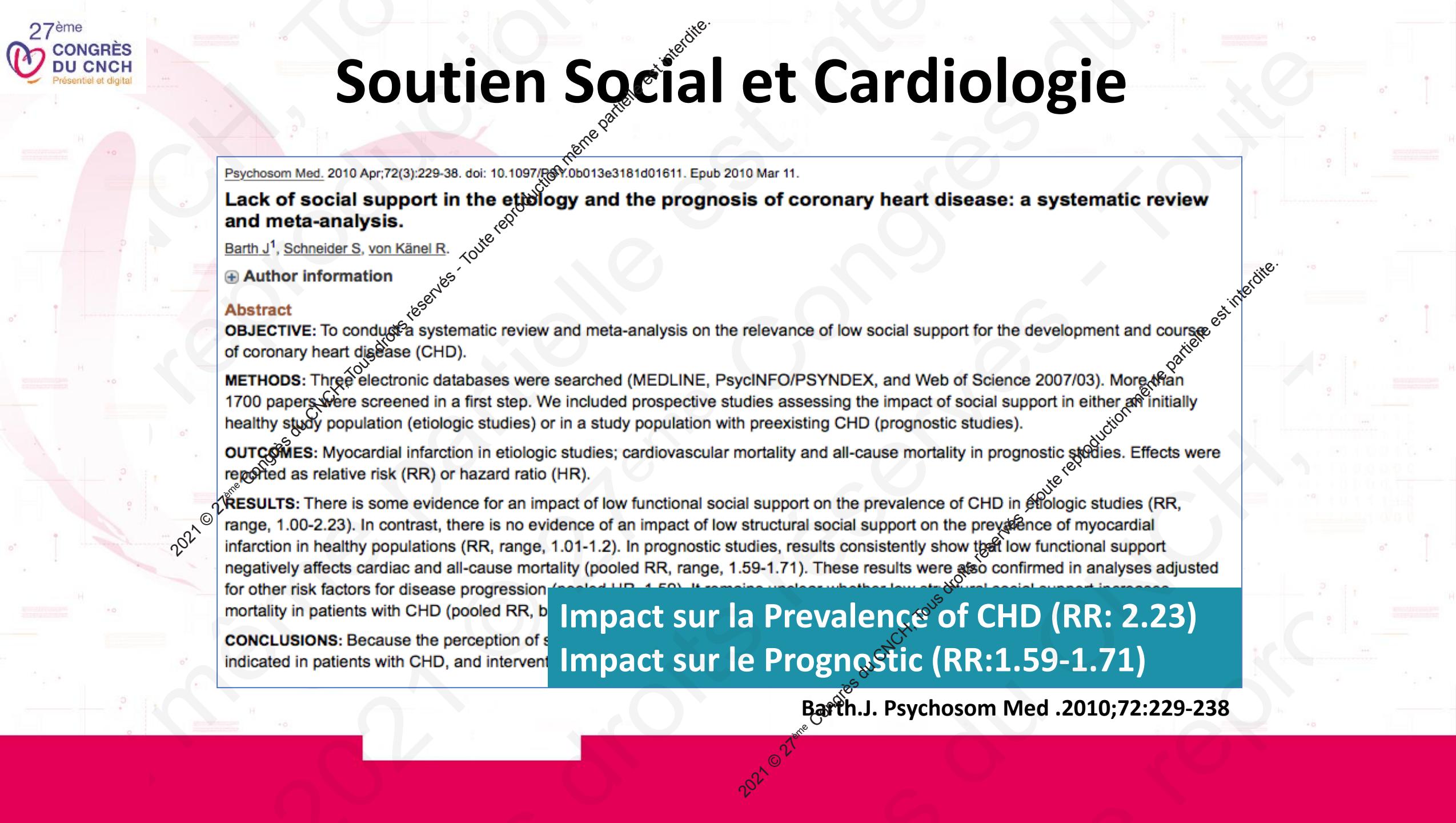
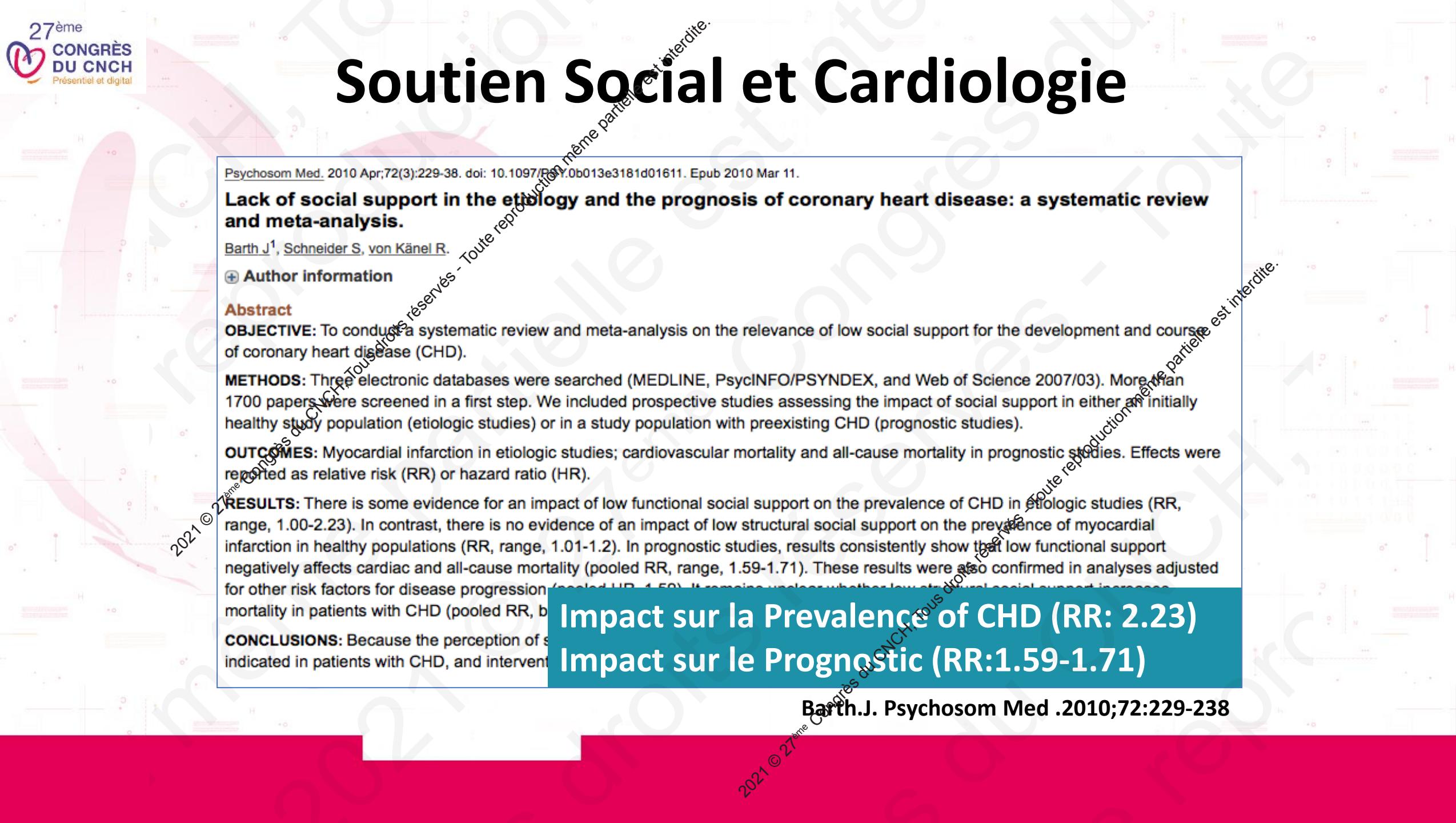
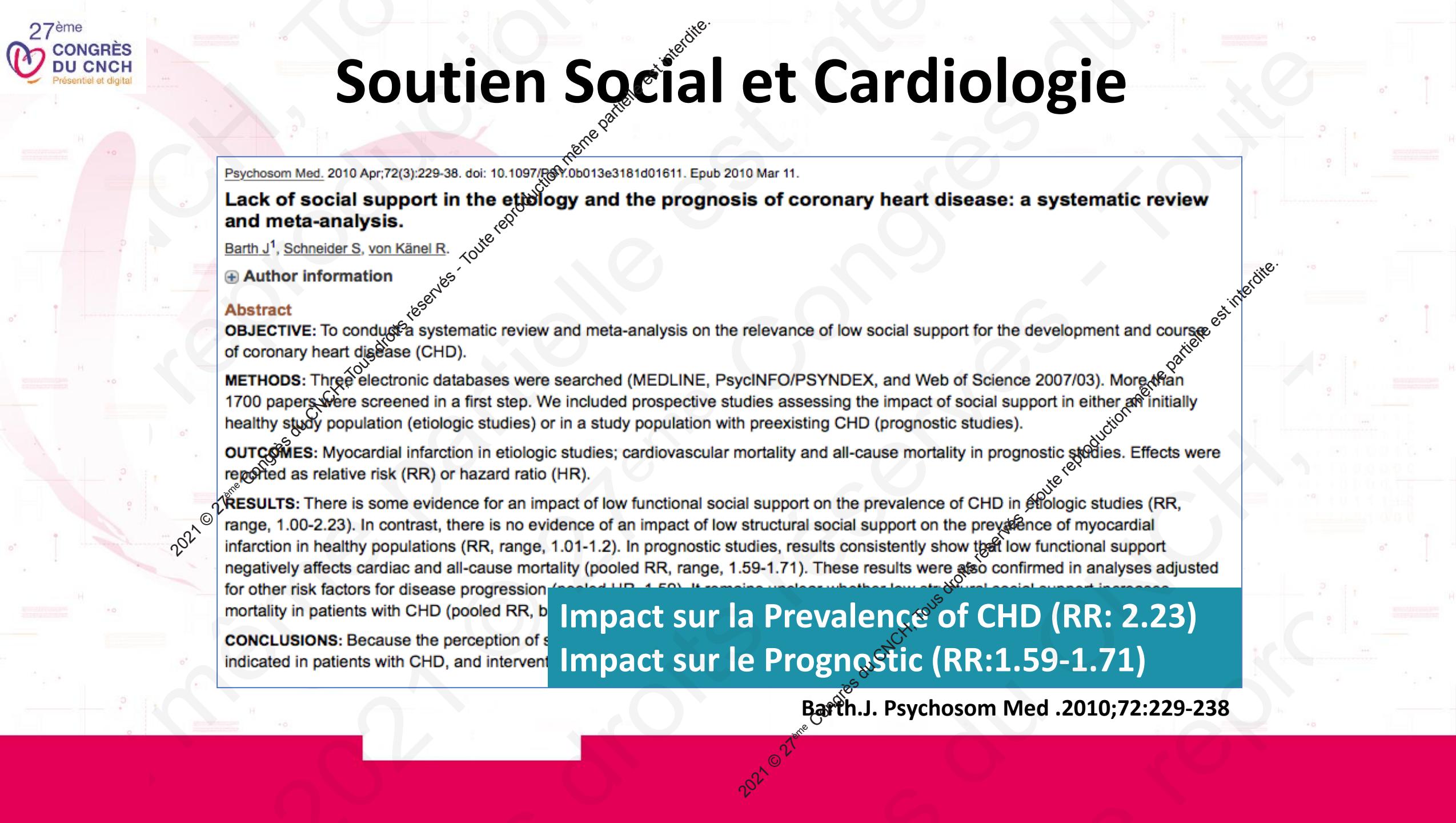
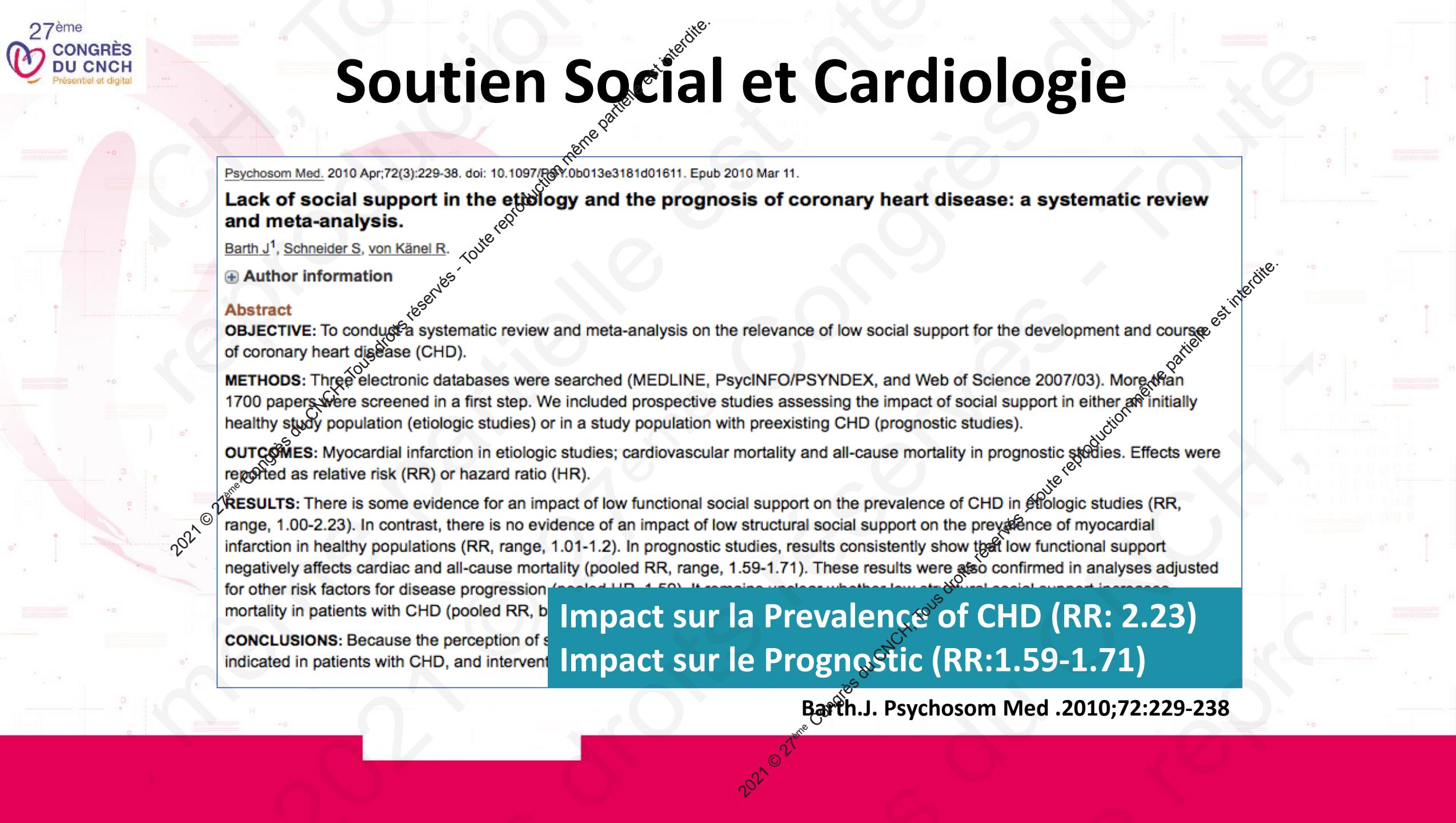
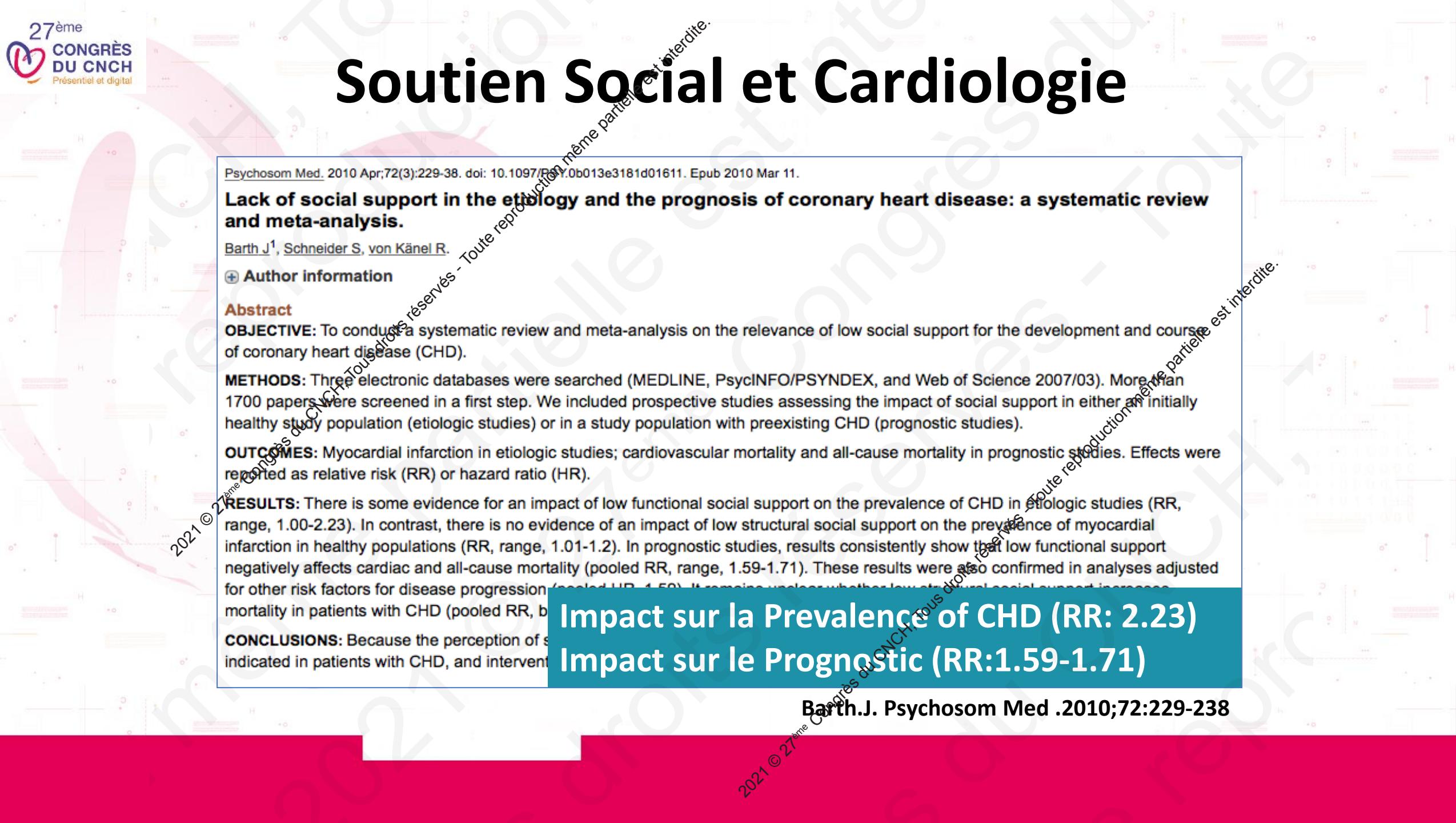
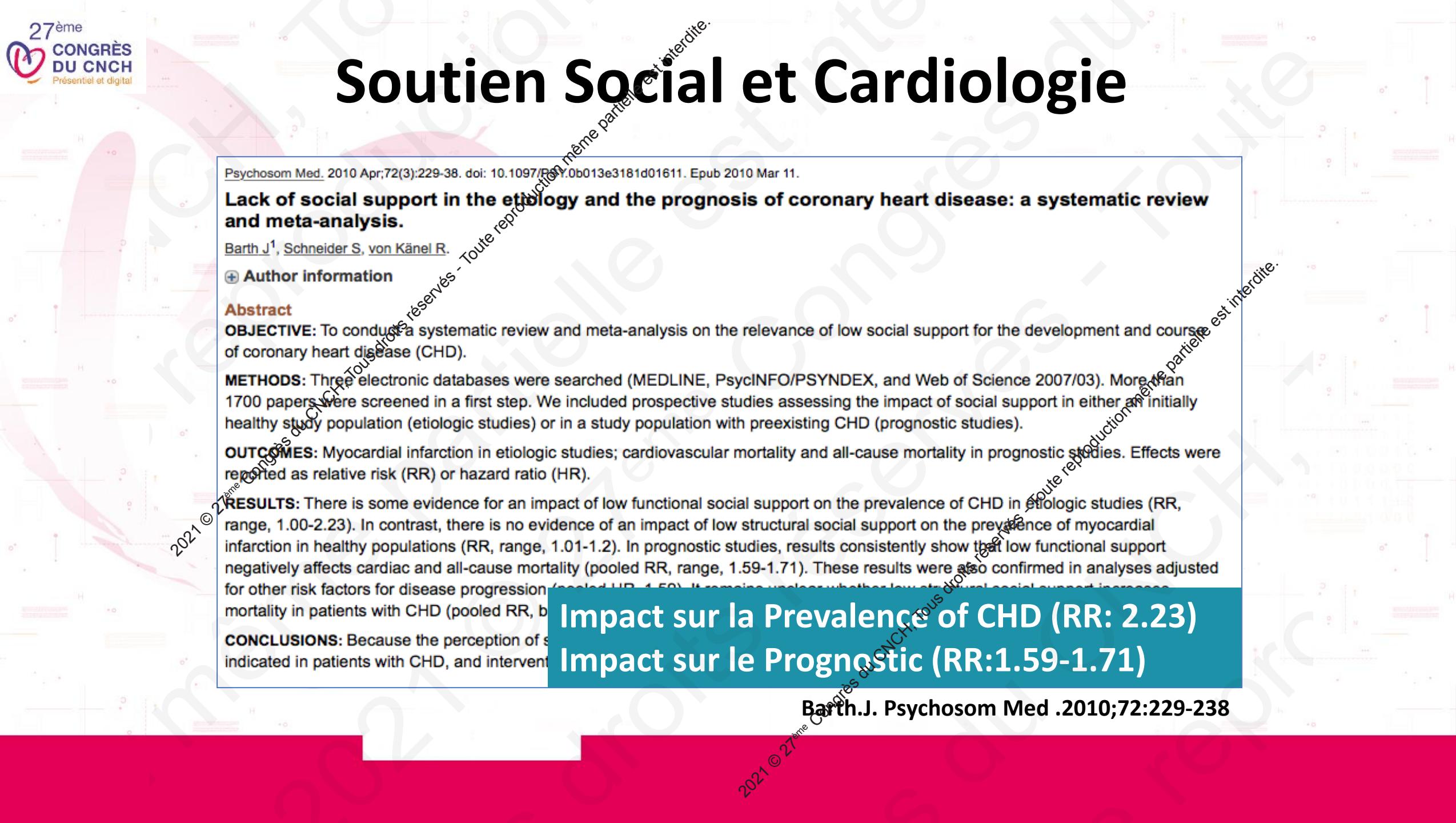
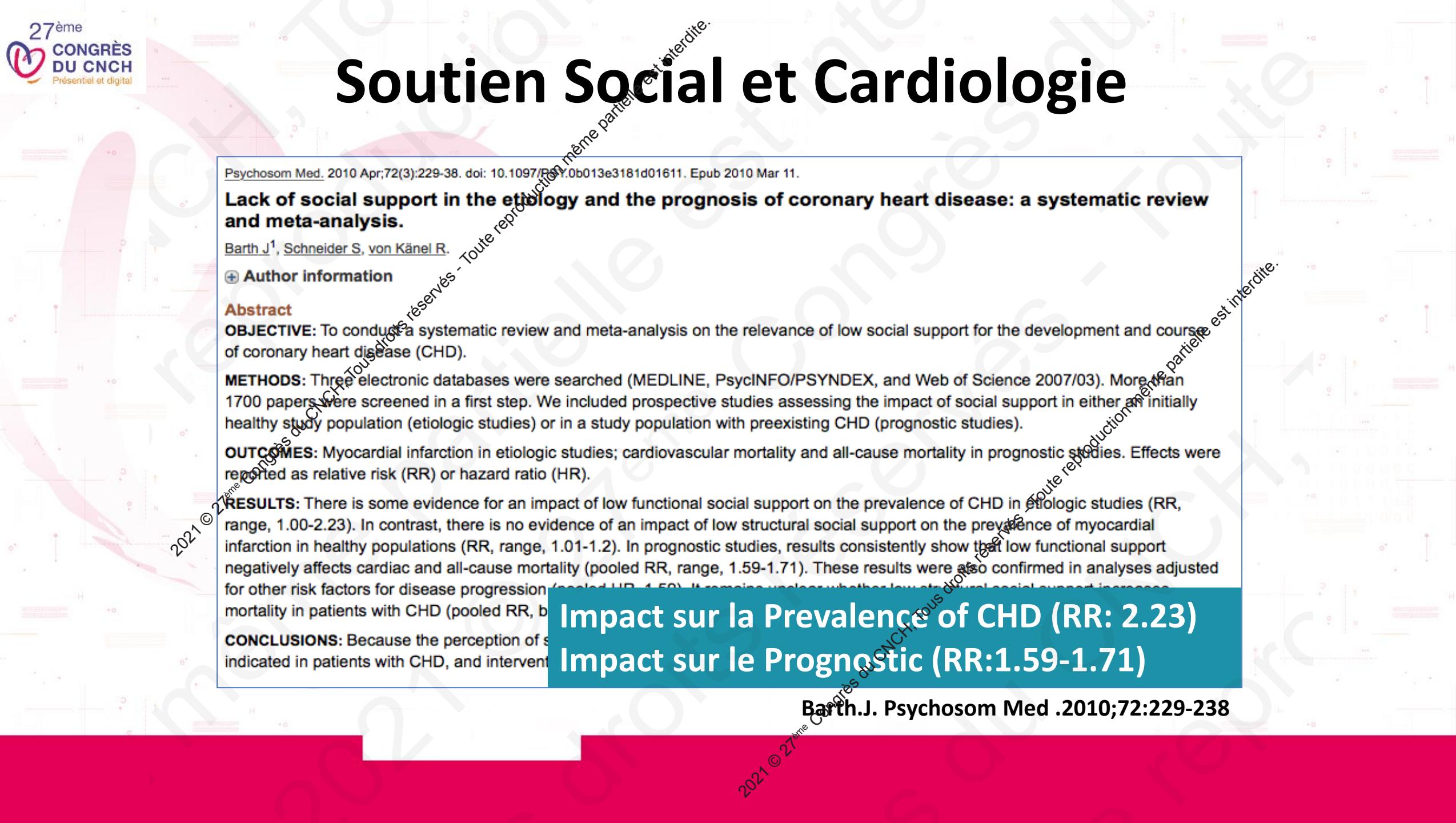
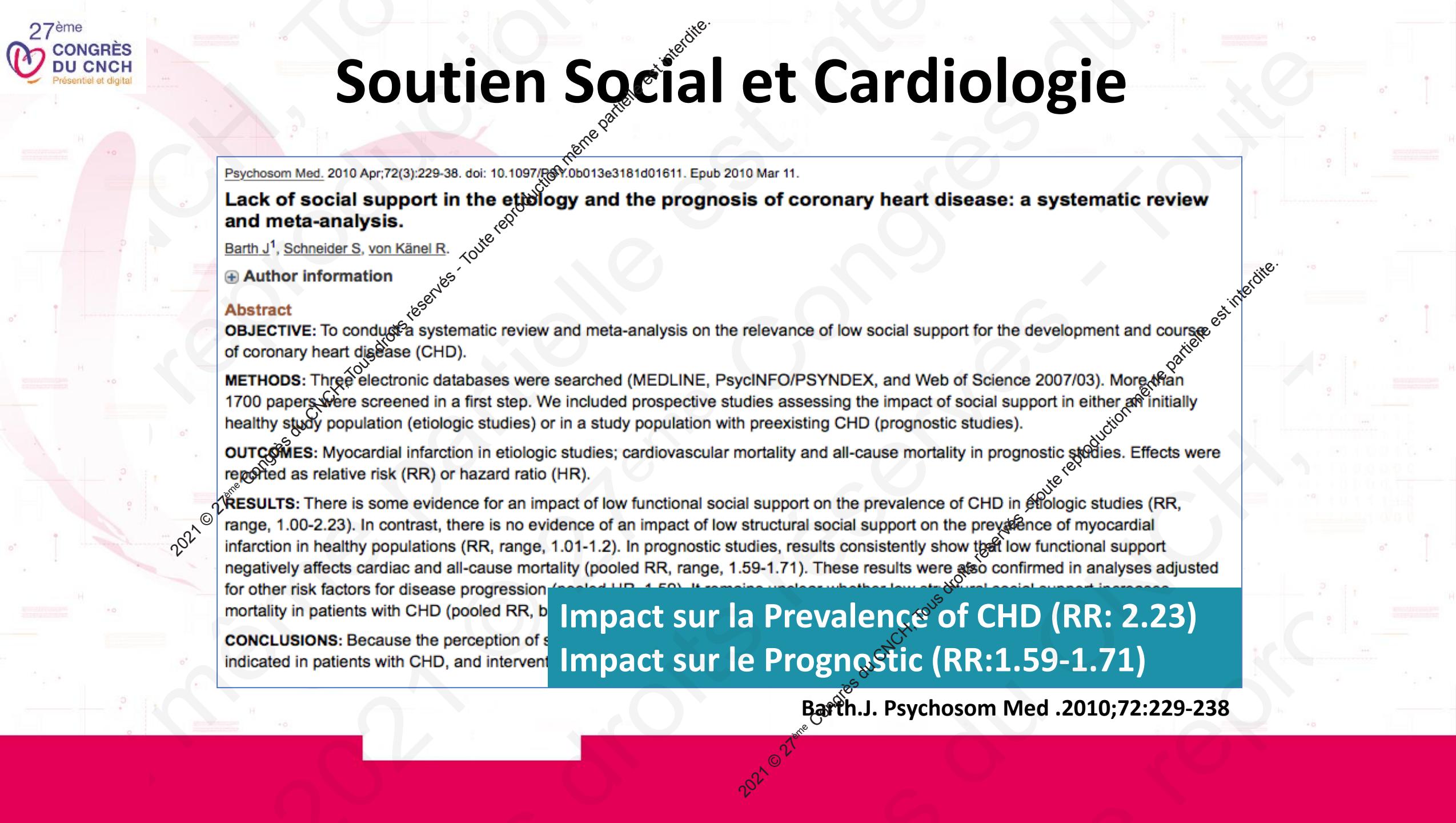
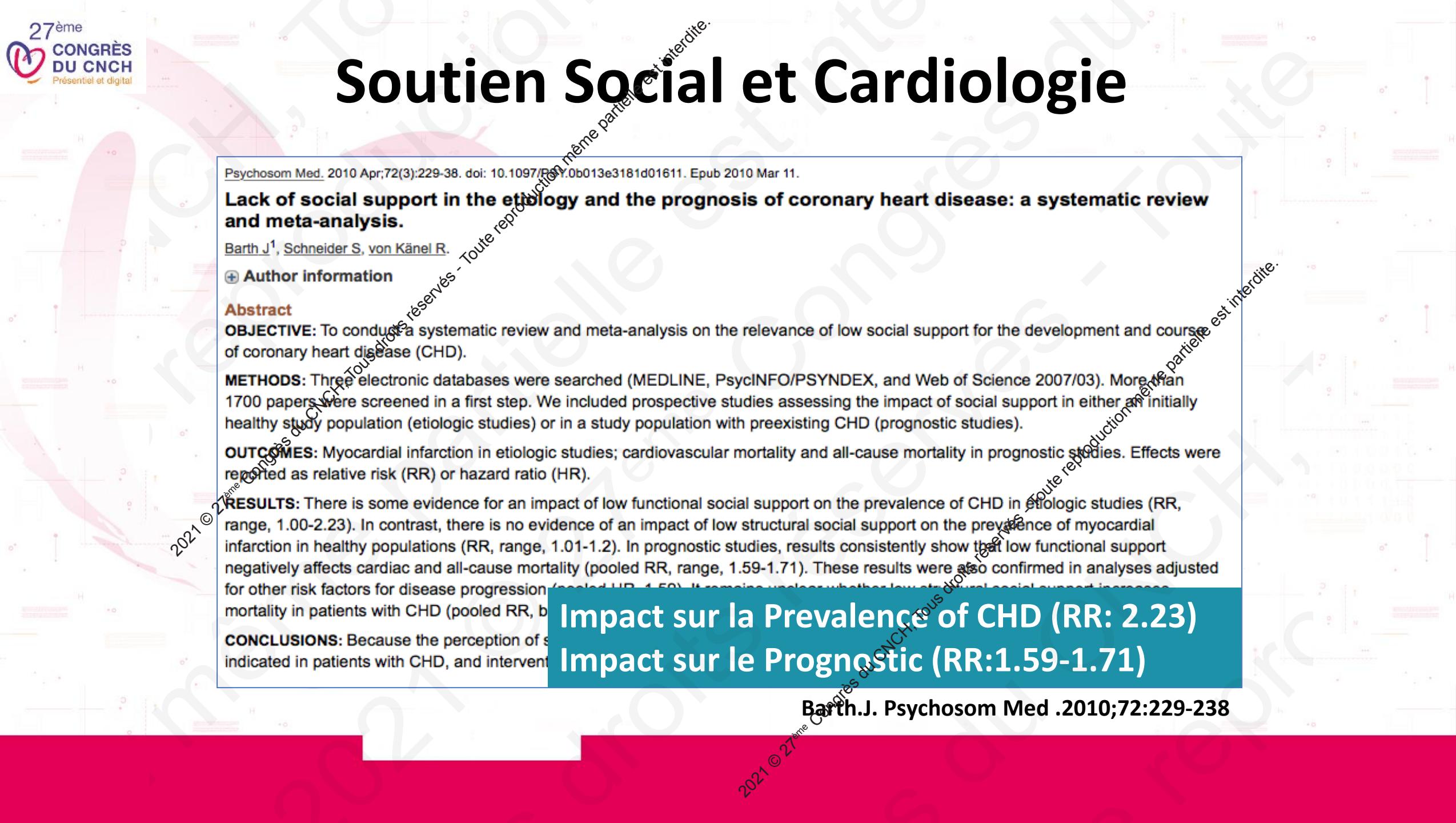
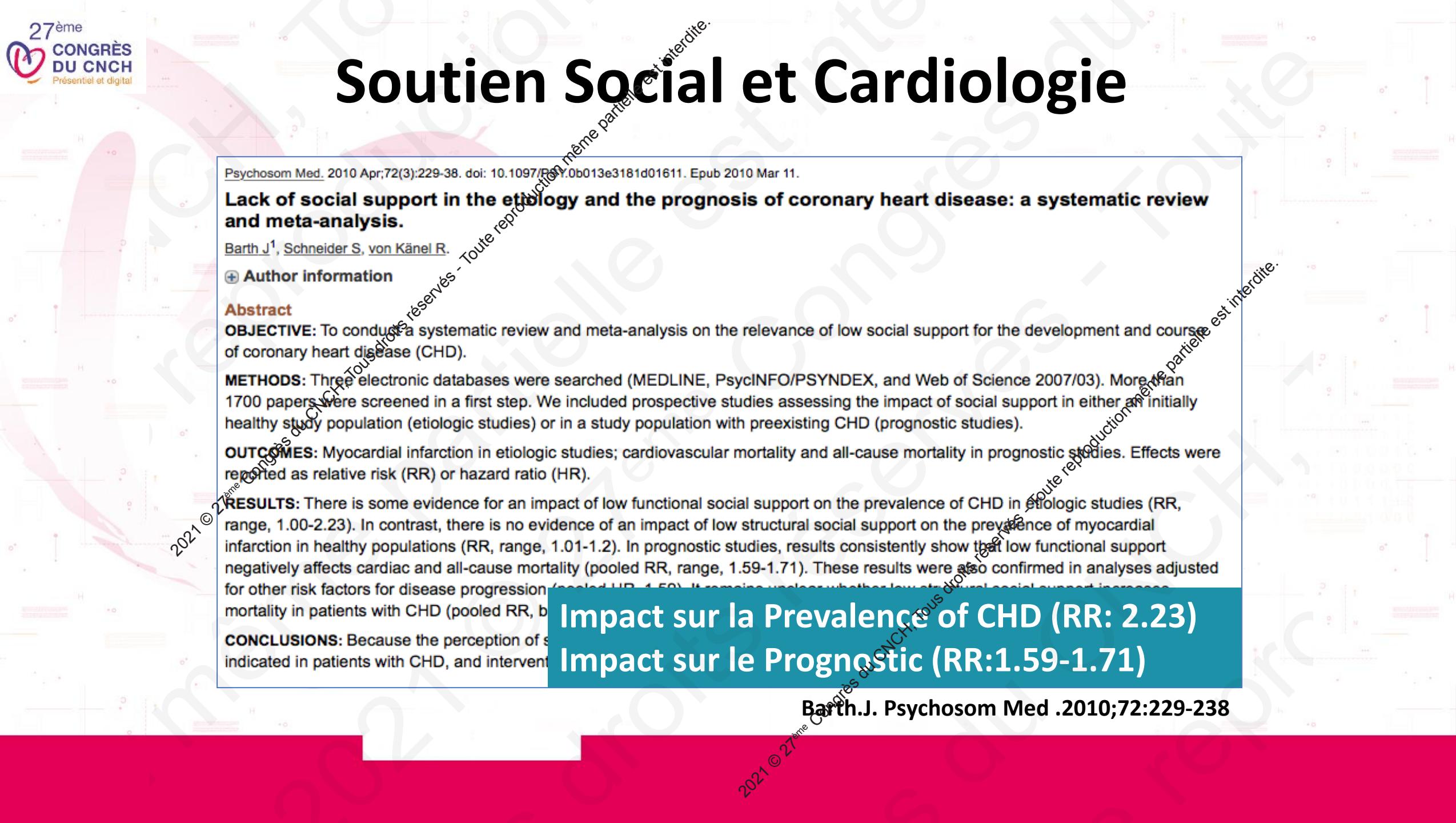
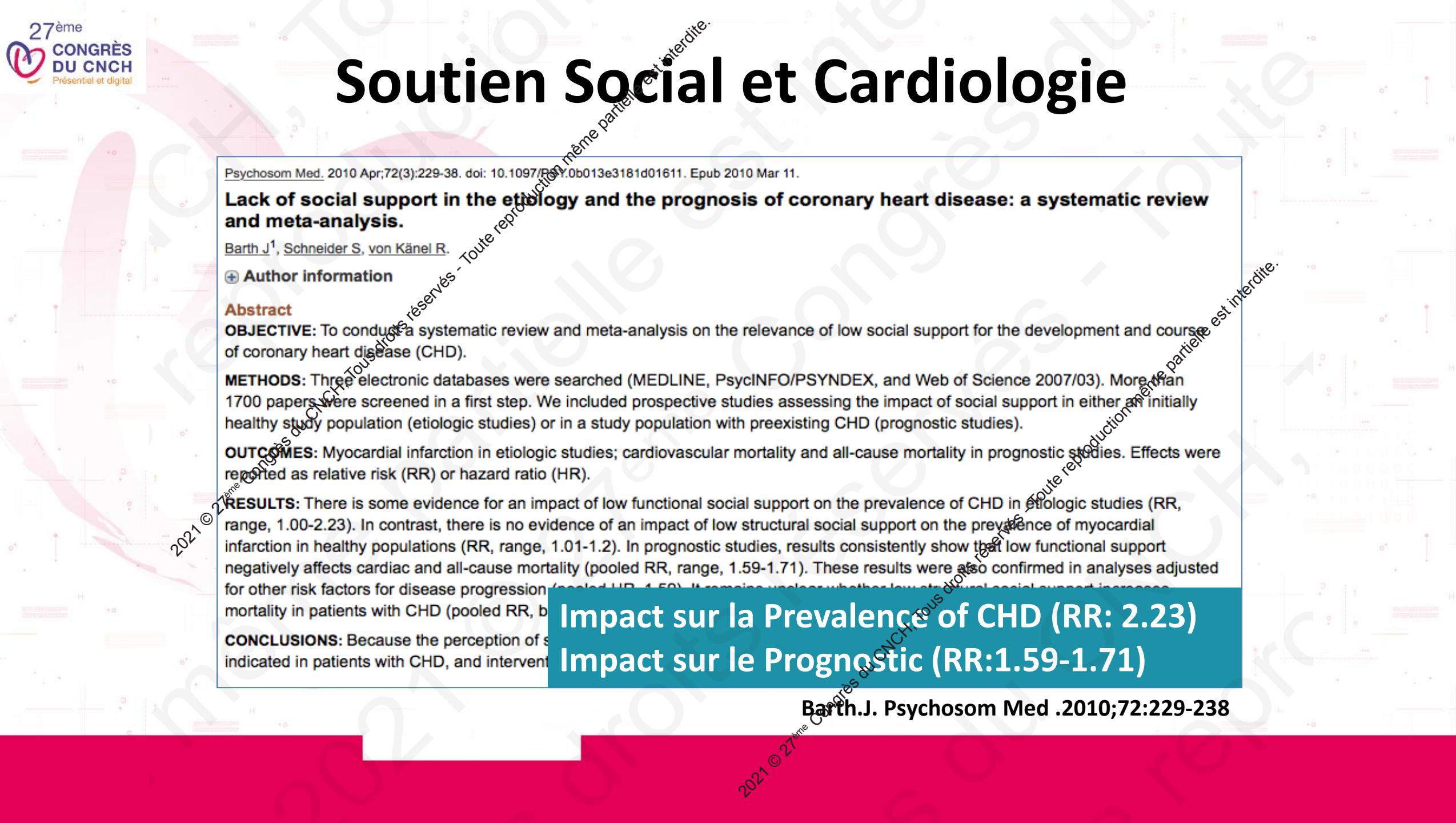
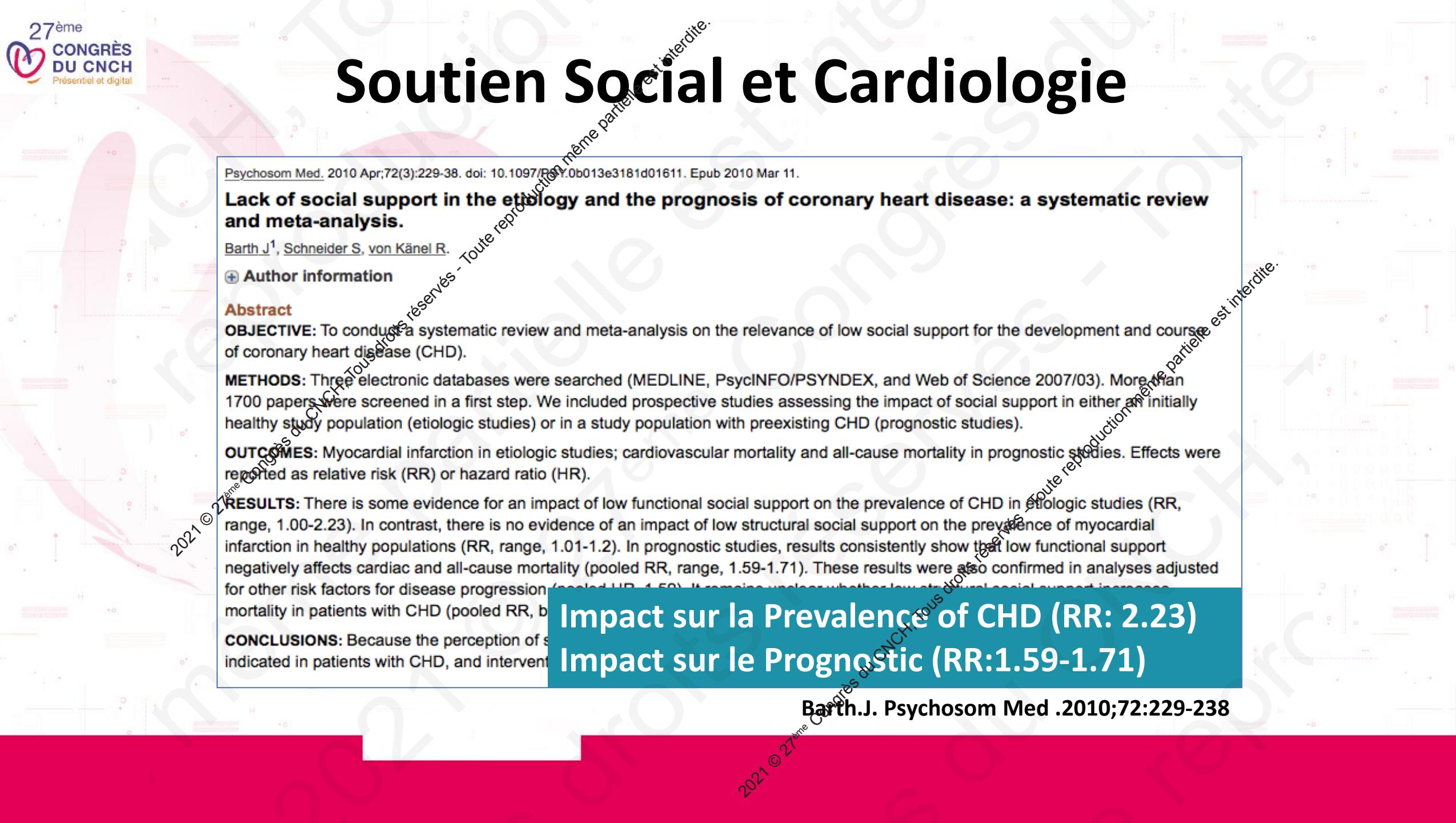
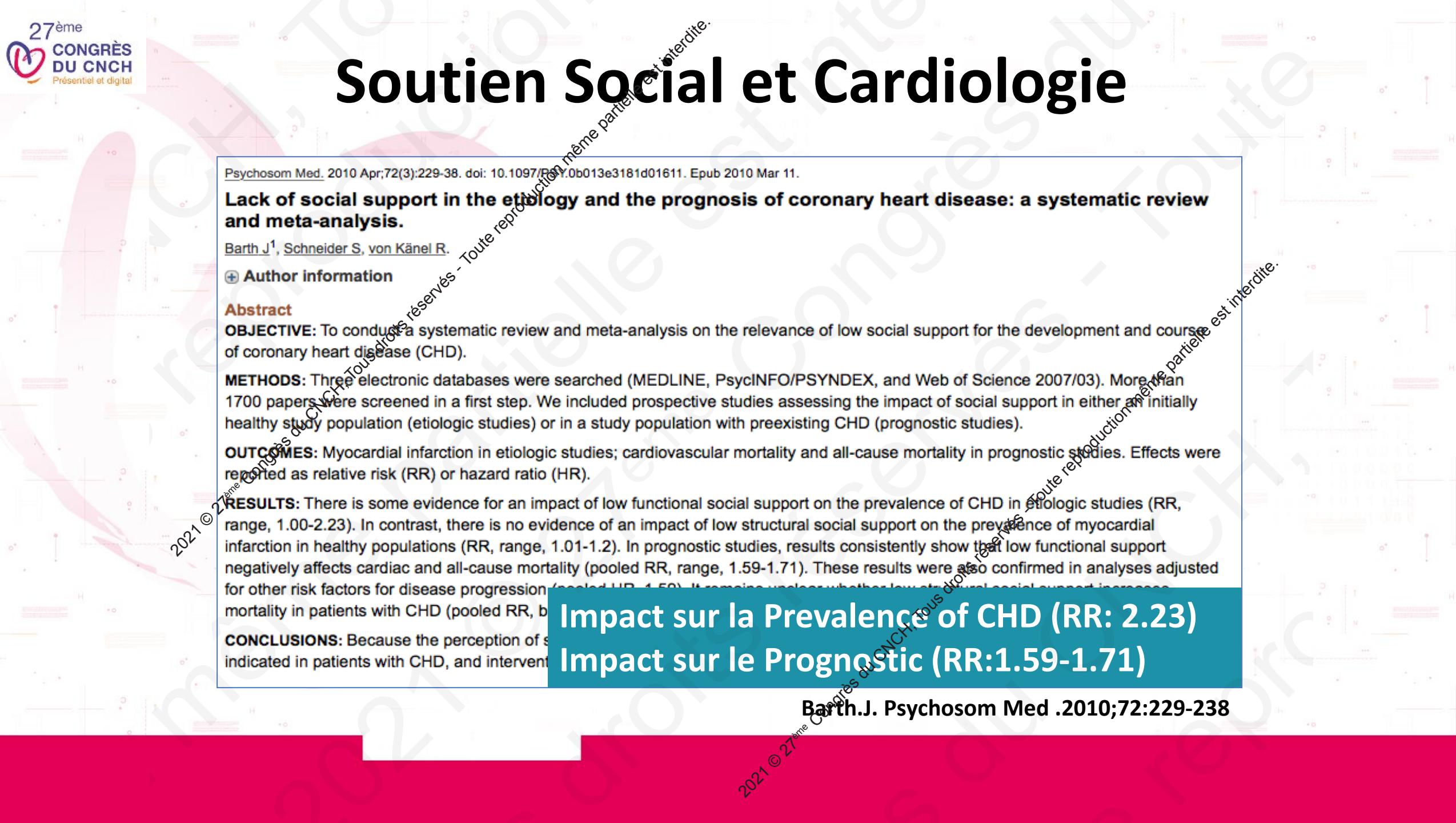
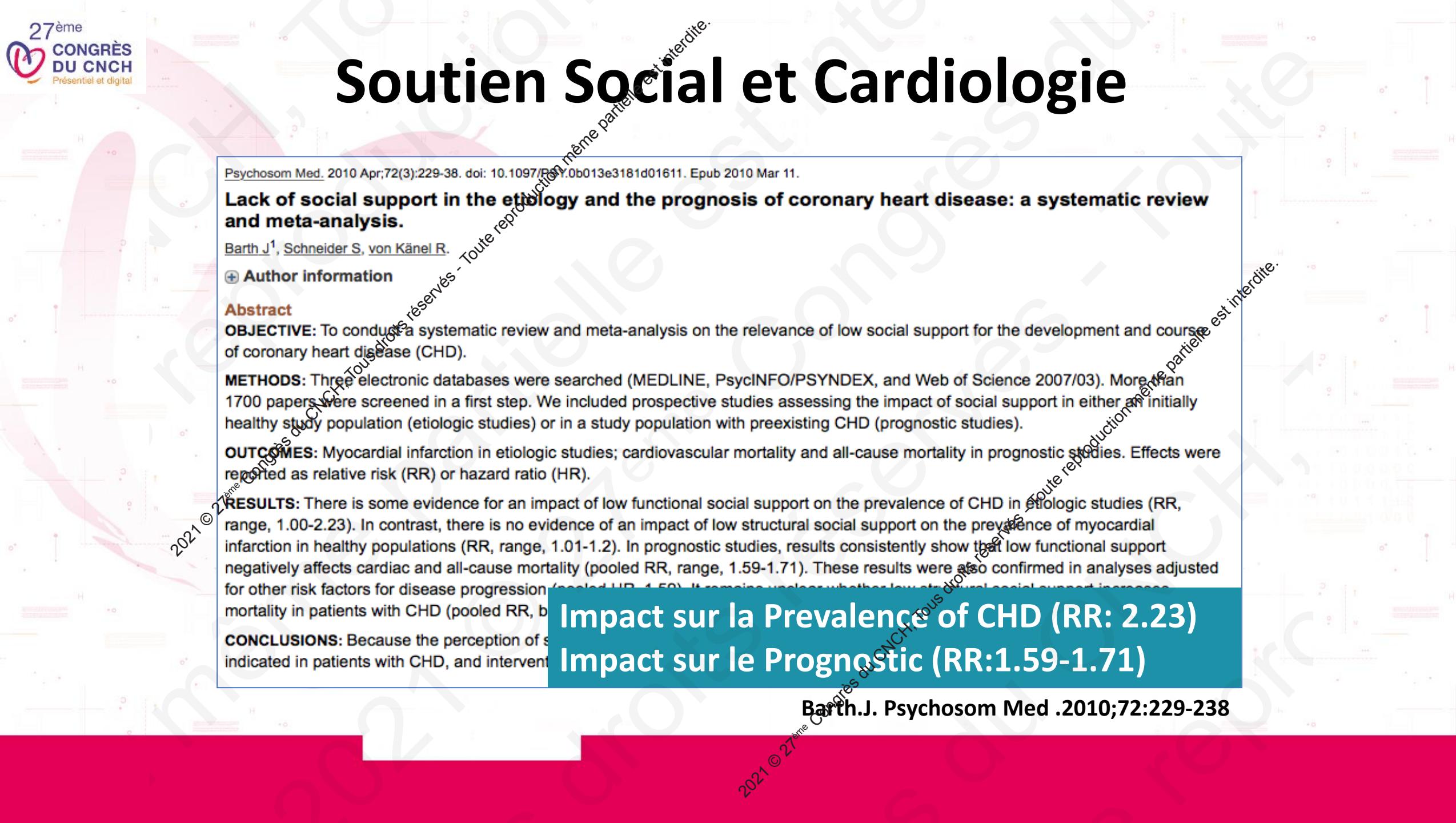
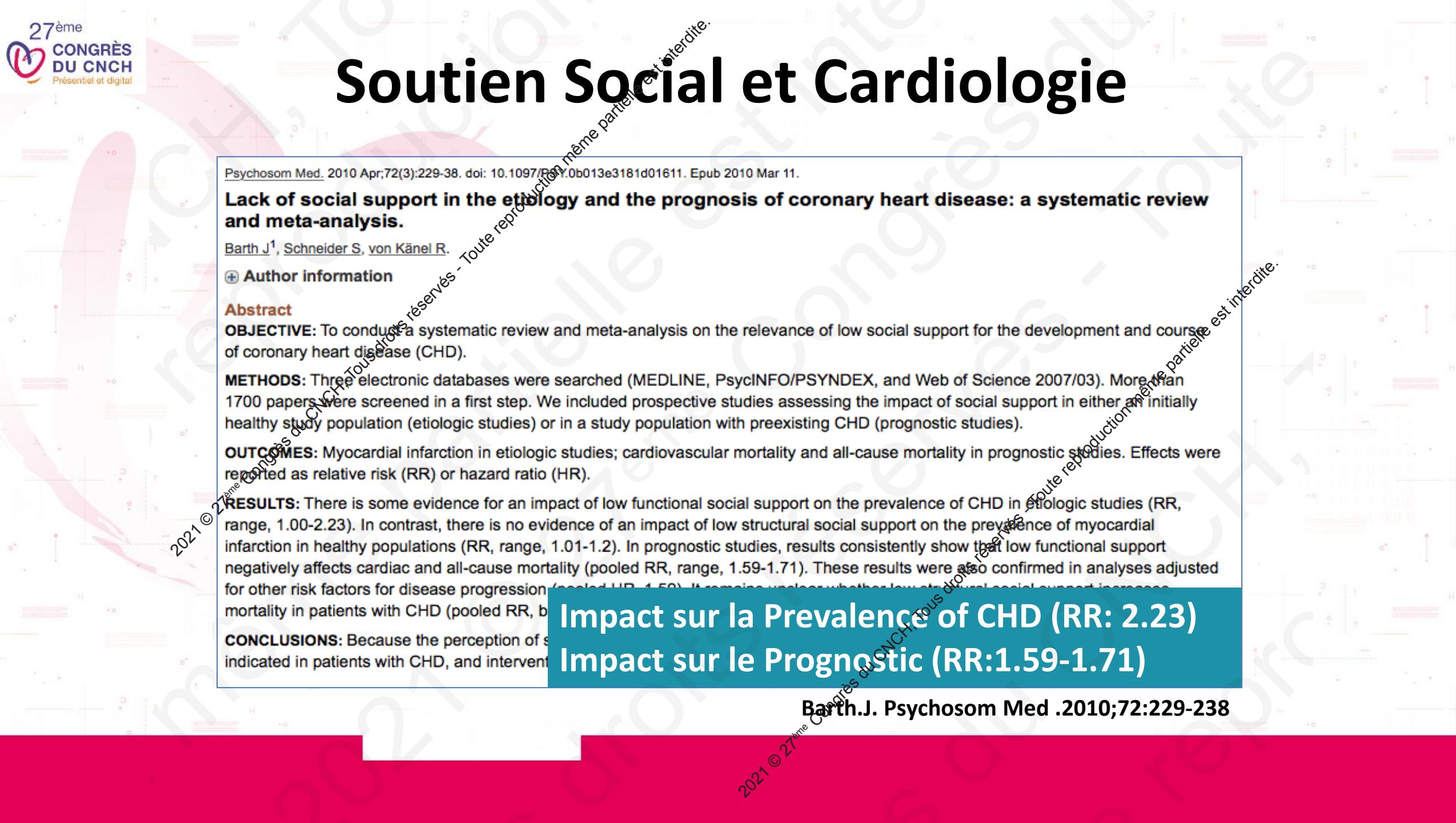
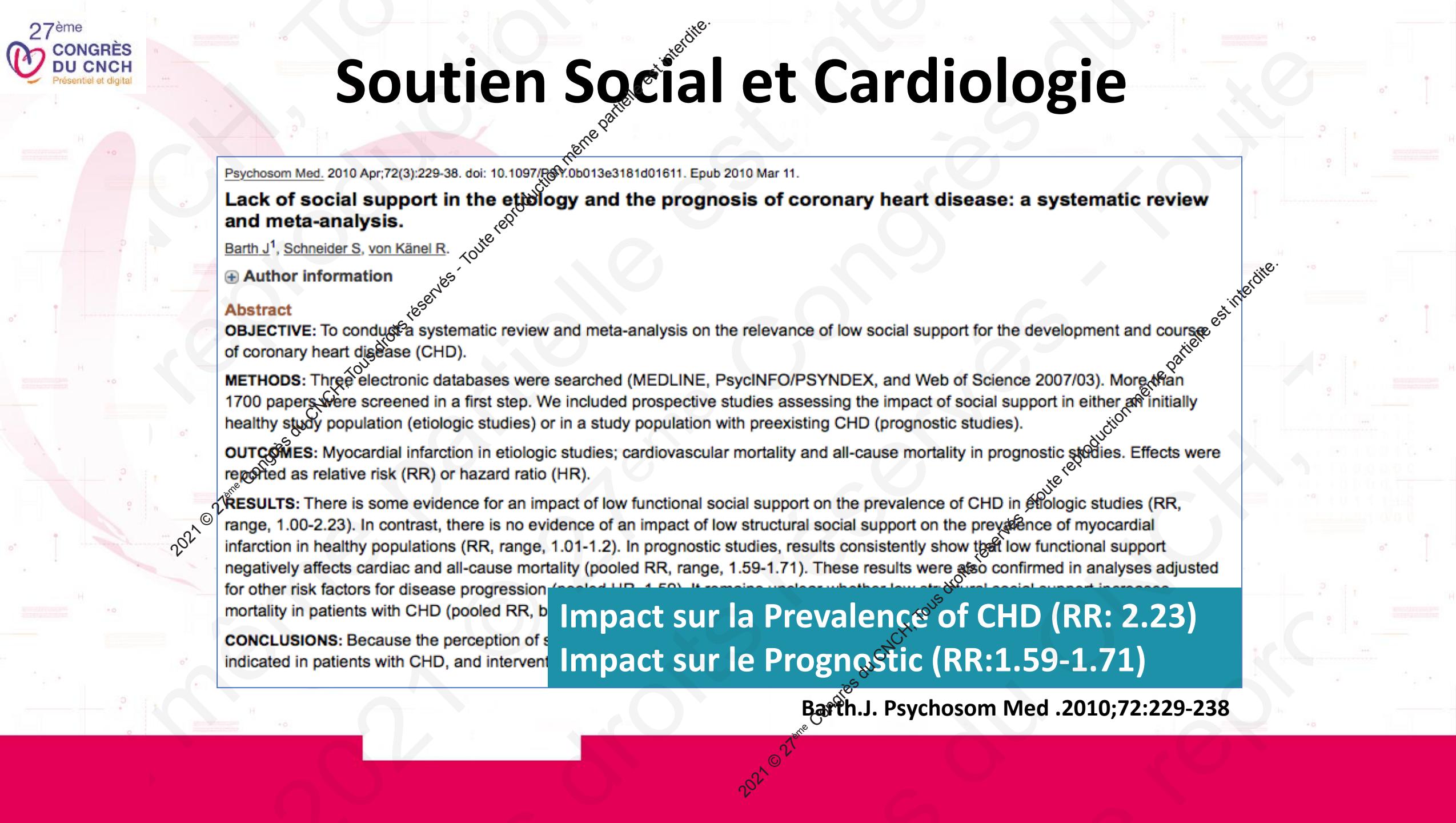
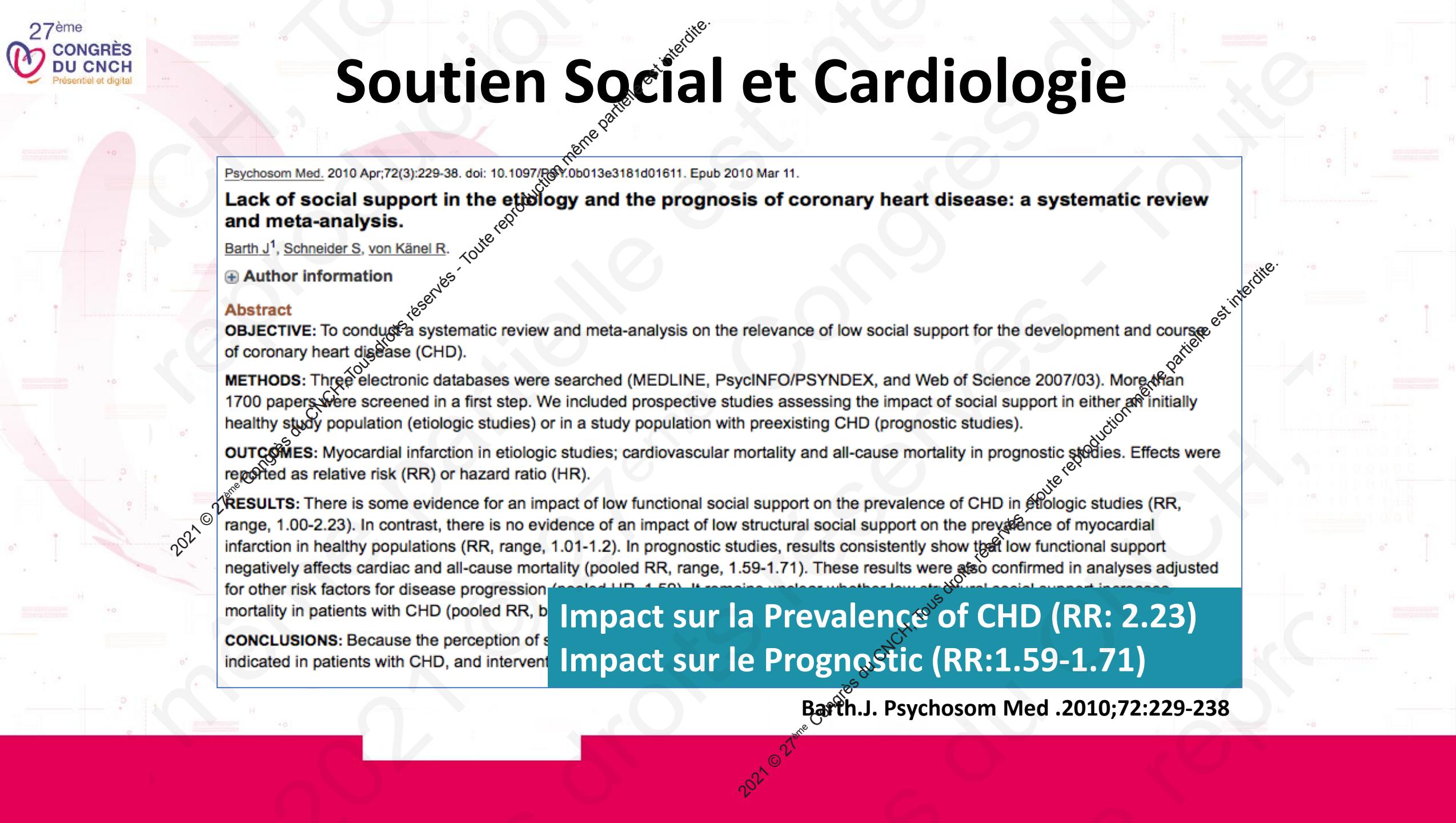
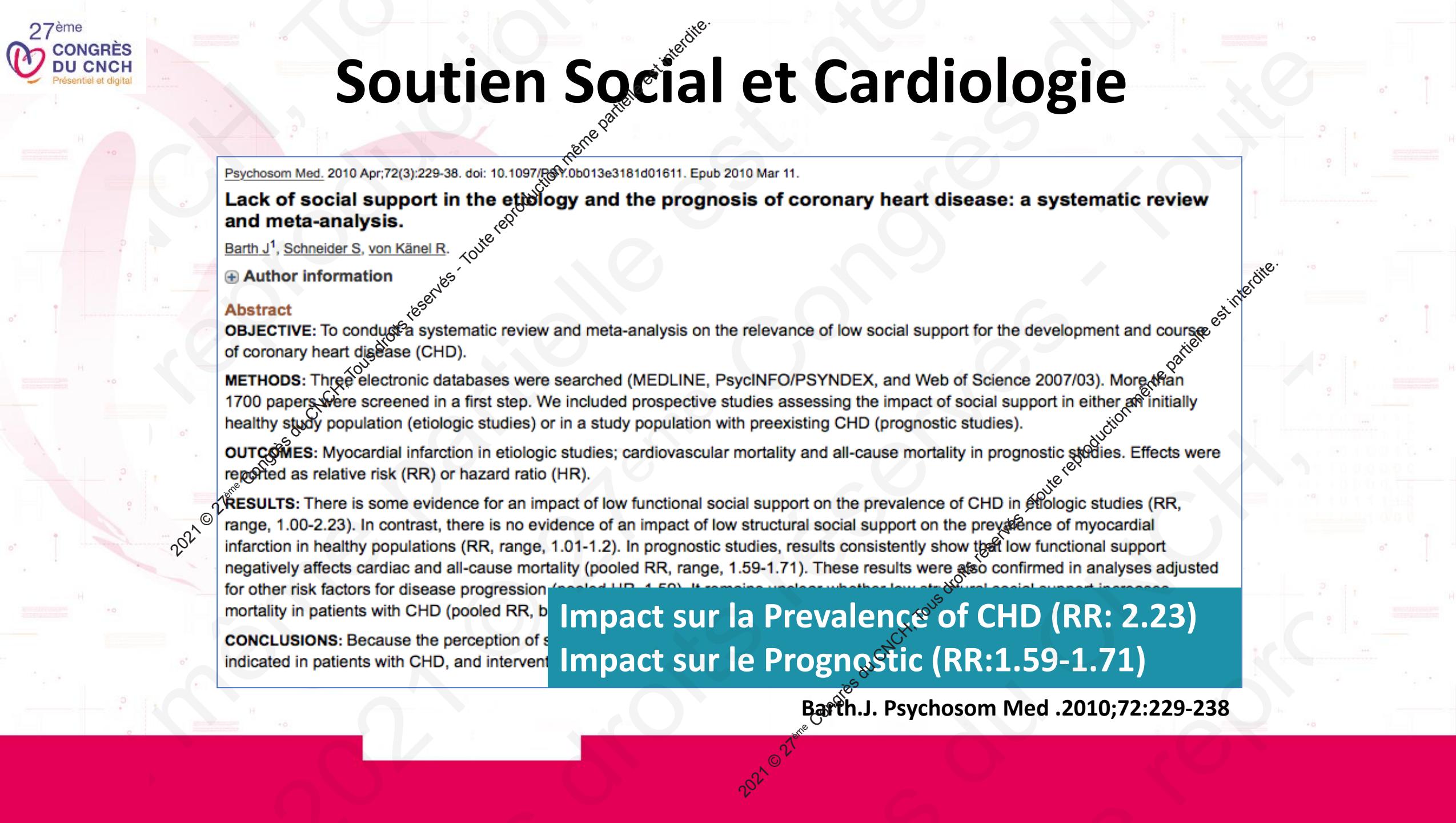
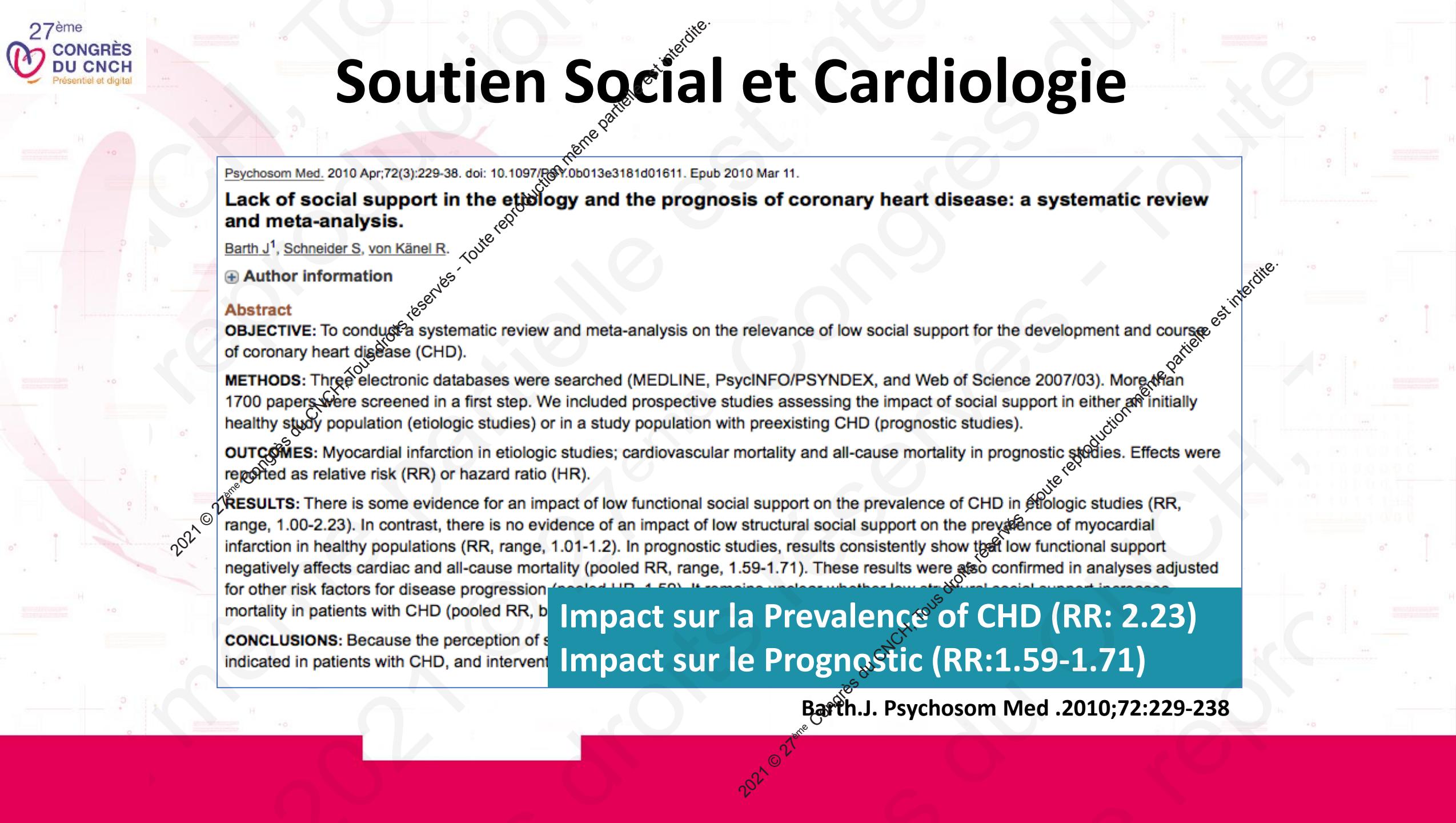
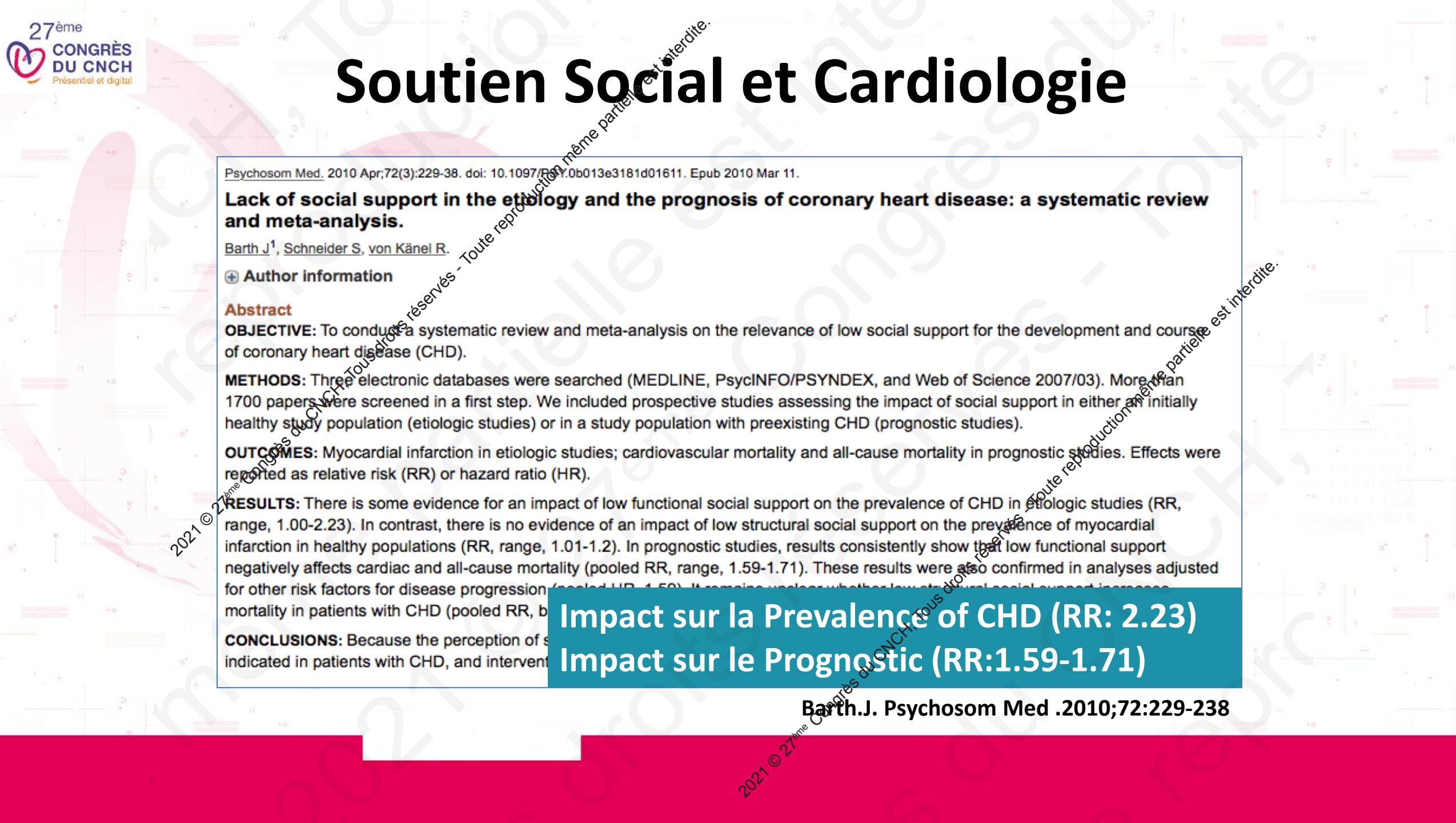
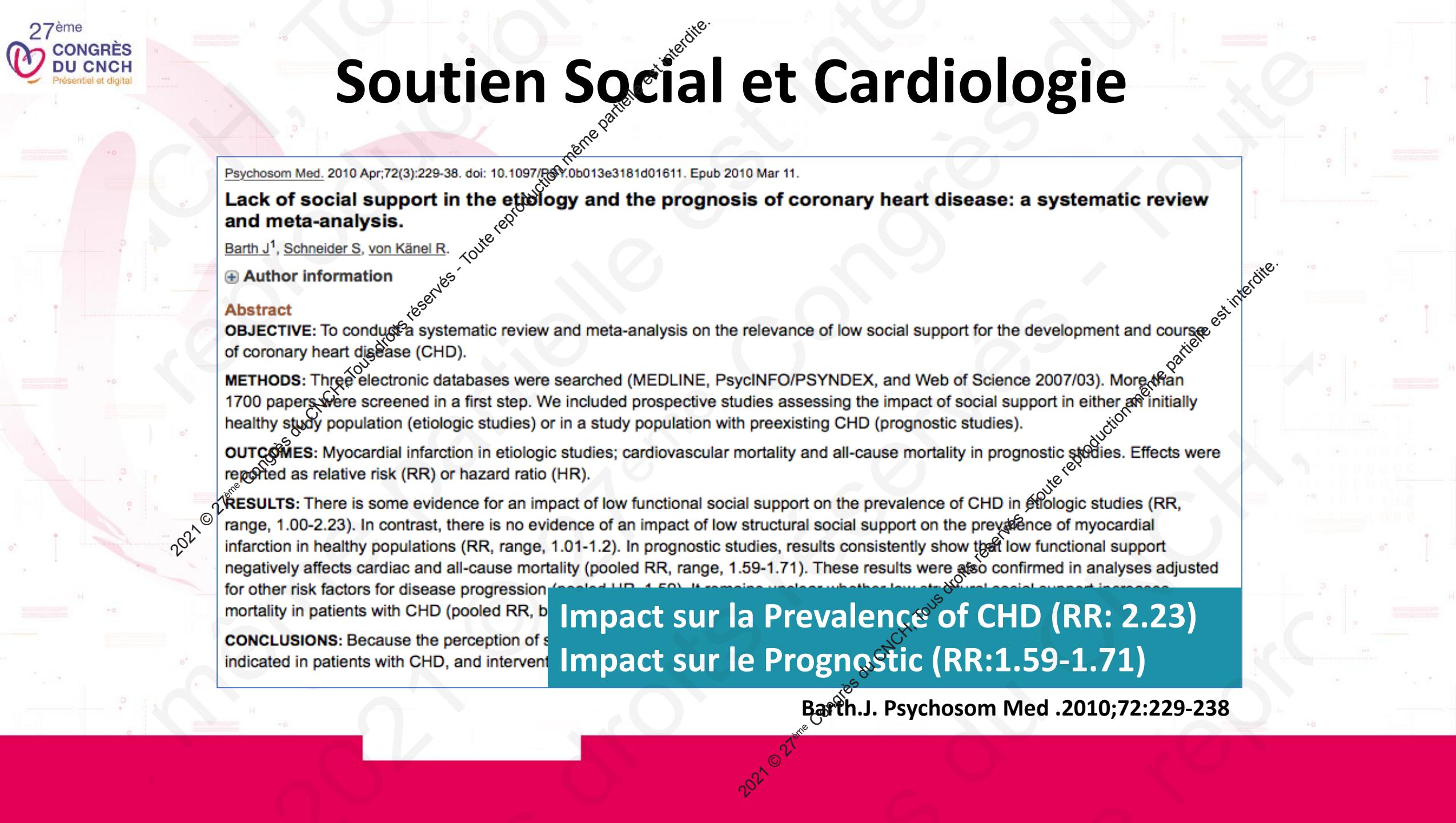
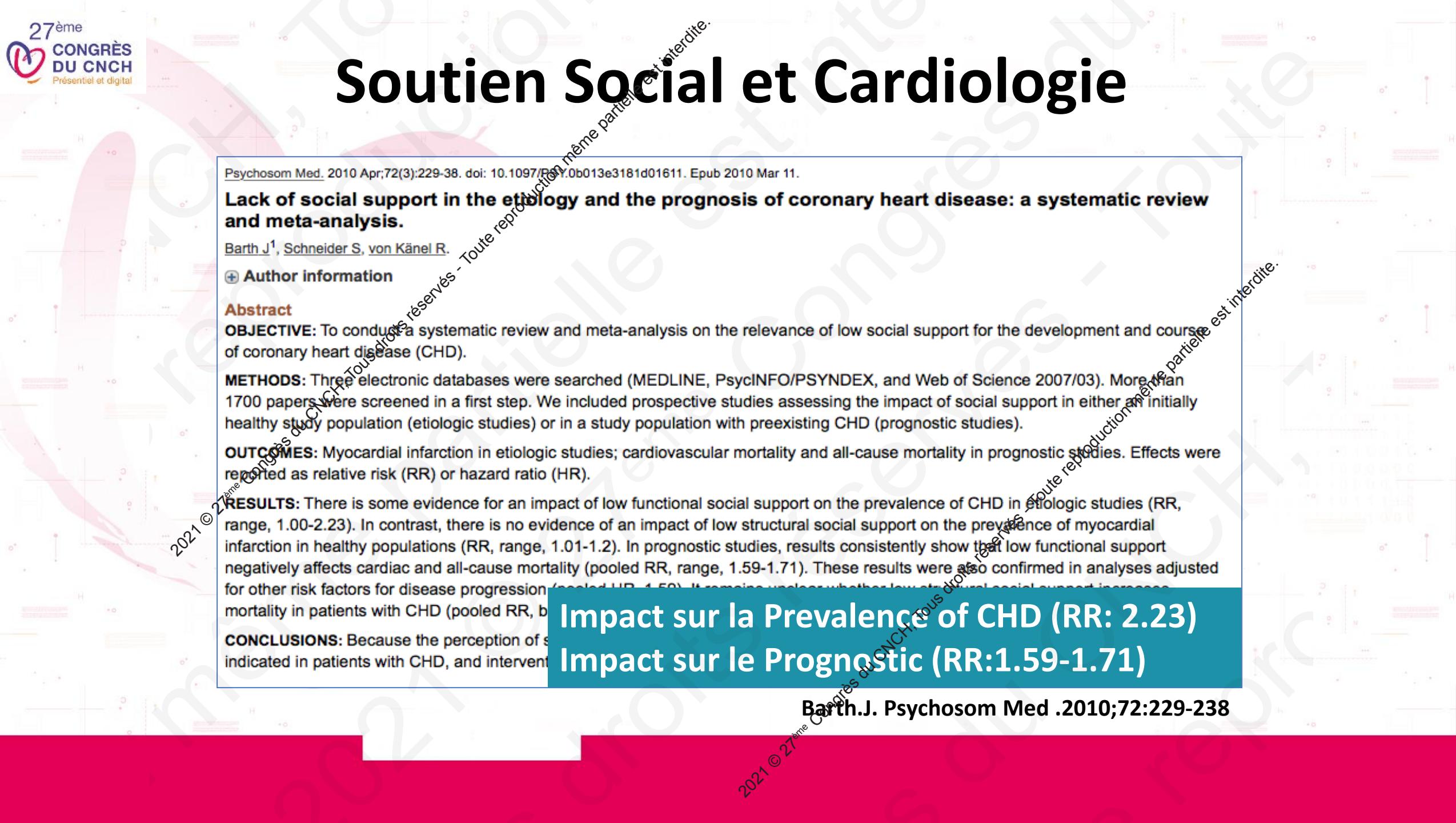
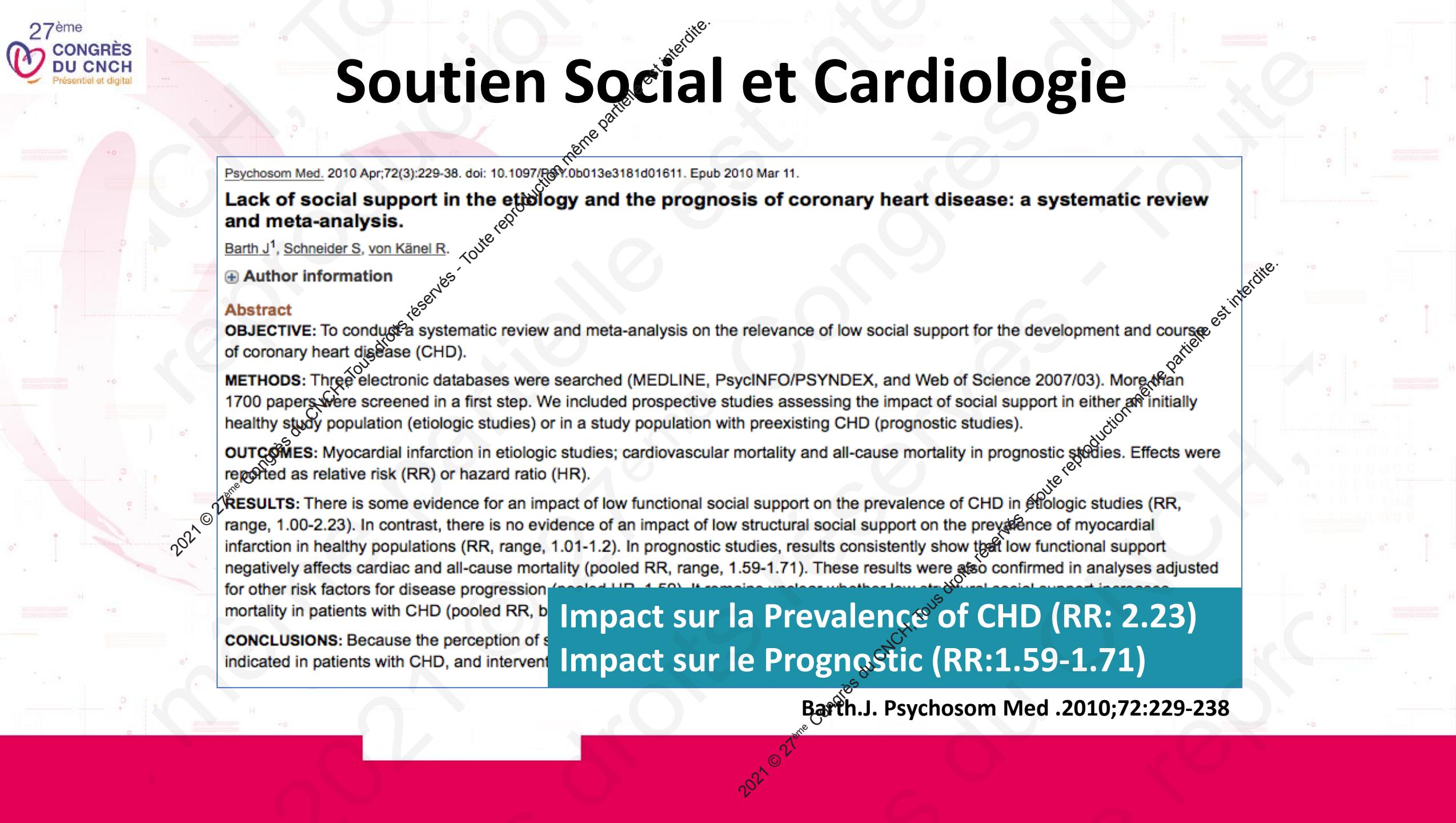
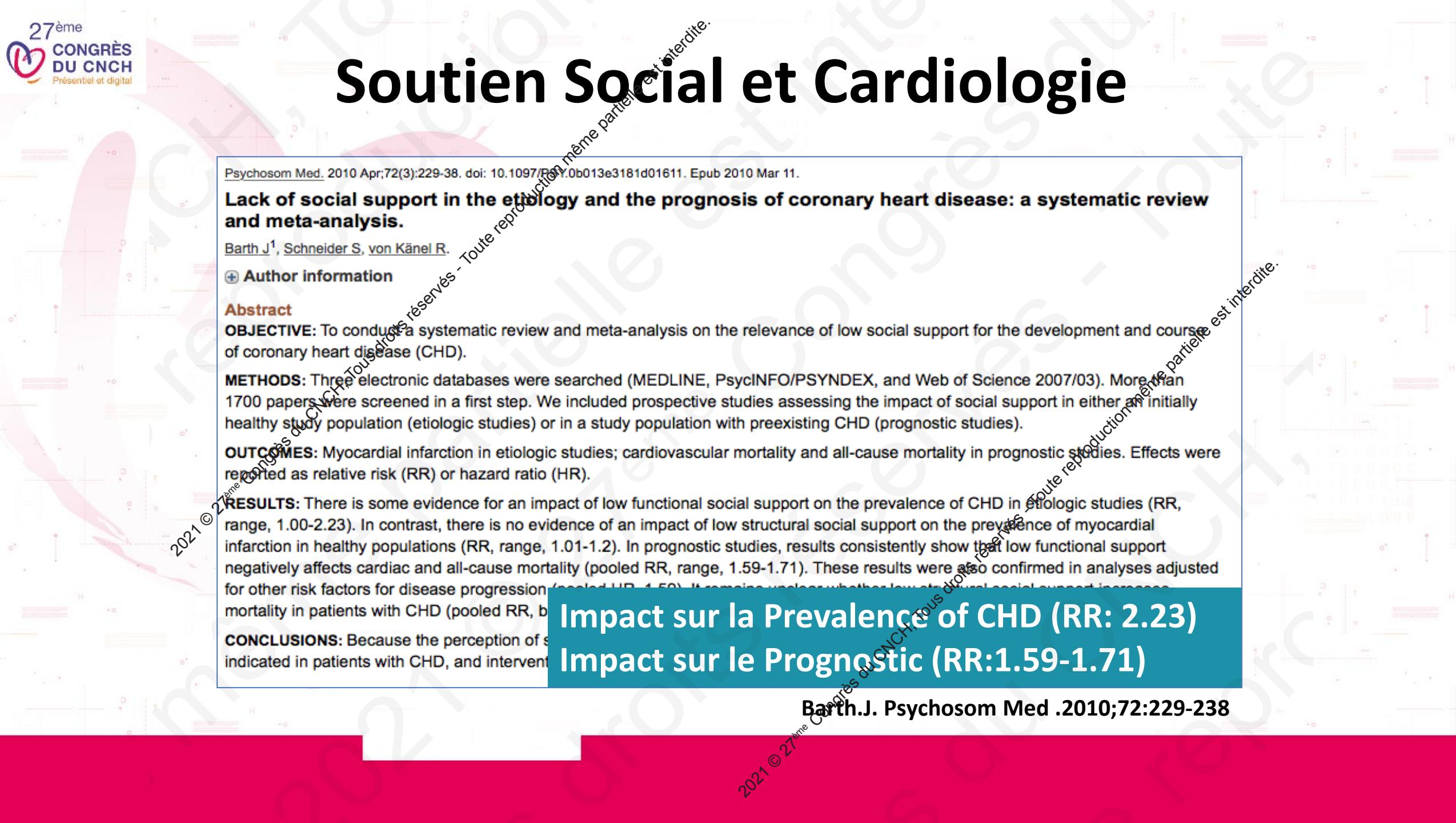
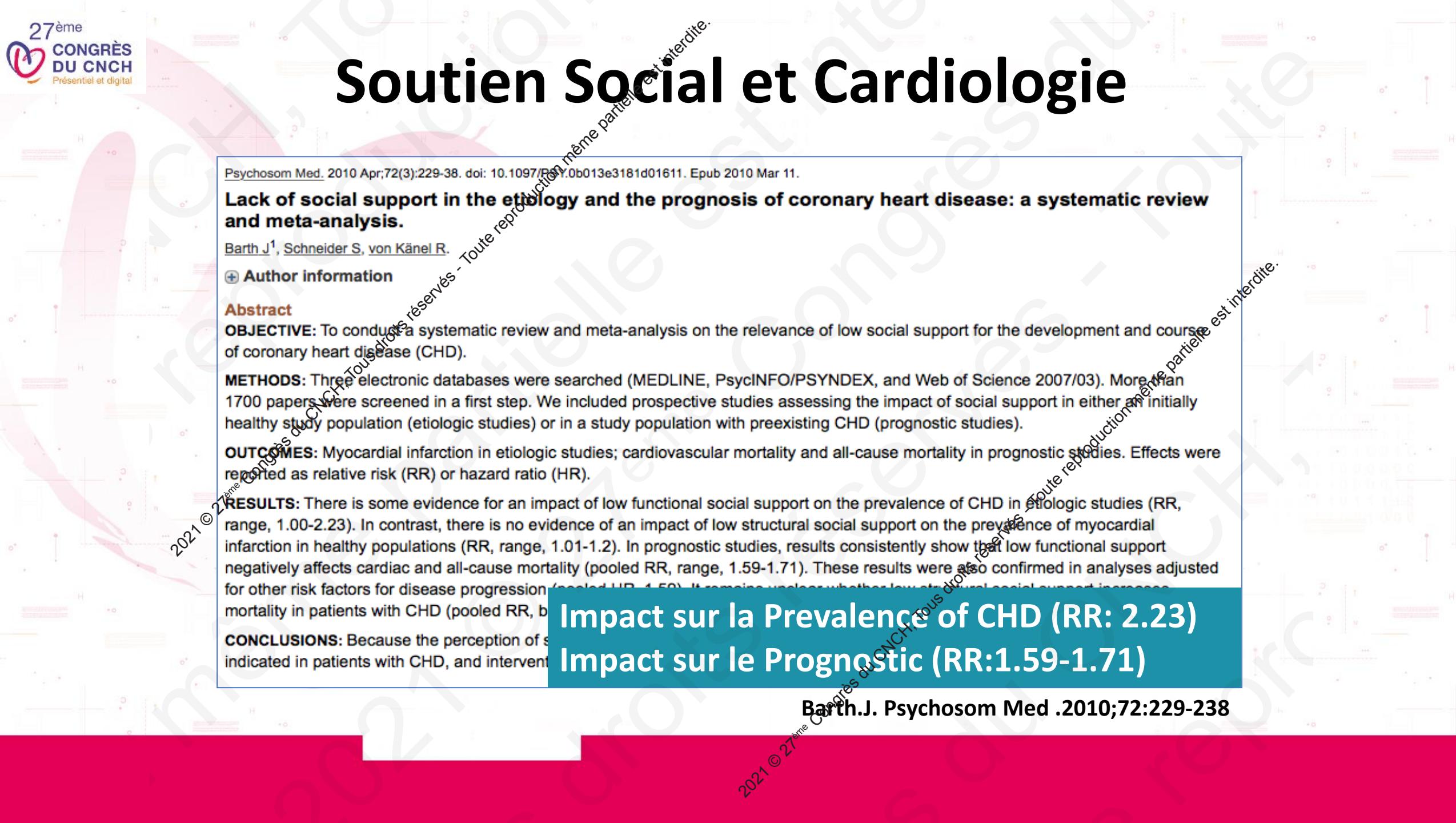
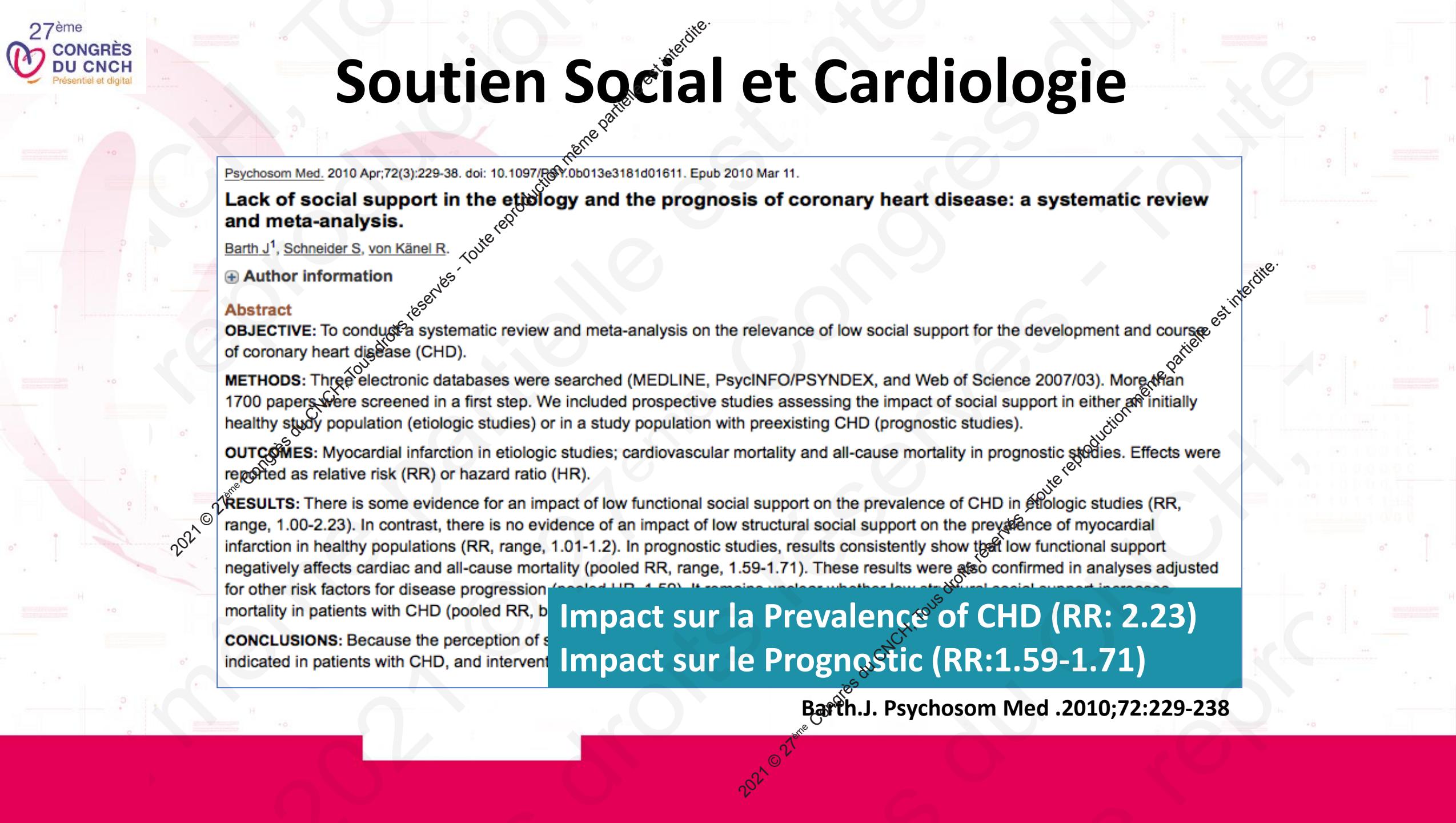
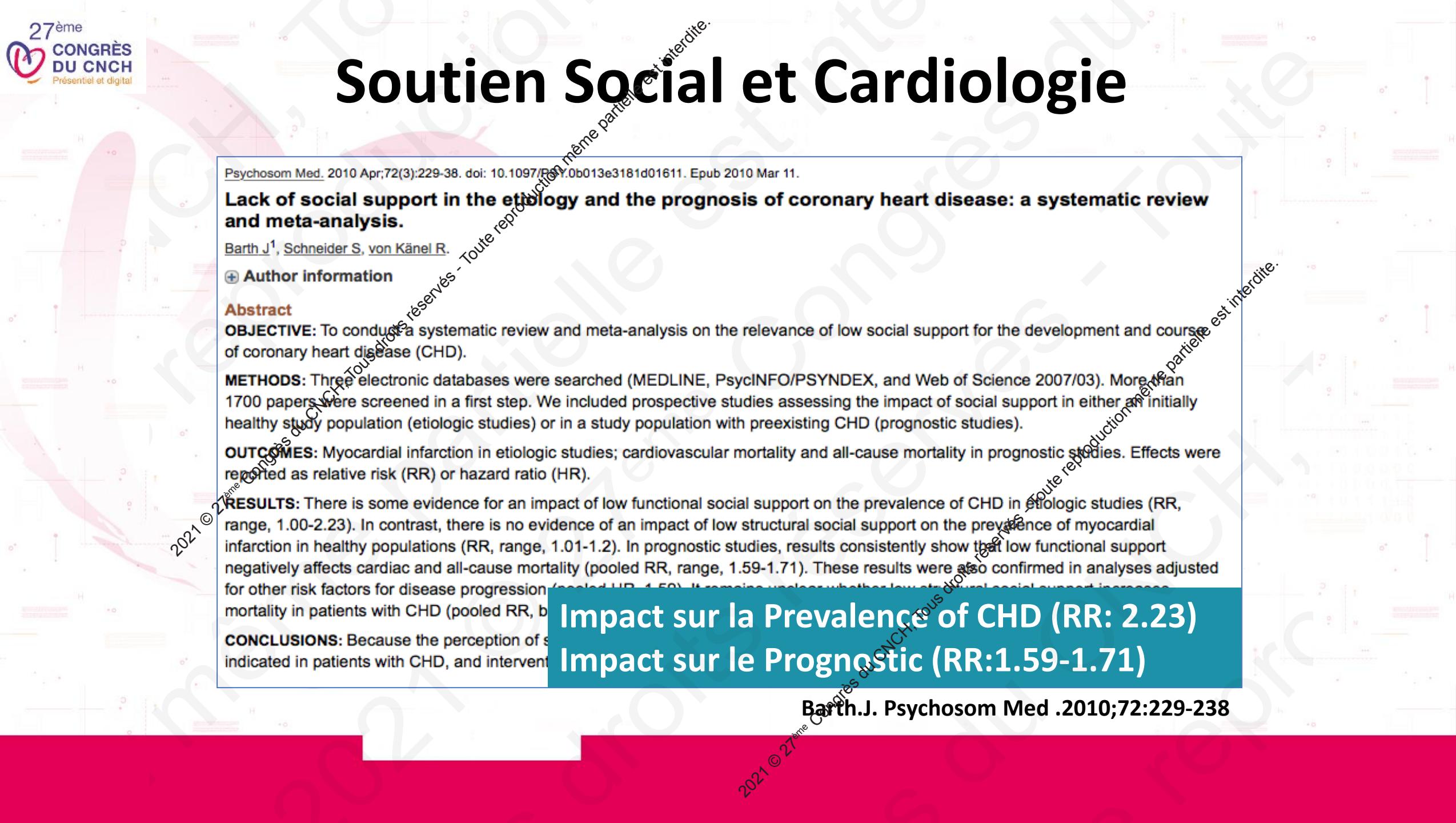
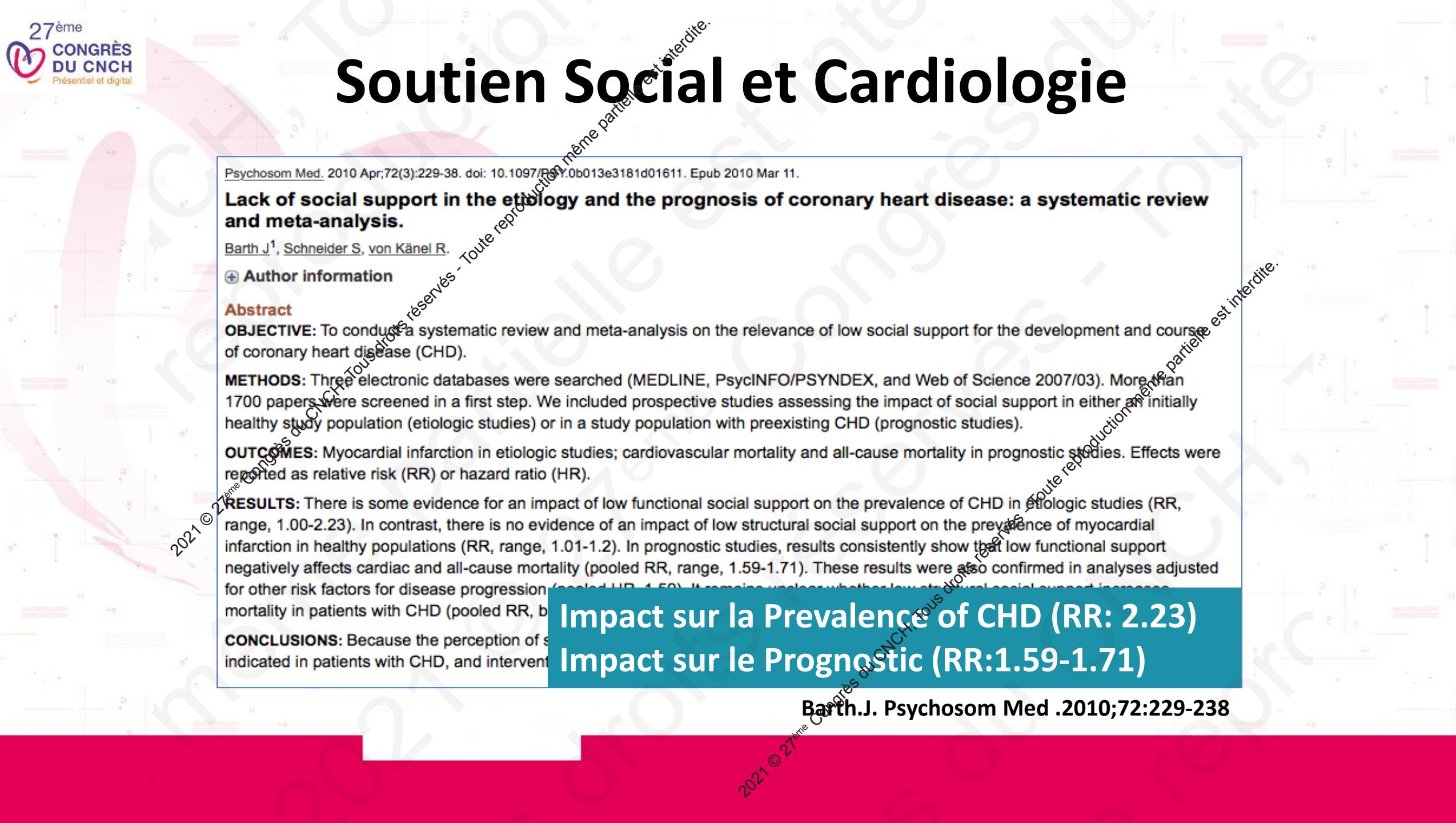
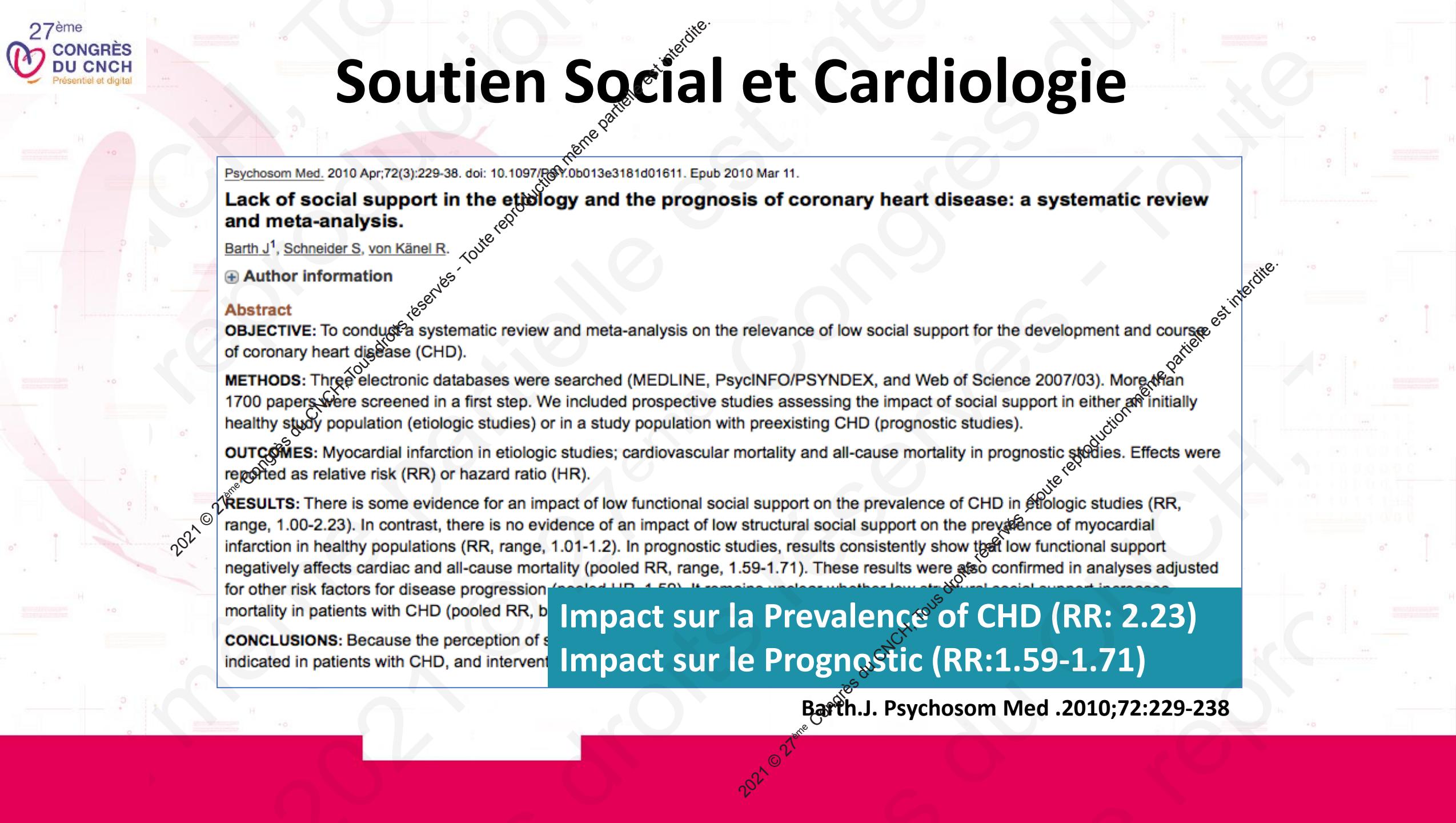
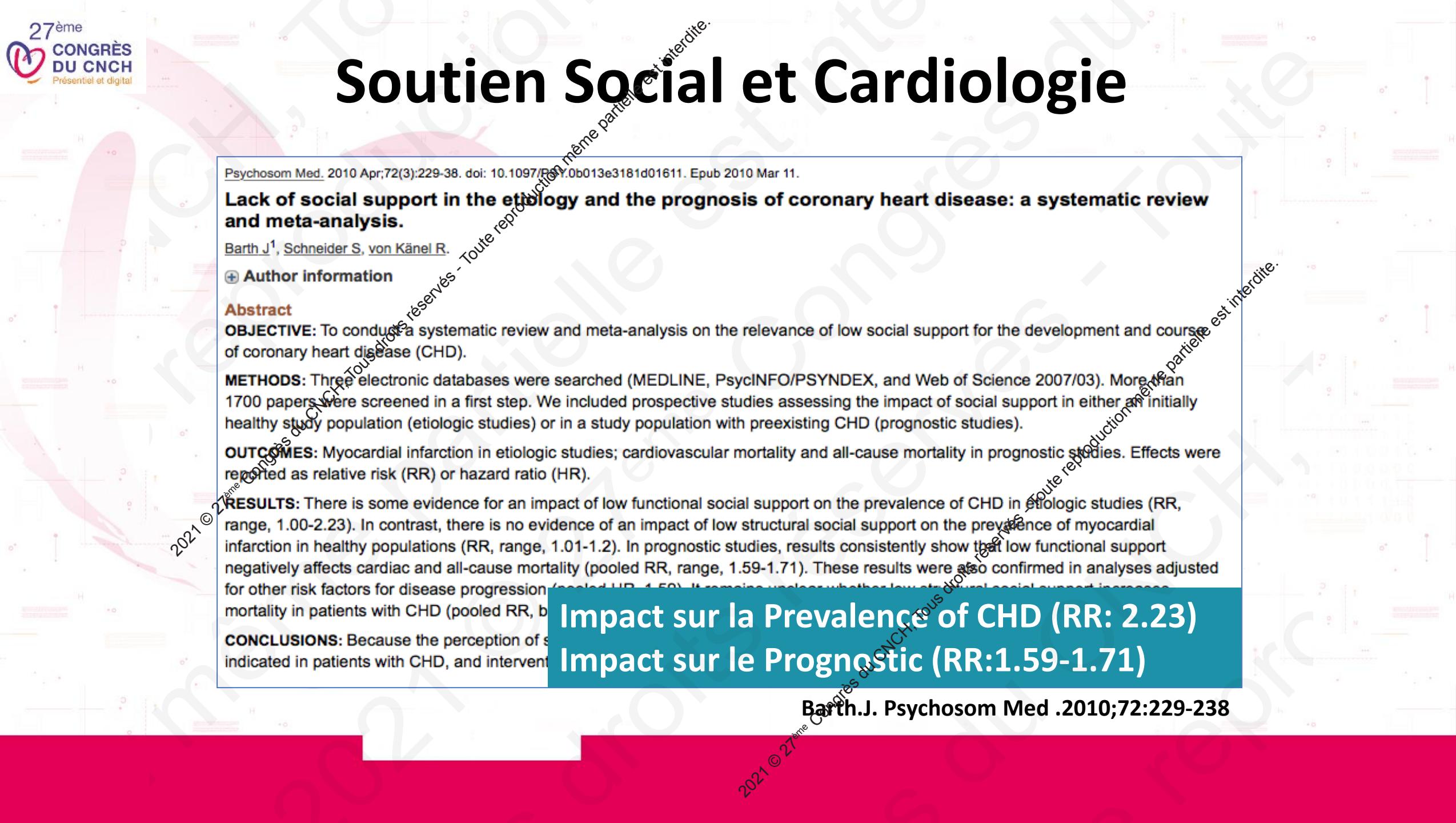
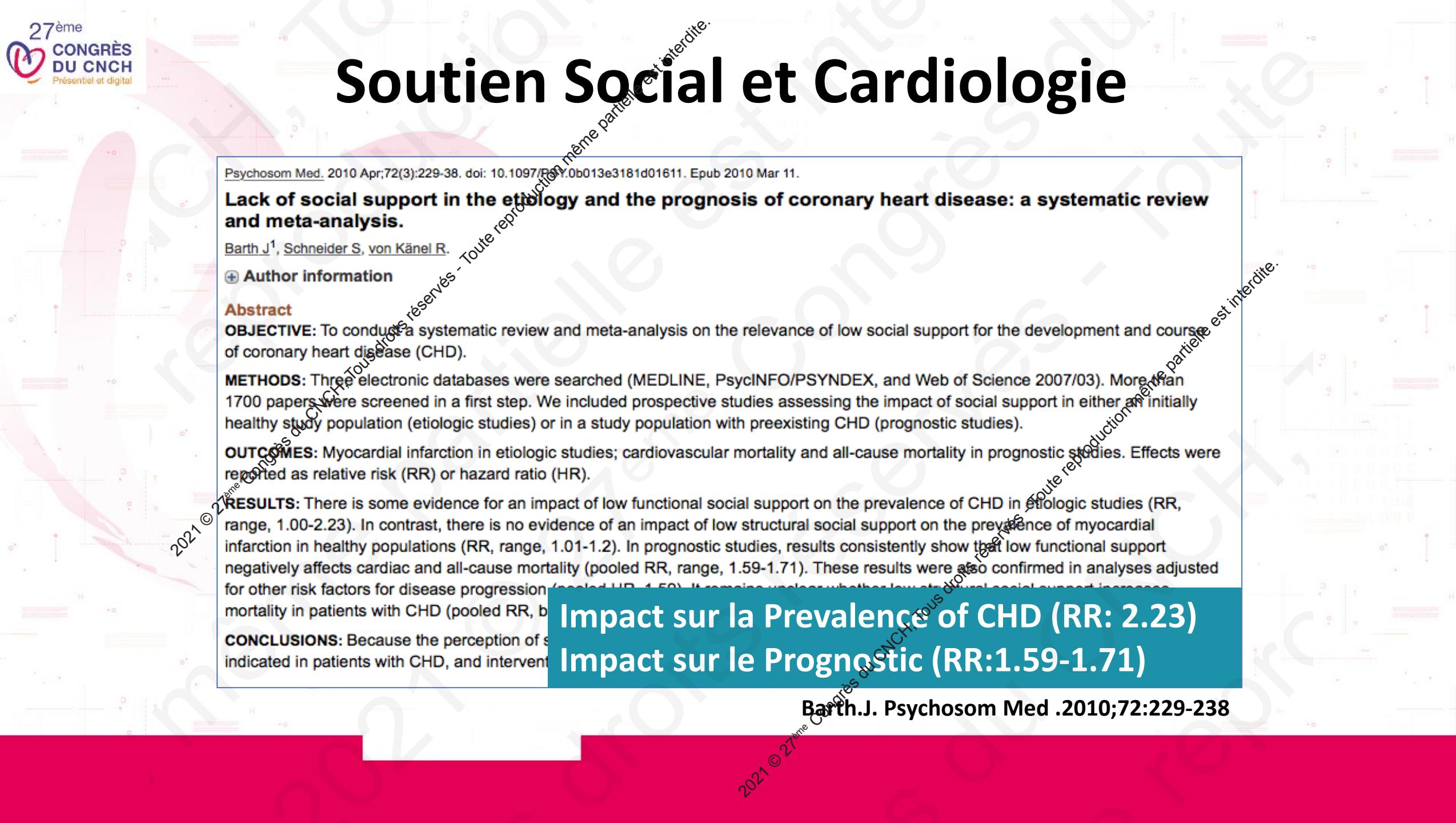
Table 1 | Depression as a risk factor for incident CHD

Meta-analysis	Number of studies	Number of participants	Odds ratio or relative risk (95% CI) of CHD
Rugulies (2002) <sup>31</sup>	11	36,549	1.64 (1.29–2.08)
Cuijpers & Smit (2002) <sup>29</sup>	25	106,628	1.81 (1.58–2.07)
Wulsin & Singal (2003) <sup>33</sup>	10	NR	1.64 (1.41–1.90)
Nicholson et al. (2006) <sup>30</sup>	21	124,509	1.81 (1.53–2.15)
	11*	NR	• 2.08 (1.69–2.55) unadjusted • 1.90 (1.48–2.42) adjusted
Vander Kooy et al. (2007) <sup>32</sup>	16 <sup>‡</sup>	659,991	1.57 (1.36–1.81)
Gan et al. (2014) <sup>34</sup>	30	893,850	1.30 (1.22–1.40)

Table 2 | Depression as a predictor of morbidity or mortality in patients with CHD

Meta-analysis	Number of studies	Number of participants	Outcomes	Odds ratio or relative risk (95% CI) of CHD	P value
Van Melle et al. (2004) <sup>41</sup>	16	6,367	All-cause mortality	2.38 (1.76–3.22)	<0.00001
			Cardiac mortality	2.59 (1.77–3.77)	<0.00001
			Cardiovascular events	1.95 (1.33–2.85)	<0.0006
Barth et al. (2004) <sup>42</sup>	20*	NR	All-cause mortality	2.24 (1.37–3.88)	NR
Nicholson et al. (2006) <sup>30</sup>	34	17,842	All-cause mortality	1.80 (1.50–2.15)	<0.00001
Meijer et al. (2011) <sup>40</sup>	29	16,889	All-cause mortality	2.25 (1.70–2.93)	<0.001
			Cardiac mortality	2.71 (1.68–4.36)	<0.001
			Cardiovascular events	1.69 (1.37–1.85)	<0.001
Meijer et al. (2013) <sup>39</sup>	3 <sup>‡</sup>	10,175	All-cause mortality	1.33 (1.23–1.44) <sup>§</sup>	<0.001
			Cardiovascular events	1.19 (1.14–1.24)	<0.001

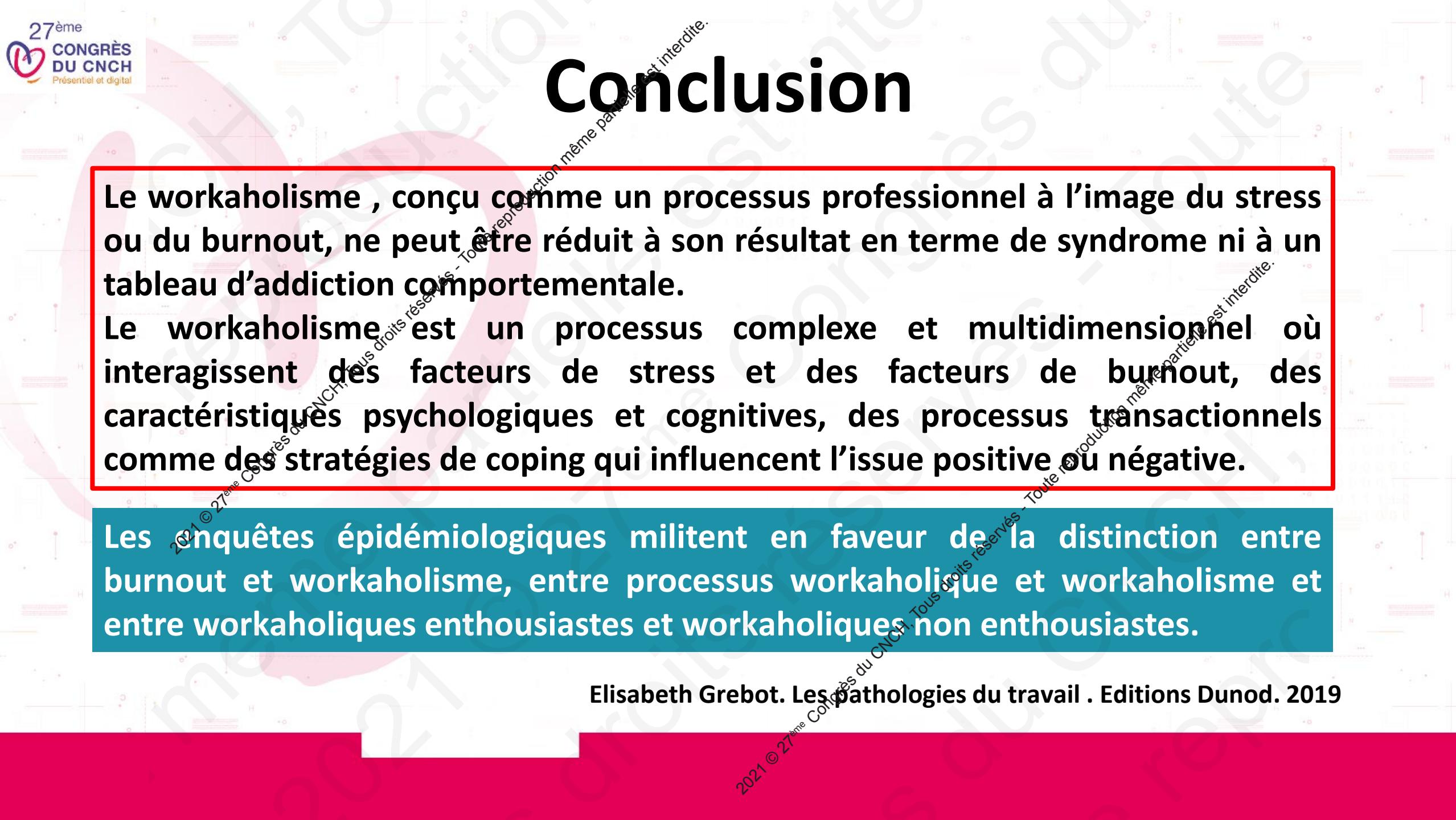
Carnegie R. Nat Rev Cardiol. 2016 Nov 17. doi: 10.1038





# Prise en charge

- **Précoce**
- **Multidisciplinaire ( Médecin traitant , Médecin de travail, Psychiatre , Psychologue)**
- **Objectifs multiples**
  - Troubles somatiques
  - Troubles psychiques
  - Eviter la rechute
  - Resocialiser le sujet
- **Moyens**
  - **Arrêt de Travail**
  - Consultation d'addictologie
  - Thérapies cognitivo-comportementales
  - Méditation
  - Thérapie familiale
  - Groupe de parole ( Workaholiques anonymes)

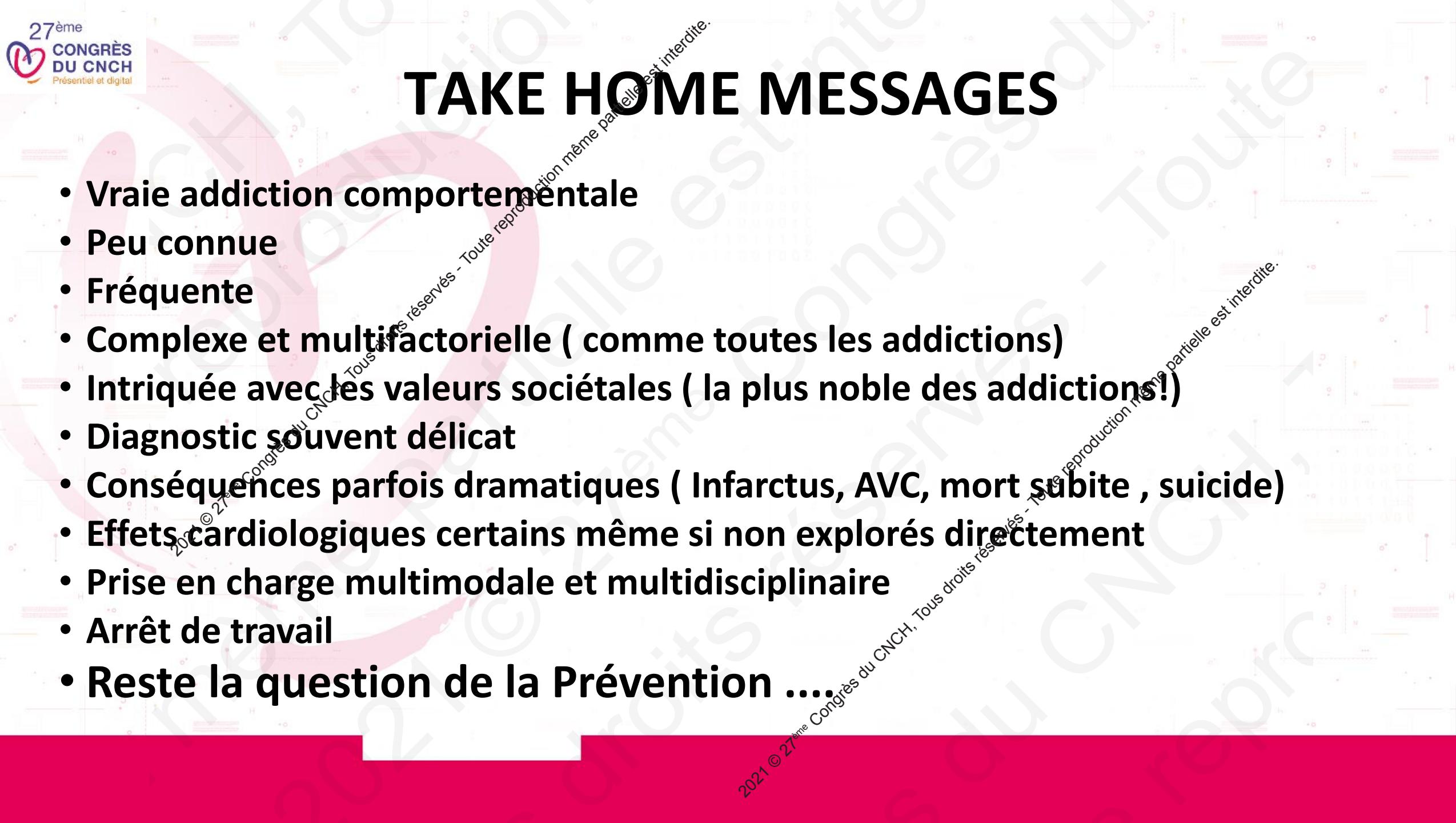
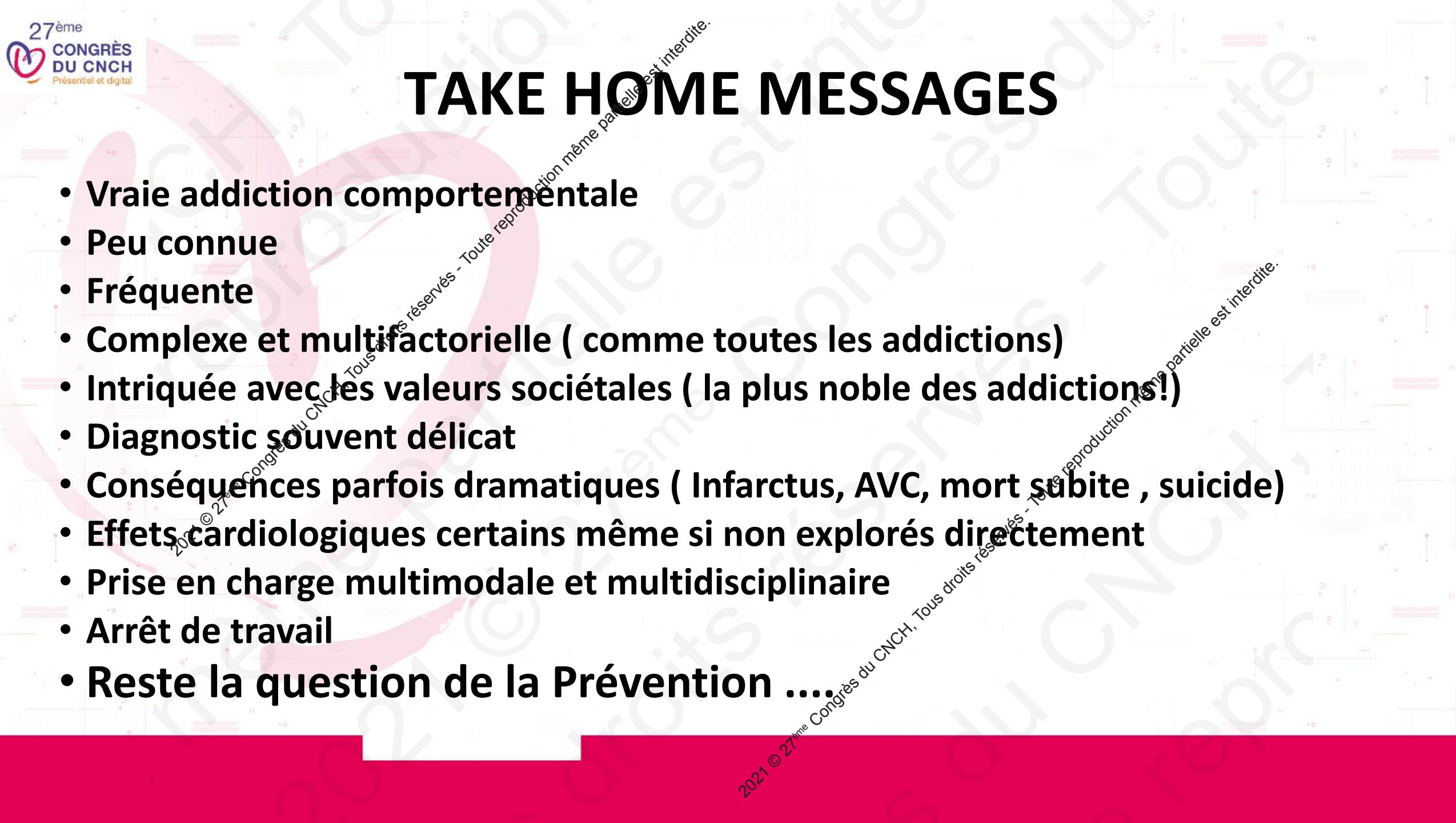


# Conclusion

**Le workaholisme , conçu comme un processus professionnel à l'image du stress ou du burnout, ne peut être réduit à son résultat en terme de syndrome ni à un tableau d'addiction comportementale.**

**Le workaholisme est un processus complexe et multidimensionnel où interagissent des facteurs de stress et des facteurs de burnout, des caractéristiques psychologiques et cognitives, des processus transactionnels comme des stratégies de coping qui influencent l'issue positive ou négative.**

**Les enquêtes épidémiologiques militent en faveur de la distinction entre burnout et workaholisme, entre processus workaholique et workaholisme et entre workaholiques enthousiastes et workaholiques non enthousiastes.**



# TAKE HOME MESSAGES

- Vraie addiction comportementale
- Peu connue
- Fréquente
- Complexe et multifactorielle ( comme toutes les addictions)
- Intriquée avec les valeurs sociétales ( la plus noble des addictions!)
- Diagnostic souvent délicat
- Conséquences parfois dramatiques ( Infarctus, AVC, mort subite , suicide)
- Effets cardiaques certains même si non explorés directement
- Prise en charge multimodale et multidisciplinaire
- Arrêt de travail
- Reste la question de la Prévention ....



**MERCI**

*Prenez grand soin de vous  
Et surtout ne travaillez pas trop...*

27ème CONGRÈS DU CNCH  
Présentiel et digital

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