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Original Article

Reccomendations for the Detection, Study and Referral of Inflammatory Low-back Pain in Primary Care☆

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ABSTRACT

Objective: To design a strategy for the early detection and referral of patients with possible spondyloarthritis based on recommendations developed, agreed upon, and directed to primary care physicians.
Methods: We used a modified RAND/UCLA methodology plus a systematic literature review. The information was presented to a discussion group formed by rheumatologists and primary care physicians. The group studied the process map and proposed recommendations and algorithms that were subsequently submitted in two Delphi rounds to a larger group of rheumatologists and primary care physicians. The final set of recommendations was derived from the analysis of the second Delphi round.
Results: We present the recommendations, along with their mean level of agreement, on the early referral of patients with possible spondyloarthritis. The panel recommends that the study of chronic low back pain in patients under 45 years could be performed in four phases (1) clinical: key questions, (2) clinical: extra questions, (3) physical examination, and (4) additional tests.
Conclusions: The level of agreement with these simple recommendations is high. It is necessary to design strategies for the education and sensitization from rheumatology services to maintain an optimal collaboration with primary care and to facilitate referral to rheumatology departments.
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[1] The names of the components of the Study Group for Inflammatory Back Pain presented in Annex 1.

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Recomendaciones para la detección, investigación y derivación del dolor lumbar inflamatorio en Atención Primaria

Palabras clave:
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Guías
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R E S U M E N

Objetivo: Diseñar una estrategia de detección y derivación precoz de pacientes con posible espondiloartritis mediante el desarrollo de recomendaciones consensuadas dirigidas a los médicos de Atención Primaria (AP).

Métodos: Se utilizó una metodología modificada de RAND/UCLA y revisión sistemática de la literatura. Se seleccionó un grupo de discusión formado por reumatólogos y médicos de AP. Se estudió el mapa del proceso y se propusieron recomendaciones y algoritmos que fueron sometidos a 2 rondas Delphi para evaluar el grado de aceptación y preferencia de criterios en un grupo amplio de reumatólogos y médicos de AP. Del análisis de la segunda ronda Delphi se extrajeron las recomendaciones finales.

Resultados: Se presentan recomendaciones, junto con su grado medio de acuerdo, para la derivación rápida de pacientes con sospecha de espondiloartritis. En concreto, se recomienda investigar el dolor lumbar crónico en menores de 45 años en 4 fases: *1)* clínica: preguntas clave; *2)* clínica: preguntas extra; *3)* exploración física, y *4)* pruebas complementarias. Se debe derivar a Reumatología si existen: *1)* dolor lumbar inflamatorio; *2)* signos indicativos de espondiloartritis, o *3)* HLA B27 positivo, elevación de proteína C reactiva o signos radiológicos de sacroilitis. Se incluyen recomendaciones sobre el proceso de derivación y otras adicionales.

Conclusiones: El grado de acuerdo con estas sencillas recomendaciones es amplio. Es necesario diseñar estrategias de formación y sensibilización desde los servicios de Reumatología para mantener una óptima colaboración de AP en la identificación de los casos y facilitar que los servicios de Reumatología estén preparados para asumir las derivaciones.

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Introduction

Axial Spondyloarthritis (SpA) is a chronic inflammatory disease that primarily affects the spine and sacroiliac joints, which basically evolves from an unaffected form (non radiological axial SpA) to another with radiographic sacroiliitis (ankylosing spondylitis [SA]) and can be known using on conventional X-rays.[1,2]

It has been estimated that its prevalence is about 0.7%.[3] It is a known fact that the disease commonly debuts insidiously, usually before 40 years of age, with chronic inflammatory low back pain. Axial SpA and AS can be diagnosed using a series of simple clinical and radiological criteria, based on the HLA B27. However, it can take between 7 and 9 years after the onset of symptoms until a diagnosis is established.[4,5]

This delay in diagnosis leads to a delay in establishing the most appropriate treatment for each patient and the adverse consequences of untreated disease may diminish the quality of life of the patient, causing prolonged sick leave and increasing the economic burden of the process, in addition to promoting structural damage associated with the presence of untreated disease in the first years of evolution.[6,7] That is why strategies are being designed for referral of early stage patients with axial symptoms to Rheumatology clinics, which would help shorten diagnosis time and optimize the therapeutic management of these patients in the earliest stages of[4,8–12] disease.

The RADAR study[12] found that inflammatory LBP is the most commonly used criterion and, simultaneously, the one that yielded the most results, in order to establish a mechanism for referral from primary care (PC) to Rheumatology. There is, however, no consensus recommendation with PC to specify what criteria must be evaluated in a patient with chronic back pain in order to decide an appropriate referral to Rheumatology.

The ultimate objective of this document is to improve the quality of care for patients with chronic, inflammatory low back pain and SpA by creating validated and easy to use resource that does not interrupt the consultation and that ultimately benefits the patient. This resource should include criteria for suspicion, research algorithms and recommendations for referral to Rheumatology. The target group who should use this resource are primary care physicians (PCP).

Methods

A modified RAND methodology[13] was used, with group discussions and[14] Delphi technique to evaluate the degree of acceptance of the recommendations and the preference criteria.

A panel of 4 SpA expert rheumatologists and 4 PCP, all Spaniards, moderated by a methodologist, held a meeting to determine the scope, users and the set of existing criteria, and to identify the difficulties of assessment and referral of patients with suspected SpA. The group followed the following script: (1) what are the available criteria for suspecting/referring inflammatory back pain? (2) how are the available criteria evaluated? (3) what is the current referral process and the systematic evaluation of low back pain in primary care?, weighing the difficulty of assessing the criteria available in this context, (4) what parameters allow an informed selection of the criteria to recommend?, and (5) solutions or necessities to improve the implementation of criteria (training, research, etc.).

In order to document the suitability of recommendations and facilitate the decisions of the panelists, a systematic review of the literature on low back pain in primary care was undertaken and the results were condensed into evidence tables. This review identified existing criteria and those proposed by the panel, as well as their performance. In particular, the objective was to understand their sensitivity and specificity, as they would become screening instruments. The search strategy for the review is available in an Annex 1; it basically included synonyms for "*Spondyloarthritis AND Low back pain AND (sensitivity and specificity) AND primary care." The panelists were queried on the ease of collecting the data in PC, in particular if the data is included in the usual history and whether the criterion can be interpreted correctly, that is, if there is a good agreement between what Rheumatologists and PCP think.*

All of the information collected was summarized in a report and a survey format was prepared for the vote by 25 professionals, including rheumatologists and PCP. The first Delphi round was used to prioritize items and gather comments and views on the proposals, and the second to define the degree of agreement. The conflicting items (under agreement or excessive variability) were discussed and reformulated for the second round. Each recommendation comes as a result with an average degree of agreement in the second round. The full study was conducted throughout 2013.

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