

Poor disability outcomes in the management of Low Back Pain patients in Portugal

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Introduction: Non-specific low back pain (NSLBP) is the most prevalent musculoskeletal condition in Portugal and is associated with persistent disability and high consumption of health care resources. Although most episodes are short-lasting with little or no consequence, disabling NSLBP is increasing, with recent literature suggesting that this could be in part related with the current management of low back pain patients.

Purpose/Aim: To describe the disability outcomes of the current health care management of patients diagnosed with NSLBP in the Portuguese context.

Materials and Methods: A prospective cohort study with 116 NSLBP patients recruited from 7 different community health care units of a specific region of Portugal was conducted. The local Ethics Committee approved the study. Participants were assessed at baseline and 2 months later. Sociodemographic and clinical data, psychosocial factors, and functional disability were measured. In addition, information was collected regarding the requested imaging tests, the medication prescribed, and the referral to physiotherapy/ other services. A successful response to treatment was determined according to the Minimal Clinically Important Difference (reduction of $\geq 30\%$ from baseline) established for the Roland Morris Disability Questionnaire. The relationship between variables on baseline and successful response was modulated through logistic regression.

Results: 56.9% of the participants were referred for imaging tests and 4.6% for other medical specialities consultations. The main treatment strategy was medication (83.5%), with only 8.3% of patients having been referred for physiotherapy. At 2 months after baseline, only 11% of the patients reported no functional disability, and 49% reached the established successful response. In the adjusted model, the probability of obtaining a successful response ($p \leq 0.05$) was associated with the presence of an acute pain condition (OR: 2.18, 95%CI 1.24 to 8.17) and the lack of maladaptive psychosocial factors (OR: 0.60, 95% CI 0.40 - 0.91). No significant association was found between the successful response and the presence of leg pain or medication.

Conclusion: This study's results suggest that the current management of NSLBP is not in line with current clinical guideline recommendations and may not be delivering the best outcomes to patients. These results also suggest that there is an opportunity to innovate and improve clinical outcomes.

Keywords: Low back pain, primary health care, general practice, physiotherapy, clinical outcomes