

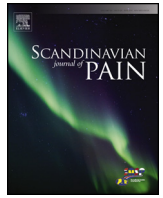


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Original experimental

What constitutes back pain flare? A cross sectional survey of individuals with low back pain

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HIGHLIGHTS

- LBP flares are a significant issue, yet poorly defined in literature to date.
- We found that a focus on pain may not differentiate minor pain events from flare.
- Individuals do not consider their LBP to be flared simply due to a pain increase.
- Understandings of LBP flare require consideration of various other factors.
- A definition encompassing various domains is likely to assist efforts to reduce LBP.

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ABSTRACT

Background and purpose: Low back pain (LBP) is a lifelong problem for many. In acute episodes, or as a persistent condition, LBP is fluctuating in nature, with pain and other features of the condition varying in intensity and duration over time. Symptom flares (also known as flare ups) contribute to this variation and can have a great impact on the lives of those who have LBP. An important goal of treatments for, and research on, LBP is arguably to decrease symptom flare in both frequency and severity. However, this goal is problematic with little research, and no consensus, on how to define LBP flare. In particular, patients' understandings of LBP flare have received limited attention in the literature. To appropriately address this issue, we sought to understand how flares are conceptualized by individuals with LBP.

Methods: We used an inductive, predominantly qualitative methodology, conducting an online survey with 130 individuals who self-reported experiencing LBP. The survey investigated participants' views on LBP flare including its meaning, features and symptoms, and whether 'flare' and 'pain increase' were synonymous. Qualitative analysis of responses involved thematic and content analysis with descriptive statistics used for the quantitative component.

Results: Our data analysis found that participants identified many aspects of a flare to be important. Qualitative analyses highlighted a number of themes including that LBP flare was conceptualized as: (1) an increase in pain and other uncomfortable sensations such as paraesthesia or muscle tension, (2) an increase in the area, quality and/or duration of symptoms, (3) a reduction in physical, cognitive and/or social functioning, and (4) negative psychological and/or emotional factors. Flare was also discussed as a change that was difficult to settle. When participants considered whether 'flare' and 'pain increase' were synonymous, responses were evenly divided between 'no' (47%) and 'yes' (46%) with remaining participants 'unsure'.

Conclusions: The key finding was that many people with LBP do not consider their condition to be flared simply on the basis of a pain increase. In general, other features were required to also change. Results highlighted that a narrow focus on pain is unlikely to differentiate minor pain events from a flare. These findings are important as they contrast with most commonly used definitions of a flare that focus predominantly on pain increase.

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Implications: Our findings have implications for understanding the trajectory of LBP over time. Understandings derived from perspectives of individuals with LBP highlight that defining flare in LBP is complex. In order to provide person-centred care, individual context and experiences should be taken into account. Therefore, understandings of LBP flare require consideration of factors beyond simply an increase in pain. A comprehensive, person-centred understanding of flare that includes a number of features beyond simply an increase in pain intensity is likely to be useful to better identify flares in research settings, assisting endeavours to understand and reduce LBP. Similarly, in clinical settings a nuanced conceptualisation of flare is likely to help health professionals communicate understandings of flare when working with individuals to manage their LBP.

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1. Introduction

Low back pain (LBP) is the most common musculoskeletal symptom, with an estimated lifetime global prevalence of 40% [1]. Flare of symptoms significantly impacts on the lives of those with LBP [e.g., 2–4]. Qualitative research has shown that difficulty coping with flares is a main concern of workers with LBP, as the unpredictability and immobilizing quality of symptom flare can disrupt the ability to work [5,6]. In a prospective cohort study, 96% of people with LBP reported at least one flare in the previous 12 months and 36% reported at least 10 flares [7]. The impact of flares was substantial – 36% of participants could not work, 21% were bed-ridden and 19% were dependent on others for basic self-care during flares. A goal of LBP treatments is often to decrease frequency and severity of flares [3].

However, there are difficulties identifying LBP flare. The term “flare” (or “flare up”) is commonly used in LBP literature but its meaning remains underexplored, despite work in other conditions that shows flare to be complex and multifactorial. In acute episodes, or as a persistent condition, LBP is fluctuating in nature, with pain and other features of the condition varying in intensity and duration over time [5,8]. Although it is accepted that LBP is a condition that varies over time, the nature of this variation differs between individuals. Various terminologies and conceptualisations are used to describe characteristics of the variation, but there is not yet consensus regarding how these are defined or whether this matches the experience of patients. For instance, there is ongoing debate among LBP researchers about how to differentiate between persistent fluctuating symptoms and episodic symptoms [9,10]. Differentiation between symptom fluctuation, flare and recurrence also remains unclear for other persistent musculoskeletal conditions [e.g., 11–13].

LBP flare has been described as “a period of time when pain is substantially more severe than usual for the patient”, yet interpretation of key elements varies [10, p. 2042]. For example, in different definitions LBP flare duration ranges from less than one week to three months [e.g., 9,10]. Further, simple conceptualisation of flare as an increase in pain may not reflect the interpretation of patients. Young et al. [4] highlighted that people with LBP consider flare to be associated not simply with increased pain, but also with the use of strategies to overcome difficulties and modified participation. A narrow focus on pain may not differentiate minor pain events from a flare. A broader focus than pain has been discussed in investigations into other musculoskeletal conditions. That work differentiated flares from typical, or every day symptoms by identifying other flare elements besides pain, such as fatigue and changes in usual activities [14–16]. An imprecise differentiation of flare from recurrence and/or episode is likely to impact research and practice as it is not clear whether the terms are being used consistently [17]. Inadequate understanding of LBP flare may reduce effectiveness of clinicians intervening to help moderate flare.

Research considering LBP flare from the perspective of patients remains relatively scarce [18]. Extensive investigation of flares in other musculoskeletal conditions (e.g. rheumatoid arthritis) indicates that patients and clinicians consider flares somewhat differently [19,20]. To further understand LBP flare and to better differentiate states of fluctuation, it is important to consider what ways of conceptualizing flare are meaningful for people with LBP. This study aimed to determine: (i) how people with LBP conceptualize flare, and (ii) whether a low back flare is equivalent to an increase in pain.

2. Method

2.1. Study design

Individuals with LBP were recruited to complete an online survey in which they answered questions regarding their experiences and understanding of LBP. Four questions were specifically related to their interpretation of flare and are reported here. Other results of this survey will be analyzed and reported elsewhere.

2.1.1. Participant selection

Potential participants were recruited using a variety of methods including: contacting participants from previous studies on LBP, promotion through pain-related consumer organizations, and advertisements placed on social media and in local community and health centres. Snowballing (potential participants sharing study recruitment information with others) was encouraged. Potential participants received an email invitation explaining the study purpose was to explore LBP patterns. Inclusion criteria were: (1) age of 18 years and above, (2) ability to communicate in English, and (3) self identification as someone who has, or has had, LBP. There was no exclusion for duration of LBP, other co-existing pain(s) or co-morbidities. Consent was implied whereby, after reading an information page about the nature and commitment of the study, participants chose to progress into, and complete the study.

Although the recruitment strategy is best described as a sample of convenience, efforts were made to recruit a variety of participants by utilizing a diverse range of sources. Almost all participants lived in Australia, they varied considerably in age (mean = 43.2, range = 22–72 years) and over half were female (74.6%). Demographic details are presented in Tables 1 and 2. A total of 130 complete responses to the questionnaire were obtained and included in the analysis. It was mandatory to complete a response to each question before progressing through the survey. There were 492 incomplete entries into the questionnaire, which were discounted and are not included in this study; this was considered not an unexpected number for an online survey of this size. Participants remained anonymous throughout the study and were distinguished by numbers in data storage and reporting. Institutional ethics approval was gained prior to commencing the study.

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