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# Effects of workplace, family and cultural influences on low back pain: What opportunities exist to address social factors in general consultations?



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## S U M M A R Y

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Social factors are widely acknowledged in behavioural models of pain and pain management, but incorporating these factors into general medical consultations for low back pain (LBP) can be challenging. While there is no compelling evidence that social factors contribute to LBP onset, these factors have been shown to influence functional limitation and disability, especially the effects of organisational support in the workplace, spousal support, family conflict and social disadvantage. A number of barriers exist to address such social factors in routine medical encounters for LBP, but there is emerging evidence that improving social and organisational support may be an effective strategy to reduce the negative lifestyle consequences of LBP. For clinicians to address

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these factors in LBP treatment requires a clearer psychosocial framework in assessment and screening, more individualised problem-solving efforts, more patient-centred interventions involving family, peers and workplace supports and a less biomechanical and diagnostic approach.

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The high prevalence and ubiquitous nature of low back pain (LBP) has made it one of the most disabling and costly health conditions in the modern world [1–3]. Plentiful treatment options exist, but there are considerable controversies about which pharmacological, surgical, physical or psychological treatments are most effective and whether these are superior to conservative care and reassurance [4,5]. Because the aetiology of LBP is often unclear, and because no biomedical cure is in sight for the large majority of chronic LBP sufferers [6], much LBP research has been redirected to secondary prevention: understanding the complexity of factors that affect LBP recovery, chronicity and recurrence. While there is some progress in developing psychological theories and interventions to address maladaptive pain beliefs and behaviours [7,8], less is known about the broader social, organisational and family context of pain and how best to incorporate these factors into clinical practice.

Unlike psychological constructs that assess differences in pain attitudes, beliefs and emotional responses (e.g., pain catastrophising), social factors are the external facts and circumstances that influence or control an individual's behaviour or attitudes related to pain. Thus, social factors include socio-demographic factors as well as characteristics of the psychosocial environment at home, clinic and the workplace. Although not routinely assessed in a general consultation for LBP, social factors may play a significant role in coping and functional recovery. While the causal pathways and mechanisms relating social factors to LBP outcomes are no doubt complex and bidirectional, the well-documented positive effect of social support on physical health [9–12] may apply to LBP as well. Fig. 1 highlights a number of social variables within the domains of workplace, home, clinic and sociocultural background

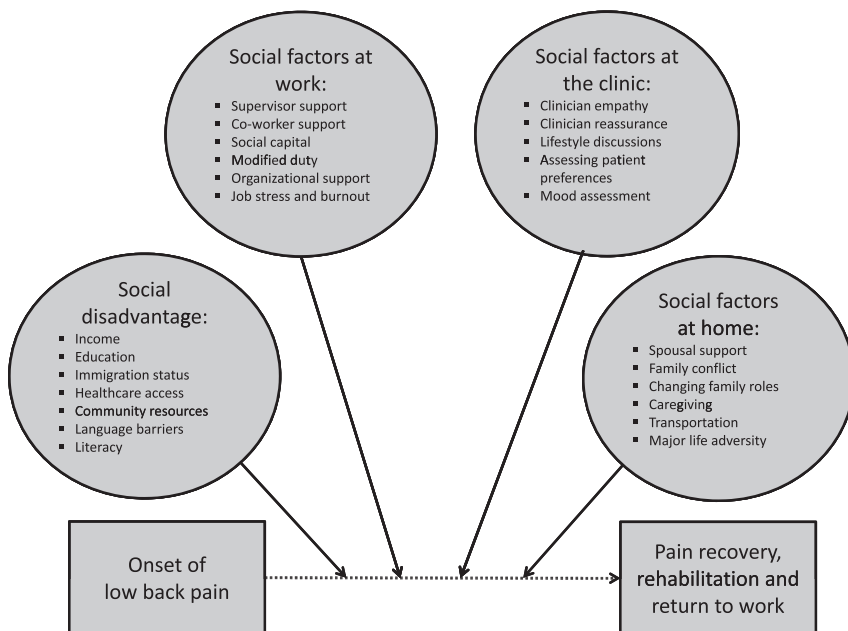


Fig. 1. Potential social factors influencing pain and disability outcomes.

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