

Low Back Pain

A Comprehensive Rehabilitation Programme

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Topics for Discussion

- Biopsychosocial Evaluation of Pain
- Rehabilitative Programmes
- Chronic Low Back Pain - NICE

Biopsychosocial evaluation of Pain

Pain isõ

An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

International Association for the Study of Pain

Chronic Pain isõ

Pain that outlasts the normal healing process for injured tissue (usually three months)

Acute pain

- * Predictable
- * Associated with tissue damage
- * Circuitry well defined
- * Self limiting
- * Unimodal treatment
- * Responds predictably
- * Useful warning function

Chronic pain

- * Unpredictable
- * Relationship with tissue damage unclear
- * Circuitry unknown
- * Continues
- * Multimodal treatment
- * Difficult to treat
- * No useful warning function

Assessing Pain is Easy..



PATIENTS VERSUS GENERAL PRACTITIONERS ASSESSMENTS OF PAIN INTENSITY IN PRIMARY CARE PATIENTS WITH NON-CANCER PAIN

- “ Cross sectional study to investigate concordance between GP & patient assessment of pain
- “ Adult population Finland
- “ 738 participants
- “ GPs & patients evaluated the pain separately on VAS 0-100mm

MANTY ESSELKA ET AL. BJCP 2001 51:995-997
 PATIENTS VERSUS GENERAL PRACTITIONERS ASSESSMENTS OF PAIN INTENSITY IN PRIMARY CARE PATIENTS WITH NON-CANCER PAIN

Results

Table 2. Concordance between patients' and GPs' assessments of pain intensity in categories based on graded pain intensity. One unit 20 mm on a 100-mm Visual Analogue Scale (VAS).

Graded pain intensity as perceived by patients (VAS score)	GP's rating equal to or more than patient's rating		GP's rating one unit smaller than patient's rating		GP's rating at least two units smaller than patient's rating		Total	
	n	%	n	%	n	%	n	%
Grade 1 (1-20 mm)	64	100.0	0	0	0	0	64	100.0
Grade 2 (21-40 mm)	177	88.1	24	11.9	0	0	201	100.0
Grade 3 (41-60 mm)	125	57.1	71	32.4	23	10.5	219	100.0
Grade 4 (61-80 mm)	93	44.5	51	24.4	65	31.1	209	100.0
Grade 5 (81-100 mm)	8	17.8	17	37.8	20	44.4	45	100.0
Total	467	63.3	163	22.1	108	14.6	738	100.0

CORRECT A BIT LESS A LOT LESS

MANTY ESSELKA ET AL. BJCP 2001 51:995-997
 PATIENTS VERSUS GENERAL PRACTITIONERS ASSESSMENTS OF PAIN INTENSITY IN PRIMARY CARE PATIENTS WITH NON-CANCER PAIN

Results

- In 20% of visits the GPs rating was at least 2 grades lower than the patients
- The more severe the pain as assessed by patients the greater the non-concordance
- GPs tendency was to estimate pain intensity as clinically significantly lower than patients estimate
- Chronic & severe pain were particularly affected

Study Conclusions

- Presence of chronic pain may be missed
- GP assessment of pain intensity may be inaccurate especially in high intensity pain

Prognostic Factors

PROGNOSTIC FACTORS FOR MUSCULOSKELETAL PAIN IN PRIMARY CARE: A SYSTEMATIC REVIEW

- Systematic review of 45 prospective studies
- Patients presenting to primary care
- Identify factors associated with poor outcome for all musculoskeletal pains

MALLEN ET AL. BJCP 2007 57: 655-661
 PROGNOSTIC FACTORS FOR MUSCULOSKELETAL PAIN IN PRIMARY CARE: A SYSTEMATIC REVIEW

Prognostic Factors

	POOR OUTCOME	NOT ASSOC. WITH POOR OUTCOME
HIGHER PAIN INTENSITY	20	3
LONGER PAIN DURATION	23	5
MULTIPLE SITE PAIN	11	0
PREVIOUS EPISODE	11	6
GREATER MOVEMENT RESTRICTION	4	2
HIGHER DISABILITY	18	1
HIGHER ANXIETY/DEPRESSION	11	1
HIGHER SOMATIC PERCEPTIONS	7	0
COPING STRATEGIES	7	0
SOCIAL SUPPORT	2	0
OLDER AGE	10	10

MALLEN ET AL. BJGP 2007; 57: 655-661
PROGNOSTIC FACTORS FOR MUSCULOSKELETAL PAIN IN PRIMARY CARE: A SYSTEMATIC REVIEW

Prognostic Factors

RESULTS

- Association with
 - Pain intensity / duration
 - Higher disability
 - Distress (anxiety & depression)

MALLEN ET AL. BJGP 2007; 57: 655-661
PROGNOSTIC FACTORS FOR MUSCULOSKELETAL PAIN IN PRIMARY CARE: A SYSTEMATIC REVIEW

Prognostic Factors

A Review of Psychological Risk Factors in Back & Neck Pain

- Literature review on psychological factors in neck & back pain
- From 913 potential studies 37 prospective ones identified
- Questions posed
 - Has it been shown that psychological variables are involved in the development of chronic problems?
 - Which variables are important in the aetiology and development of spinal problems
 - Is there evidence that psychological factors are involved in the aetiology of these conditions?

Linton S. Spine 2000; 25: 1148-1156. A Review of Psychological Risk Factors in Back & Neck Pain

Prognostic Factors

Conclusions from review

The following are supported by level A evidence:

*Psychological variables are clearly linked to transition from acute to chronic pain & disability

*Psychological variables are associated with reported onset of back & neck pain

*Psychosocial variables generally have more impact than biomechanical or biomedical factors on back pain disability

*No evidence to support a 'pain prone' personality link

Linton S. Spine 2000; 25: 1148-1156. A Review of Psychological Risk Factors in Back & Neck Pain

Prognostic Factors

Conclusions from review

The following factors related to chronic pain & disability and are supported by level A evidence:

PASSIVE COPING
PAIN COGNITIONS (E.G. CATASTROPHISING)
FEAR-AVOIDANCE BELIEFS
DISTRESS (DEPRESSION & ANXIETY)
SELF PERCEIVED POOR HEALTH

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HIGHER PAIN INTENSITY
LONGER PAIN DURATION
HIGHER DISABILITY

Linton S. Spine 2000; 25: 1148-1156. A Review of Psychological Risk Factors in Back & Neck Pain

Biopsychosocial Rehabilitation

Rehabilitation & Functional Restoration for Low Back Pain

Multidisciplinary Biopsychosocial Rehabilitation for Subacute Low Back Pain Among Working Age Adults

- Systematic Review 1808 abstracts (>4w<12w)
- Only 2 studies (n=103 & n=175) identified with appropriate methodological quality
- Moderate evidence supporting early intervention PMP
- Included studies until 2000



Pain Management Programme

Core Team

- Pain Physiotherapist
- Pain Occupational Therapist
- Pain Psychologist
- Pain Specialist

Pain Management Programme

Core Principles

- Lifestyle modification
- Avoid boom & bust
- Reduce fear avoidance
- Maximise function
- Manage distress
- Understand Pain
- Enjoy life again!

Pain Management Programme

Core Activities

- Paced rehabilitative physiotherapy
- Tai Chi/Hydrotherapy
- Goal setting
- Pacing
- Relaxation technique
- Group discussion (CBT sessions)
- Pain Education
- (& Home practice)

Chronic Low Back Pain

Where is the cut-off point?

NICE & Chronic Low Back Pain



NICE . LBP 6w-12m

Combined physical and psychological interventions

Consider referral for a combined physical and psychological treatment programme comprising around 100 hours over a maximum of 8 weeks, for people who:

- Have received at least one less intensive treatment
- Have high disability and/or significant psychological distress

Combined physical and psychological treatment programmes should include a cognitive behavioural approach and exercise.

Summary

- Low back pain rehabilitation starts early
- Accurate assessment early on is an imperative
- Biopsychosocial assessment of pain will guide treatment
- Emerging evidence shows early intervention can be effective in the prevention of chronicity
- Chronic Low Back Pain treatment is still difficult

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