Predictors of self-management in patients with chronic low back pain: study protocol

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Background Context

Self-management (SM) can be defined as individual's 'ability to manage the symptoms, treatment, physical and psychological consequences and life style changes' when living with chronic pain. SM programmes for patients with chronic low back pain (CLBP) have failed to show clinically meaningful improvement in pain and disability markers, which potentially reflect the lack of treatment matching of SM programmes. Patient selection for a SM programme for patients with CLBP is particularly difficult due to lack of extensive research on what predicts SM and its change.

Purpose

The overarching purpose of this study is to identify predictors of SM and its change over time in patients with CLBP.

Study Design/Setting

Prospective non-experimental longitudinal study (multi-centre)

Patient Sample

Community ambulant adults (age 18-65 years), who are attending outpatient physiotherapy treatment for their CLBP will be recruited (n= approx. 400). Patients with specific causes of CLBP including surgery, grade III/IV spondylolisthesis and ankylosing spondylitis; pregnancy; and neurological and cognitive involvements will be excluded.

Outcome Measures

Primary outcome SM will be measured using the Health Education Impact Questionnaire. Secondary outcomes will include demographics, socioeconomic factors, self-reported measures for pain intensity, disability, physical activity, kinesiophobia, catastrophising, depression and global impression of change.

Methods

Eligible and consenting participants will complete questionnaires at baseline and six months. Descriptive statistics, bivariate and multivariate correlation, multiple linear regression will be employed.

Conclusions

Study results will inform patient selection for SM programmes and future development of tailored and targeted SM programmes for patients with CLBP.