



MASTERCLASS

Beliefs about back pain: The confluence of client, clinician and community



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Abstract Patient beliefs play an important role in the development of back pain and disability, as well as subsequent recovery. Community beliefs about the back and back pain which are inconsistent with current research evidence have been found in a number of developed countries. These beliefs negatively influence people's back-related behaviour in general, and these effects may be amplified when someone experiences an episode of back pain.

In-depth qualitative research has helped to shed light on why people hold the beliefs which they do about the back, and how these have been influenced. Clinicians appear to have a strong influence on patients' beliefs. These data may be used by clinicians to inform exploration of unhelpful beliefs which patients hold, mitigate potential negative influences as a result of receiving health care, and subsequently influence beliefs in a positive manner.

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Introduction

Psychosocial factors play an important role in the development of back pain and disability, as well as subsequent recovery (or lack thereof).^{1,2} Low confidence in the ability to function despite pain (pain self-efficacy), poor expectation of recovery, avoiding movement or activity due to fear of pain and injury (fear avoidance), negative thoughts

about the causes or consequences of back pain (catastrophisation), psychological distress (anxiety, depression, and stress), and reliance on passive coping strategies have all been found to be independently associated with poor outcomes including delayed return to work, activity limitation, and pain persistence.^{3–7}

Many psychosocial factors appear to be inter-related and overlapping, for example, beliefs about the cause of back pain and the expected outcome may contribute to pain-related emotional distress.⁸ The relative strengths of associations

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observed between these factors and patient outcomes vary across studies, but key constructs appear to be self-efficacy, fear, expectation, and psychological distress.^{8–10} These can be conceptualised as resulting from, or contributing to, the threat associated with back pain.¹¹

Psychosocial factors are relevant during all stages of back pain.^{12–16} These do not just influence back pain related behaviour and recovery, but also shape the perceptual experience of pain itself. Neurophysiological research has demonstrated the influence of central nervous system processes on pain perception.¹⁷ Context (pain beliefs, experience, expectation), cognition (appraisal, attention, vigilance), and mood (depression, anxiety) alter the pain experienced for a given nociceptive input or level of tissue stimulation.¹⁷ Psychosocial factors associated with poor recovery have also been found in those who do not have back pain and these may increase the risk that someone will develop back pain.^{18,19}

In order for clinicians to positively influence psychosocial factors, it is important to understand the beliefs which underlie these factors and how these beliefs have been formed. Beliefs about the back and back pain have been explored amongst the general population, people who have back pain, and clinicians by way of surveys, prospective studies, intervention studies, and qualitative studies. This Masterclass will discuss back pain beliefs amongst these groups, with a particular focus on recent qualitative interview research which has helped to explain how these beliefs are developed and influenced. This aims to assist clinicians to identify and positively influence patient beliefs which may increase the threat associated with back pain. Individual psychological traits or co-morbidities may also be important to consider in individual patients, but consideration of these is beyond the scope of this Masterclass.

The client

People with back pain appear to view their back as being a fragile or vulnerable structure which is easy to injure.^{11,20,21} As a result, back pain is usually seen as representing tissue damage or dysfunction within the back.^{11,20–22} People who relate their back pain to a structural or pathoanatomic cause are more likely to have higher levels of disability,²³ and poor recovery expectations.²⁰ Believing that the pain is due to something which is not alterable (such as past injury or degeneration) seems to have a

particularly negative influence on expectations for the future.^{11,24}

Back pain can be threatening because it indicates a failure of a core structure of the body,²² and because it has considerable impact on the ability to participate in activities of daily living, employment, sport, spiritual and cultural activities.^{11,25,26} Back pain may be viewed as being special or different to other pains in terms of the nature of the pain and the complexity associated with the problem and its management,¹¹ and have negative effects on people's psychological well-being and relationships with others.^{11,25,26} Understandably, people are fearful of creating further damage and associated pain, suffering and disruption.^{22,27}

Reasons for beliefs that the back is vulnerable have been explored in people experiencing back pain.^{11,21} The back is often considered to be poorly designed or maladapted for modern life and, as it is used for most daily activities, this is seen to put it at risk of overuse or misuse.¹¹ Personal factors such as physical traits, genetics, lifestyle, or previous injury creating a weak point are also viewed as reducing the strength or capacity of the back and, consequently, predisposing individuals to back problems.¹¹ Observation or experience that back pain often starts after a trivial event can validate or reinforce the belief that the back is fragile.¹¹ Consequently, activities which are seen as placing load on the back such as bending, lifting, twisting, and sitting are considered to be dangerous.^{11,21} Many people view back pain as resulting from a failure to adequately protect the back from adverse load, indicating that higher levels of protection (including avoidance of 'dangerous' activities) are required in future.¹¹

When considering engagement in physical activity or rest, people with acute and chronic back pain have been found to balance the risks against the benefits.²⁷ The perceived risks of activity include more pain, more damage, more impairment, or more suffering.^{22,25,27,28} Psychosocial benefits of activity such as raised mood, altered focus, enjoyable social contact, and feeling less disabled appear to be valued above physical benefits.²⁷ The perceived risks of rest include lowered mood, inability to shift attentional focus from the back, time to catastrophise, removal from life roles, deconditioning, weakness, and stiffness, whereas the primary benefits are considered to be less pain and an ability to protect the back.^{25,27} The context within which these decisions are made is important with judgements being influenced by the current nature and duration of the pain, the perceived safety of the activity being

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