



Psychosocial risk factors for transition from acute to chronic low back pain in primary care: a systematic review

Submitted by Julie Bodin on Wed, 07/22/2015 - 21:37

Titre	Psychosocial risk factors for transition from acute to chronic low back pain in primary care: a systematic review
Type de publication	Communication
Type	Communication sans actes dans un congrès
Année	2010
Langue	Anglais
Date du colloque	29/08-02/09/2010
Titre du colloque	PREMUS 2010 - 7th International Scientific Conference on Prevention of Work-Related Musculoskeletal Disorders
Auteur	Ramond-Roquin, Aline [1], Bouton, Céline [2], Richard, Isabelle [3], Roquelaure, Yves [4], Huez, Jean-François [5]
Pays	France
Ville	Angers
Mots-clés	back [6], low back [7], Prognosis of MSD [8], Psychosocial factors [9]

Aims: Low back pain (LBP) is a major public health problem, often encountered in primary care. Recent guidelines recommend early identification of psychosocial factors which could prevent rapid recovery from acute LBP [1]. This study was aimed at systematically reviewing the evidence on the prognostic value of psychosocial factors for transition from acute to chronic non-specific LBP in adult general population.

Methods: A systematic search for prospective studies dealing with psychosocial risk factors for poor evolution in LBP was conducted, screening Pubmed, PsychInfo and Cochrane Library databases. Cohort studies were selected if adults with (sub)acute (< 3 months) LBP in primary care were followed-up during at least three months, and evaluated with patient-centered outcome criteria. Methodological quality of studies was assessed independently by two reviewers using standardized criteria before analysing their main results.

Results: 23 papers fulfilled the inclusion criteria, related to 18 different cohorts. 16 psychosocial factors were analyzed, belonging to 3 domains : social and socio-occupational, psychological, and cognitive and behavioral fields. Depression, emotional distress, passive coping strategies and fear-avoidance beliefs were sometimes found to be independently linked with poor outcome, whereas most social and socio-occupational factors were not. patient's self-perceived general health at baseline was of significant predictive value. Initial patient's or caregiver's perceived risk for LBP persistence was the factor the most constantly linked with actual evolution [2].

Conclusion: This study found few independent psychosocial risk factors, which never explained a large part of observed variability in evolution of episodes of LBP in primary health care. Randomized clinical trials aiming at modifying them have shown little impact on prognosis on a cohort scale [3]. Deeper understanding about these psychosocial issues is probably needed before defining new management strategies. Qualitative research could be a suitable method to explore further and differently the field of LBP.

Résumé en
anglais

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Titre traduit

7e conférence scientifique internationale sur la prévention des troubles musculosquelettiques

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