

Evidence and Practice in the Self-Management of Low Back Pain: Findings From an Australian Internet-based Survey

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Objectives: Low back pain (LBP) is common, but sufferers pursue a range of management options and only some seek professional advice. This study examines how Australian consumers report that they manage LBP, with emphasis on the extent to which their practices match clinical recommendations and guidelines.

Methods: A self-reported cross-sectional online survey comprising 29 questions in English (see Supplemental Digital Content 1, <http://links.lww.com/CJP/A13>) was conducted in February 2009. The internet-based survey sample was matched with national population proportions; 1220 respondents were screened and 1001 met the inclusion criteria (age > 18 y and having suffered from back pain in the previous 6 mo).

Results: A total of 570 (57%) participants had experienced LBP, of whom half (307; 54%) sought healthcare advice. Although 126 (41%) respondents reported receiving advice to exercise or stretch, only 107 (19%) reported that their initial response was to follow this advice. One-third maintained normal activity levels and 15% took bed rest, mostly for less than 1 day. A large proportion of respondents were overweight or obese (391, 68%); only 8% were active currently undertaking a weight loss regime. Taking analgesic medication was the most common initial action to LBP (449, 78% respondents); paracetamol was the predominant choice. Underdosing was evident among users of over-the-counter analgesics.

Conclusions: The self-care choices that some people with LBP are making are not in line with the current evidence-based guidelines. This may lead to delayed recovery and the risk of medication-related problems. The provision of education about the nonpharmacologic management options for LBP, optimal information about appropriate medicines choices, and about medication contraindications is essential.

Key Words: low back pain, management, guidelines, paracetamol, quality use of medicines

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Low back pain (LBP) is defined as pain and discomfort, localized below the costal margin and above the inferior gluteal folds, with or without leg pain.¹ LBP can occur in

isolation or together with somatic referred pain into the lower limbs.² Acute LBP rarely has a serious cause, is usually self-limiting, and the majority of patients will recover with the use of simple analgesics and advice to keep active.³

LBP is common; 4 out of 5 Australian adults will experience LBP at some point during their life.⁴ Although only a small proportion (~5%) of people with acute LBP develops chronic LBP (duration > 12 wk), recurrences are common.⁵ The cumulative risk of at least 1 recurrence of LBP within 12 months has been reported to vary from 66% to 84% (pooled estimate 73%, 59%-88%).⁶ Recent Australian research found that 76% of the patients with LBP had had an earlier episode.⁷ Despite these high recurrence rates, it has been suggested that with good management, recurrence rates could be less than 25%.²

As the first line of care, treatment guidelines for acute LBP recommend the provision of patient advice to remain active, avoid bed rest, reassurance of favorable prognosis, and the use of regular simple analgesics.^{1,8} In acute LBP, paracetamol (4 g/d) is the preferred first choice of analgesic, based on evidence of its effectiveness and its low risk of side effects and drug interactions.¹ There is moderate evidence that paracetamol is as effective as nonsteroidal anti-inflammatory drugs (NSAIDs) in this setting.^{9–11}

In contrast to acute LBP, few management guidelines for chronic LBP are available.¹² Those that are available offer somewhat conflicting advice. European Guidelines strongly recommend the short-term use of NSAIDs and weak opioid analgesics,¹² whereas guidelines in the United States recommend the use of either paracetamol or an NSAID (short term) after consideration of the risks and benefits of each product in the individual patient,¹³ and those from Australia recommend paracetamol as first line with a short course of NSAIDs being reserved for second line therapy in chronic LBP.¹⁴

In this study, we investigated how Australian consumers with either first-time or recurrent LBP report that they manage their condition with a focus on self-management strategy, level of activity, and choice of analgesic. Through a greater understanding of consumer actions, we aimed to gain insight into some of the reasons for the high recurrence rates of LBP.

METHODS

Patient Population

Eligible participants were men and women > 18 years of age who reported suffering from upper or lower back pain in the last 6 months. Respondents were included if they reported that they had suffered from upper or lower back pain within the previous 6 months (in the categories

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