Management of Low Back Pain in Primary Care: A Retrospective Study of 72 Patients


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Introduction

- Non-specific chronic low back pain
  = >3 months /without red-flags

- Biopsychosocial

- 4,2% of the French GPs’s activity

- Socio-economic health issue:
  - Direct costs
  - Sick-leave payments
Introduction

Multidisciplinary clinic
- PM&R
- Psychologist
- Industrial medicine

Rehabilitation centre = functional restoration program

Private physiotherapists = Active individual Physical therapy
Aim

Multidisciplinary clinic
- PM&R
- Psychologist
- Industrial medicine

Rehabilitation centre = functional restoration program

Private physiotherapists = Active individual therapy

- Appointments to the GP
- Specialists referrals
- Radiological investigations
- Treatments
Methods

- Inclusion criteria
  - LBP (Low back pain) patients
  - Referred to the multidisciplinary clinic in 2006
  - By their GP
Chart-flow diagram

Patients treated
134

Referred by their GP
72

- 1 no response
- 2 missing data
- 14 partial data
- 55 complete data

Referred by a specialist
62
Methods

- Data collection
  - Patient records
  - Telephonic survey of the GPs
    - Duration of the low back pain
    - Number of appointments
    - Duration of sick-leaves
    - Referral to specialists
    - Radiological investigations
    - Treatments
Results: patients

- Age: 41 +/-8 years
- 56% of women
- 36% of past history of depression
- 50% in sick-leave
Results: duration

- **Duration of the follow-up:** 49 months (+/- 51)
  (Min = 4 months, Max = 25 years)

- **Appointments during this time:** 17 (+/- 13)
  - 8 appointments to the GP per year per patient for LBP

- 86%: at least one sick-leave

- **Cumulated duration of sick-leaves:** 8,25 months in average (+/- 9,25)
  (Max = 43 months)
Results: specialists

<table>
<thead>
<tr>
<th>Specialist</th>
<th>Number of patients</th>
<th>Percentage of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatologist</td>
<td>66</td>
<td>93%</td>
</tr>
<tr>
<td>Surgeon</td>
<td>43</td>
<td>60%</td>
</tr>
<tr>
<td>Orthopedist</td>
<td>28</td>
<td>39%</td>
</tr>
<tr>
<td>Neurosurgeon</td>
<td>20</td>
<td>28.5%</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>13</td>
<td>19%</td>
</tr>
</tbody>
</table>
## Results: investigations

<table>
<thead>
<tr>
<th></th>
<th>Number of patients</th>
<th>Percentage of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiography</td>
<td>68</td>
<td>98.5%</td>
</tr>
<tr>
<td>CT (at least 1)</td>
<td>55</td>
<td>80%</td>
</tr>
<tr>
<td>CT (2 or more)</td>
<td>12</td>
<td>17.5%</td>
</tr>
<tr>
<td>MRI (at least 1)</td>
<td>44</td>
<td>64%</td>
</tr>
<tr>
<td>MRI (2 or more)</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>CT and MRI</td>
<td>35</td>
<td>51%</td>
</tr>
</tbody>
</table>
Results: medications

<table>
<thead>
<tr>
<th>Analgesics of 1\textsuperscript{st} or 2\textsuperscript{nd} level associated to NSAID +/- muscle relaxants</th>
<th>68</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine</td>
<td>20</td>
<td>29%</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>31</td>
<td>46%</td>
</tr>
</tbody>
</table>

N= 68
## Results: other treatments

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Number of patients</th>
<th>Percentage of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumbar surgery</td>
<td>23</td>
<td>32%</td>
</tr>
<tr>
<td>Spinal glucocort. injections</td>
<td>35</td>
<td>52%</td>
</tr>
<tr>
<td>Lumbar corsets or belts</td>
<td>53</td>
<td>74%</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>63</td>
<td>93%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>63</td>
<td>93%</td>
</tr>
<tr>
<td>1 to 30 sessions</td>
<td>21</td>
<td>31%</td>
</tr>
<tr>
<td>30 to 100 sessions</td>
<td>38</td>
<td>56%</td>
</tr>
<tr>
<td>More than 100 sessions</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>« Alternative » medicines</td>
<td>31</td>
<td>43%</td>
</tr>
<tr>
<td>Osteopathy, manipulations</td>
<td>25</td>
<td>37%</td>
</tr>
<tr>
<td>Others alternative medicines</td>
<td>10</td>
<td>14%</td>
</tr>
</tbody>
</table>
Conclusion

- Prolonged management
- Long sick-leaves
- Lots of specialists referrals
- Lots of investigations
- Various treatments
- Opposite to recommendations
- High costs
Conclusion

- « Chronic red-flags »: predictive factors of chronic evolution and criteria of referral to the clinic

- Early assessment of the socioprofessional context and the psycho-behavioural factors