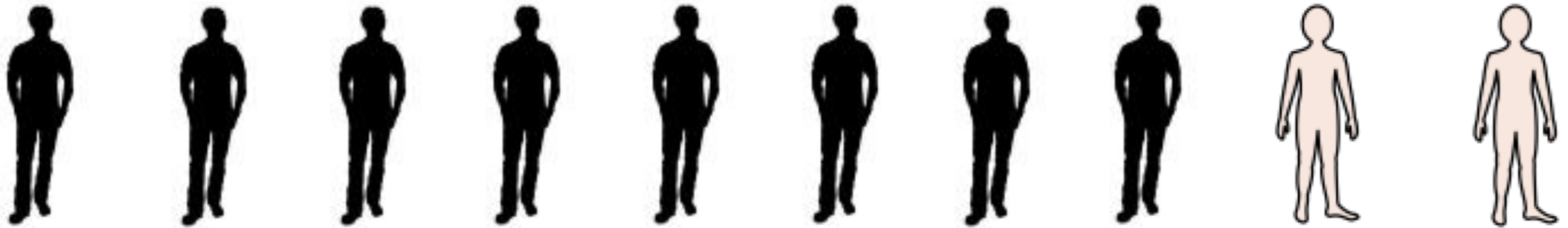


Patient education booklet to support evidence-based low back pain care in primary care – a cluster randomized controlled trial

Anna Sofia Simula, University of Oulu and ESSOTE

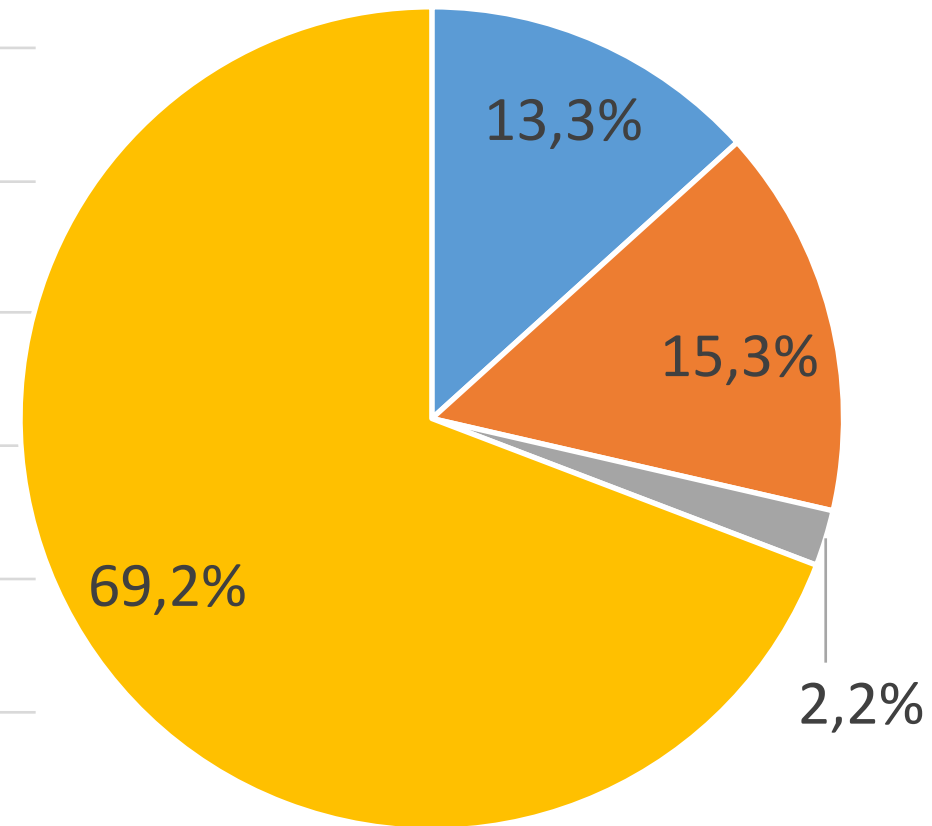
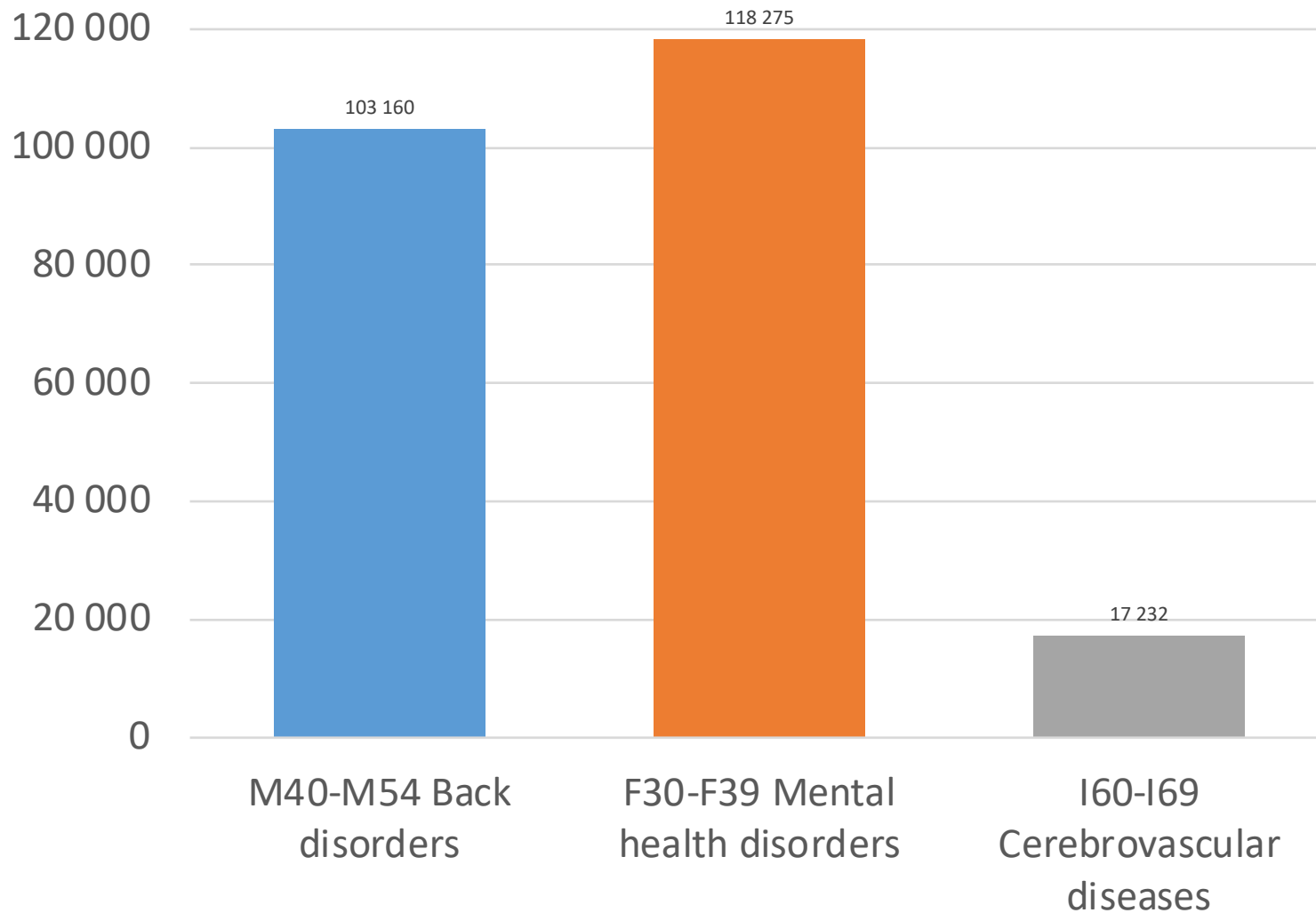
Globally, low back pain is the heaviest burden for health care and society

Maher et al. Non-specific low back pain: Lancet 10/2016



Lifetime prevalence

Benefits paid by Kela in 2016; 1 000€



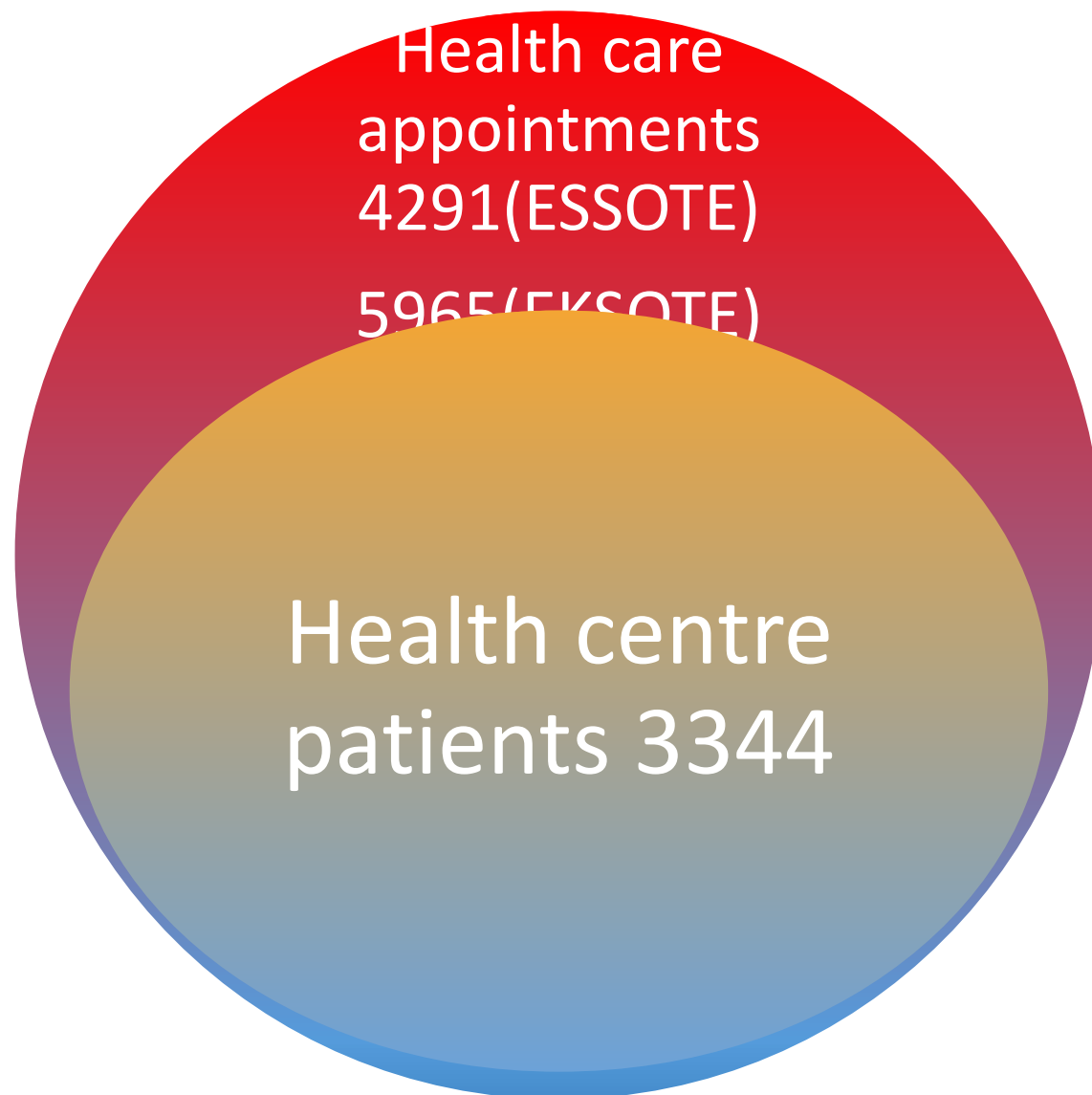
Kela sickness insurance statistics
(20.9.2017)

Physician appointments ICD10: M40-M54

ESSOTE 2015/EKSOTE 2016

(Occupational health care in ESSOTE health care region about 5000 LBP-related physician appointments per year)

| | Population | 18–65 years % |
|--------|------------|---------------|
| ESSOTE | 79 808 | 57.2 |
| EKSOTE | 131 764 | 58.6 |



Over 90% of LBP patients
have non-specific LBP



Hartvigsen J et al. on behalf of the Lancet Low Back Pain Series Working Group. What low back pain is and why we need to pay attention. Lancet 2018; 391(10137):2356-67.

As a symptom, LBP is a
complex biopsychosocial
entity



Strong risk factors for prolonged pain

- pain intensity
- belief related to prolonged pain
- low self-efficacy
- passive coping strategies
- high level of catastrophizing
- fear-avoidance beliefs
- depression
- sleep problems
- stress
- low education
- low social class
- unemployment



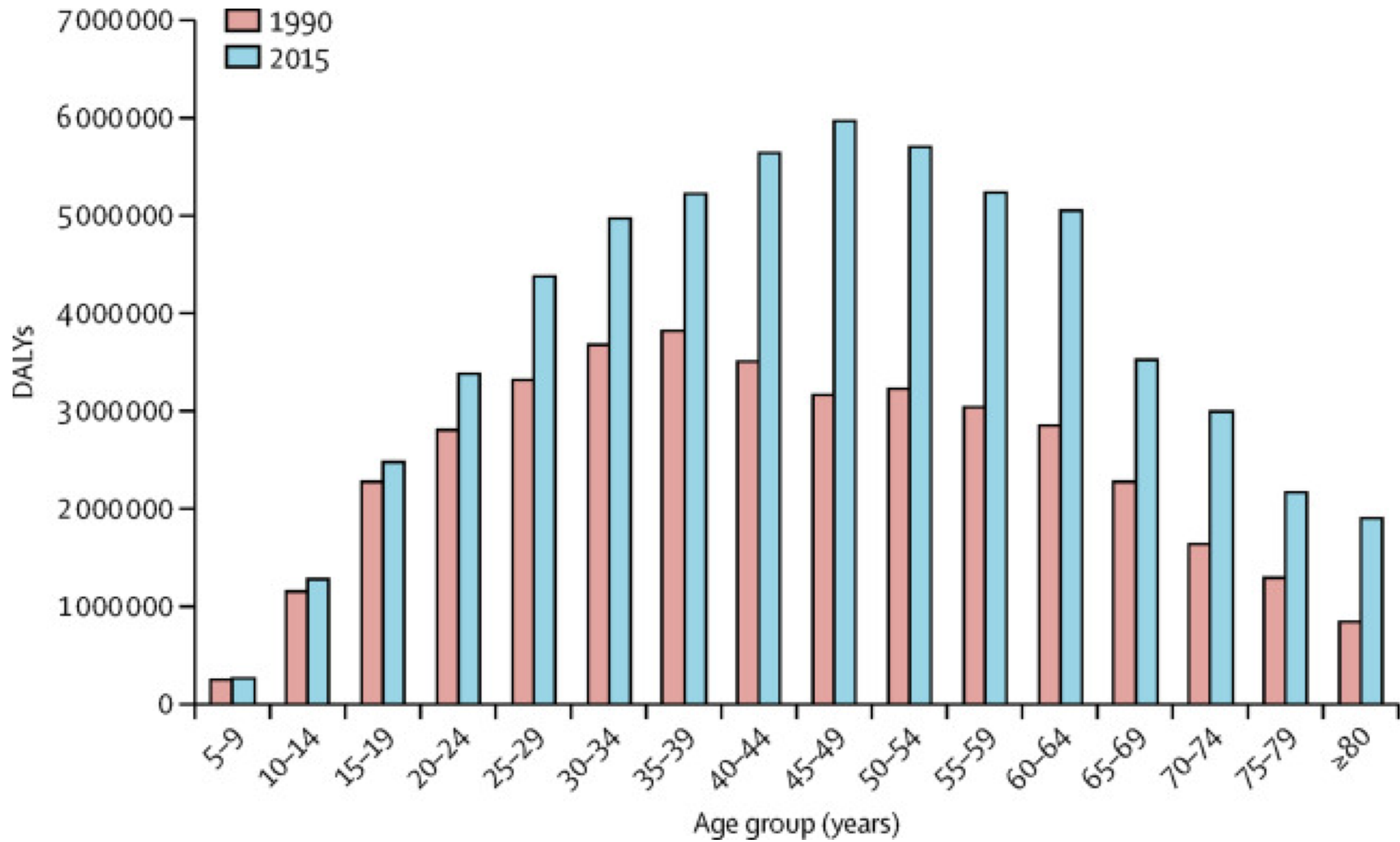
What kind of care and for whom?

- therapeutic exercises
- physiotherapy
- manual therapy
- patient education
- cognitive behavioral therapy
- acupuncture
- pain medication

**No-one is better
than anyone else
at the group level**


Suomalaisen Lääkäriseura Duodecimin ja Suomen Fysiatriryhdistyksen asettama työryhmä. Alaselkäkipu. Käypä hoito -suositus 27.4.2015.

O'Keefe et al.: Comparative Effectiveness of conservative interventions for nonspecific chronic spinal pain: physical, behavioral/ psychologically informed, or combined? A systematic review and meta-analysis J Pain 2016; 17:755-74



Hartvigsen J et al. on behalf of the Lancet Low Back Pain Series Working Group. What low back pain is and why we need to pay attention. *Lancet* 2018; 391(10137):2356-67.

Something must be done!



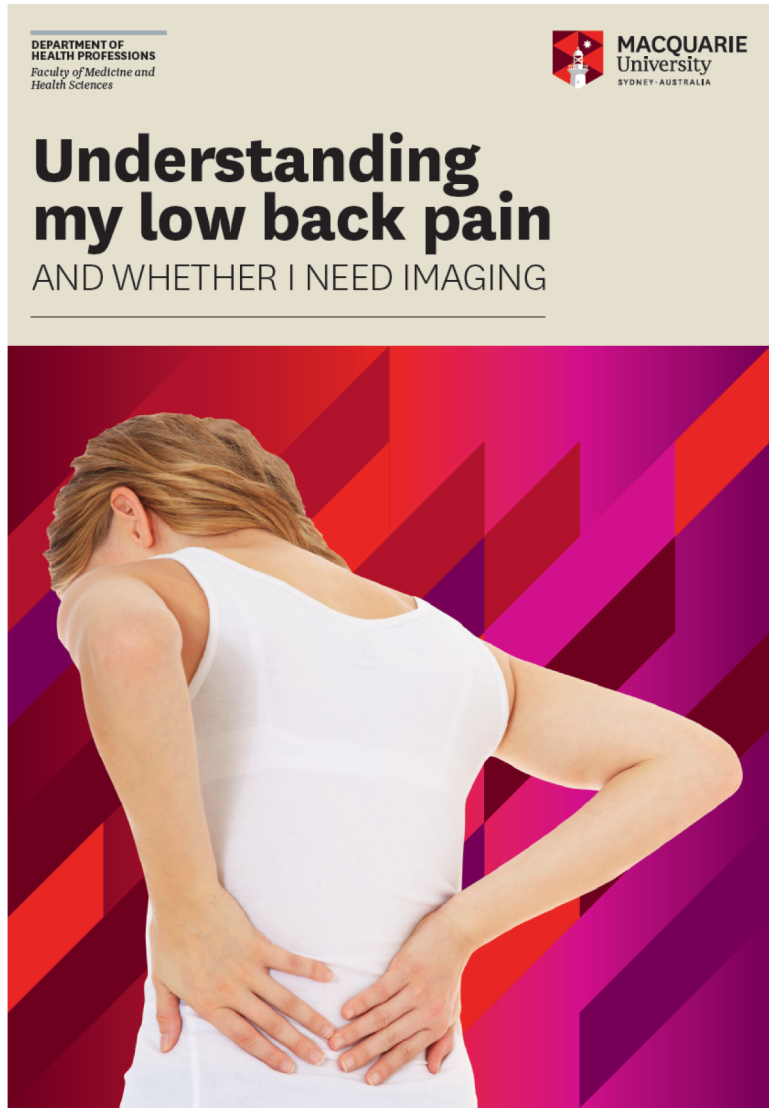
"A major challenge will be to stop the use of harmful practices while ensuring access to effective and affordable health care for people with low back pain."

Series on low back pain

THE LANCET

The best science for better lives

Patient education booklet as part of care



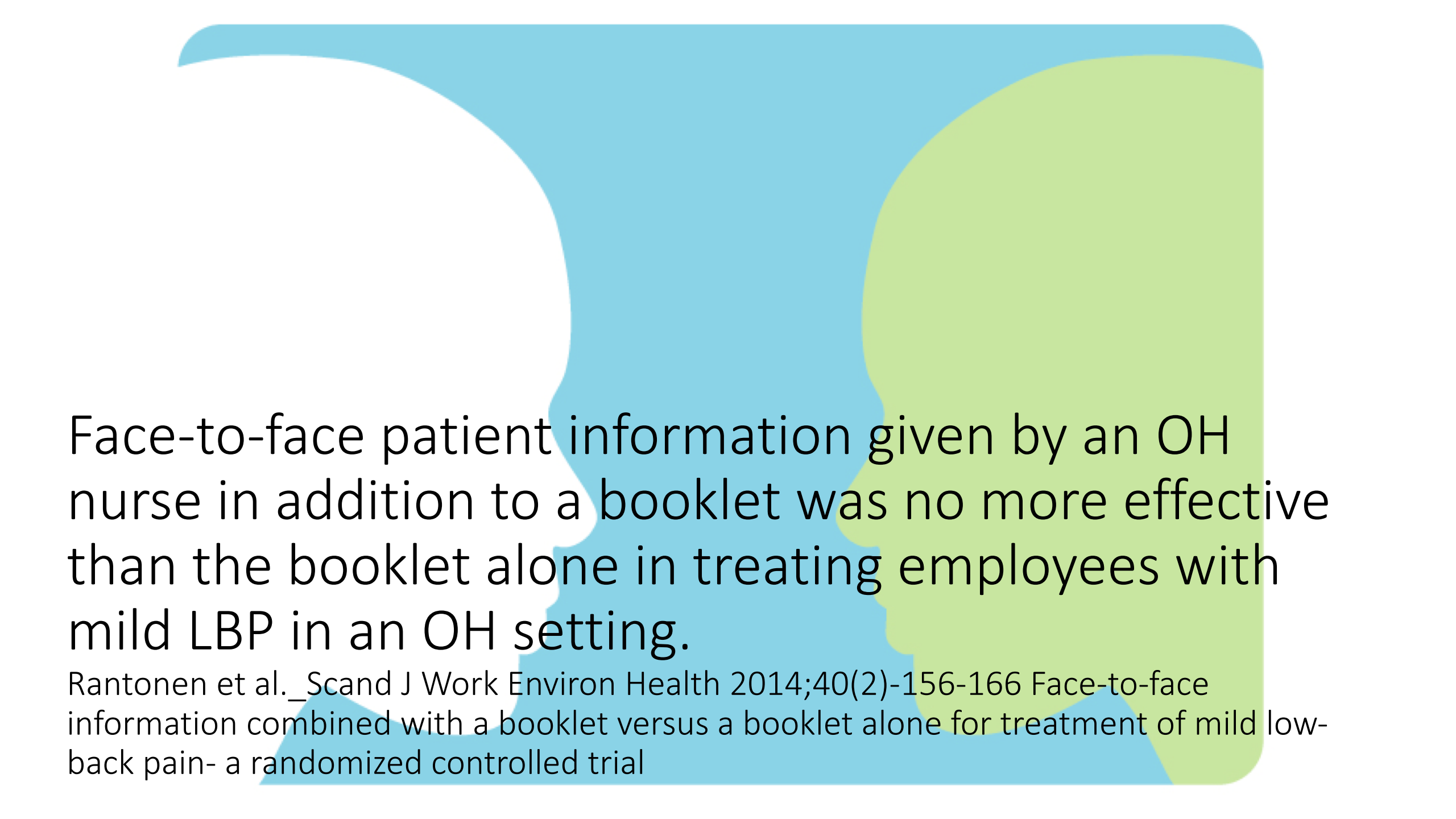
Why a booklet?

- Previous study found that a booklet was cost-effective in mild LBP patient cases (Rantonen et al._ BCM PublicHealth 2016_Cost-effectiveness)
- Supports consistent communication
- Easy and inexpensive intervention



Compared to NC, the Booklet reduced HC costs by 196€ and SA by 3.5 days per year.

Rantonen et al._ BCM PublicHealth 2016_ Cost-effectiveness of providing patients with information on managing mild lowback symptoms in an occupational health setting.

The background features a light blue rounded rectangle with a white silhouette of a person's head and shoulders on the left side. On the right side, there is a large, light green rounded shape that overlaps the blue area.

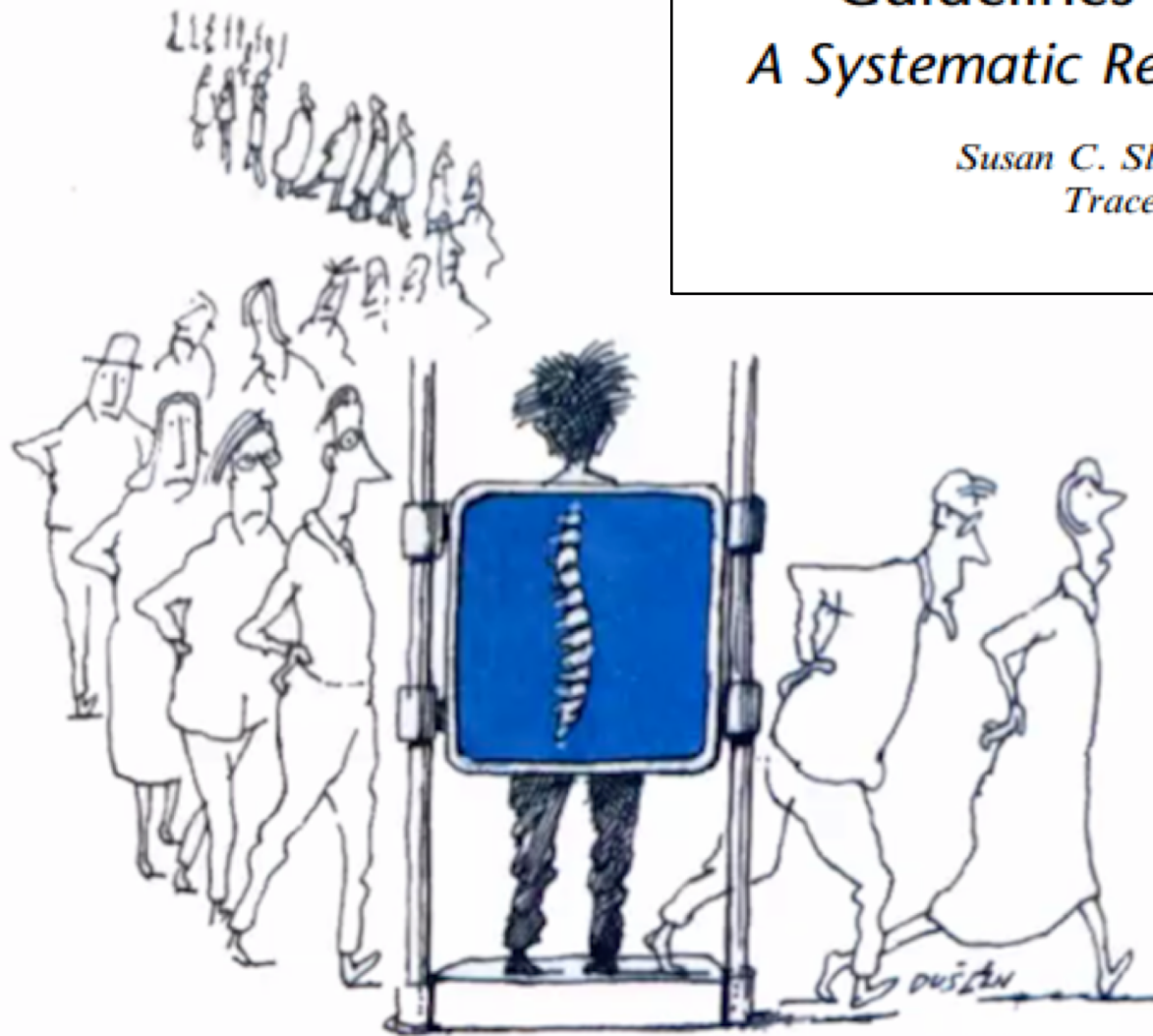
Face-to-face patient information given by an OH nurse in addition to a booklet was no more effective than the booklet alone in treating employees with mild LBP in an OH setting.

Rantonen et al. _Scand J Work Environ Health 2014;40(2)-156-166 Face-to-face information combined with a booklet versus a booklet alone for treatment of mild low-back pain- a randomized controlled trial

Barriers to Primary Care Clinician Adherence to Clinical Guidelines for the Management of Low Back Pain

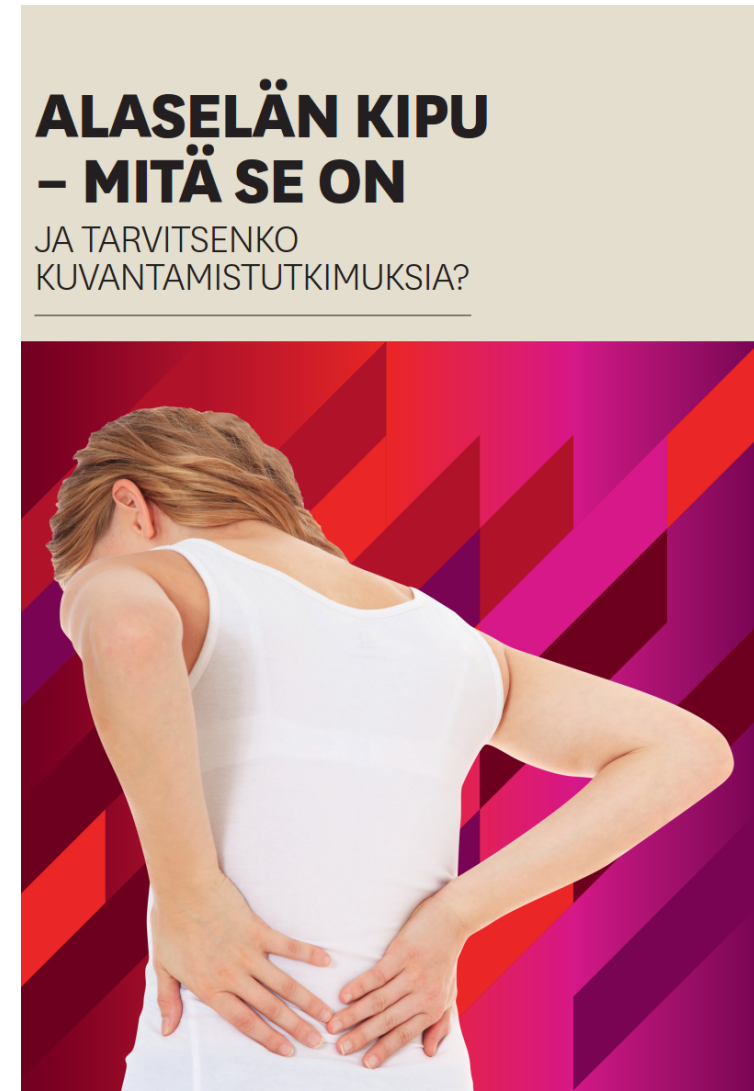
A Systematic Review and Metasynthesis of Qualitative Studies

Susan C. Slade, PhD,† Peter Kent, PhD,‡ Shilpa Patel, DHealth Psy,§
Tracey Bucknall, PhD,||¶ and Rachele Buchbinder, PhD*†*



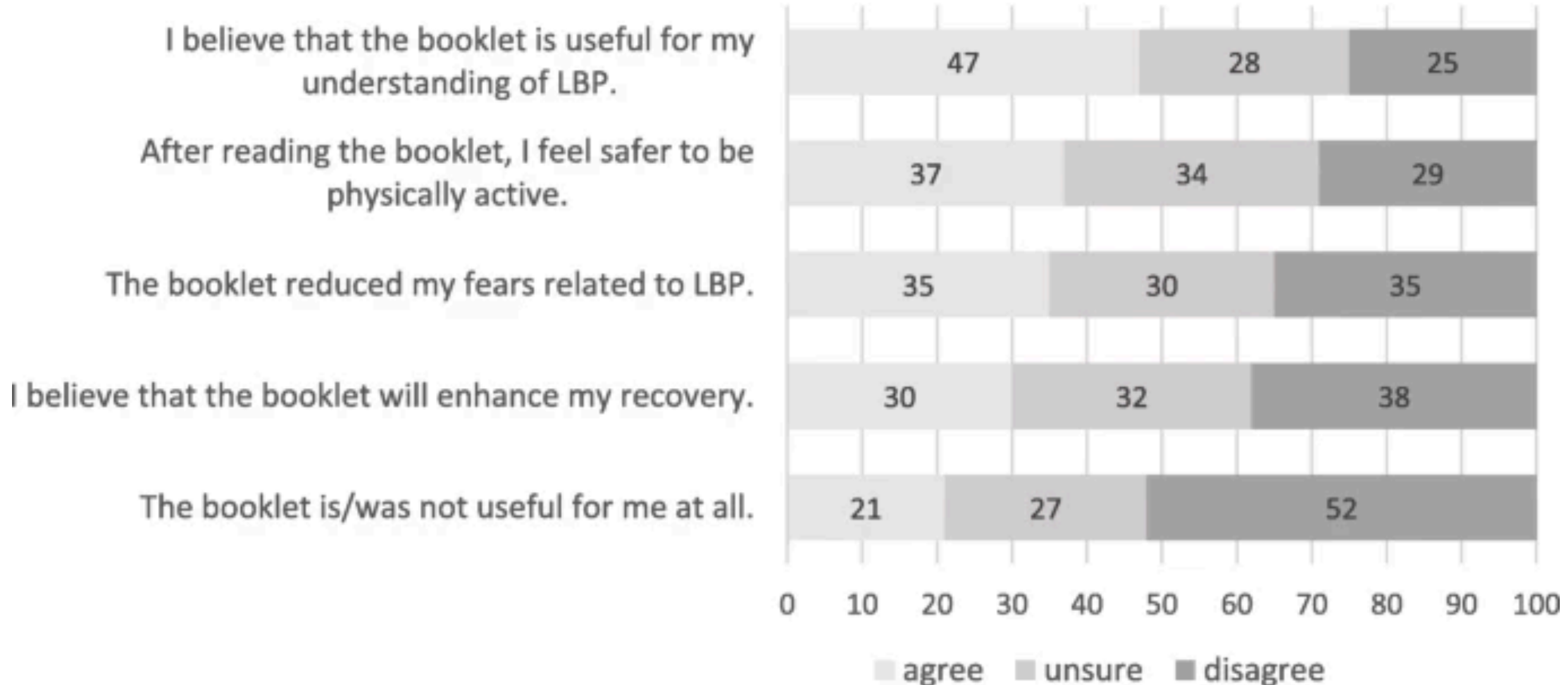
Transcultural adaptation and validation of Booklet

- Original version developed in Macquarie University, Sydney, Australia (by Prof. **Mark Hancock** and **Hazel Jenkins**)
- Questionnaire as preliminary test
- 136 patients
- 32 physicians and physiotherapists



Patient evaluation of benefits of Booklet on basis of statements, % of responses (n=136)

Percentages of those who agreed, were unsure or disagreed are shown.



Cluster randomized study of Booklet's effectiveness

ESSOTE
EKSOTE
Rovaniemi
Hyvinkää
Kerava
ESTT
TT-Mikkeli

**Clusters
(n=8)**

Pair-wise randomization

Intervention

(use of booklet + 30min training for professionals)

3 primary health care regions
1 occupational health service organization

Control

Usual care without booklet

4 primary health care regions
1 occupational health service organization

Study population

Inclusion criteria

- Low back pain
- Age 18–65 years

Exclusion criteria

- Age under 18 or over 65 years
- First time patient presents to health care for LBP lasting 2 weeks or less
- Suspected serious cause of LBP (for example, cancer, fracture or infection), LBP requiring urgent (emergency) care, such as cauda equina syndrome)

What does participation in the study mean for the patient?

- They receive a link to the questionnaire (mostly multiple choice questions) via email
 - baseline
 - 3 months
 - 1 year
- Participation will not affect their care
- They will not receive compensation
- They will be involved in improving health care system for LBP patients

What is measured?

Patients

- Affect on functional capacity (PROMIS + ODI)
- Quality of life (EQ-5D)
- Use of health care services
- Sick leaves

Professionals

- back pain beliefs and attitudes
- Feasibility of model

Costs

- Use of health care services
- imaging examinations
- pain medication
- sick leaves

Recruitment

1. Explain that research on the development of LBP treatment is underway, and that the study does not affect the patient's treatment. Follow-up involves electronic questionnaires.
2. Provide a patient information leaflet and consent form
3. Return signed consent forms to the study group

<https://drive.google.com/open?id=1DQ9r9JKr7M-PG2uKL5jZgEwfl0bl-sjw>

(Link to materials: patient information and consent forms, video of example recruitment, inclusion and exclusion criteria, guide on how to return signed consent forms)

Thank you!

