



Doctors' attitudes and beliefs regarding acute low back pain management: A systematic review

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Abstract

The aim of this systematic review was to determine the attitudes and beliefs of doctors to acute low back pain, and the factors that influence these. The review comprised three phases: a methodological assessment of databases (Medline, EMBASE, Psychinfo, BIOSIS, CINAHL, and the Cochrane Central Register of Controlled Trials) identified potential papers; these were screened for inclusion criteria by two independent reviewers, the extraction of data and the rating of internal validity and strength of the evidence, using valid and reliable scales from accepted papers. Themes were then identified from the accepted literature. The search generated a total of 15 papers of both qualitative ($n = 3$) and quantitative ($n = 12$) methodologies. Themes that emerged included doctors' attitudes and beliefs, and four factors that influenced attitudes and beliefs: doctors' specialty, demographic factors, personal beliefs and education. There was consistent evidence that doctors' specialty impacted their attitudes and beliefs: lack of consensus regarding the natural history of LBP, around treatment options, and issues regarding work. There was inconsistent evidence that demographic factors (age) and level of education impacted doctors' attitudes and beliefs. Strategies to address/ modify these attitudes and beliefs are required, as in some cases they are at odds with guideline recommendations. Long term, these changes in these areas have the potential to maximise patient-care, and reduce costs to health services.

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1. Introduction

Low back pain (LBP) is widely recognised as a major medical and social problem and represents a considerable burden to healthcare [48]. It also has a significant economic impact: LBP costs are comparable to those associated with coronary heart disease, diabetes or depression; therefore reducing costs is a major public health issue [11]. The mechanisms by which patients cope with non-specific LBP are fre-

quently determined by factors not related to physical pathology or pain severity. In particular, patients' attitudes and beliefs to LBP are influenced by many factors, including past pain experience [14], culture [38], and social and economic factors [23,46]. Their attitudes and beliefs may also be reinforced or challenged by their doctor. Projected beliefs of doctors have recently gained the attention of the scientific community as contributing to poor adherence to established guidelines and influencing patients' beliefs [45]. Doctors' beliefs could contribute to the development of chronic spinal disability through their over- or under-treating, failing to use effective pain control or reacti-

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vation strategies, and reinforcing patients' unhelpful illness perceptions by advising increased spinal vigilance and restricting normal activities [33]. A relationship has been shown to exist between beliefs and behaviour. Beliefs influence behaviour, and furthermore the consequence of the behaviour can also feed back to influence beliefs [9]; this applies to both the doctor managing the pain and the patient experiencing it [29].

There is some evidence in the literature of attempts to quantify doctors' attitudes to LBP management with studies using questionnaires adapted from those originally developed for and with patients [33]. Physicians' beliefs about fear of movement have previously been explored [26,34]. The literature has also identified several factors which combine to influence doctors' decision-making processes in formulating a treatment plan for a patient including past experience, undergraduate and postgraduate education, individual clinical reasoning, knowledge of the evidence base, and time and personal beliefs [18,26].

Whilst patients' beliefs about LBP have been extensively described in the literature, including a review of 39 prospective studies that found strong evidence that patients' beliefs were related to future pain and disability [25], a systematic review regarding doctors' attitudes and beliefs to acute LBP, or the factors that influence these, has not been previously undertaken. This paper reports on a review of the literature, which highlights those attitudes and beliefs which have important health and financial implications for both the patient, the practitioner, and the health service.

2. Aim of review

The aim of this study was to systematically review the literature to determine doctors' attitudes and beliefs to acute LBP management and the factors that influence them.

3. Methodology

3.1. Overview

The review comprised three phases. Phase 1 involved a systematic search of the literature using devised criteria and a search strategy of key words. Phase 2 involved the initial screening of appropriate abstracts and subsequently full papers by two independent reviewers (B.F., D.H.). Phase 3 involved classifying the internal validity of the included papers, and grading the strength of the evidence using established and validated tools: for quantitative papers, the Thomas Test [43], and for qualitative papers, the Critical Appraisal Skills Programme [CASP, 35]. The strength of the evidence was graded using an adapted version of the Agency for Healthcare Research and Policy (AHCPR) guidelines [4].

3.2. Search strategy

3.2.1. Phase 1 data base search

Electronic searches of Medline (January 1990–May 2006), EMBASE (January 1990–May 2006), CINAHL (January 1990–May 2006), Psychinfo (January 1990–May 2006), BIOSIS (January 1990–May 2006), Science Citation Index (January 1990–May 2006), and the Cochrane Central Register of Controlled Trials (Central) were carried out in May 2006.

On advice from a medical librarian, two searches on each database were undertaken using a combination of key words, and using each data base thesaurus and the key words. The following key words were used: back pain, low back pain, acute low back pain, thoracolumbar pain, sciatica, backache, medical profession, health care provider, physician, doctor, general practitioner, rheumatologist, pain consultant, orthopaedic, surgeon, medical practitioner, attitude, belief, behaviour, education, knowledge, and recommendations. Hand-searches were also conducted on the bibliographies of identified articles for relevant papers.

3.2.2. Phase 2 screening process and data extraction

Potentially relevant articles were identified from the titles, abstracts and key words of the references retrieved by the literature search, and scrutinised by two researchers (B.F., D.H.) for inclusion/exclusion criteria. The full papers of accepted abstracts were retrieved and independently scrutinised by the two researchers using a detailed proforma developed to capture, and subsequently categorise the methodology and results of each paper. Inclusion criteria are summarised in Table 1. Doctors' attitudes and beliefs were determined as well as four factors that influenced their attitudes and beliefs: specialty, demographic factors, personal beliefs and education. Accepted papers were re-categorised into the themes by an academic general practitioner (B. O'D.) to increase face validity.

3.2.3. Phase 3 internal validity and strength of evidence

A critical appraisal tool for non-RCTs is not currently available (Reeves B, Cochrane non-randomised study methods group, *personal communication*). Due to this absence, and for the purpose of this systematic review, two appraisal systems were chosen. First, the Thomas Test [43] was used for quanti-

Table 1
Inclusion criteria

Inclusion criteria
<i>Topics of studies</i>
Papers published 1990–2006
Studies written in English
Studies relating to acute low back pain (<12 weeks)
Studies involving medical doctors
Studies relating to doctors' attitudes and beliefs to LBP management
<i>Types of studies</i>
Experimental studies (randomised controlled trials), longitudinal studies, concurrent cohort studies, case-control studies, before and after studies, cross-sectional studies, qualitative studies (semi-structured interviews, focus groups)

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