

Survey Among Adult Individual's Back Belief With Low Back Pain Residing In Ahmedabad

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ABSTRACT

Background: Back belief questionnaire (BBQ) measures about the negative belief of back pain. The aim of the study is to determine individual's belief who is suffering from low back pain and what is their source of their thinking about low back pain.

Introduction: Low back pain (LBP) is a leading musculoskeletal disability and nearly 60% of individual in India experience LBP at some point in life. The psychological factors with recurrent or persistent pain shows that how people think about LBP is an important predictor of severity and chronicity. For clinicians to understand negative belief and to treat that are present; a need to understand how belief are developed and what type and extent of negative belief may be detrimental to recovery in people suffering from LBP is necessary.

Method: A qualitative survey was conducted in individuals with LBP residing in Ahmedabad. Total of 102 participants over age of 18-55 years were recruited among which 67 were females and 35 males. BBQ was used in this study and participants were asked to fill this questionnaire either manually on paper or via Google form. At the end participants were asked from where do they get these beliefs and then data was analyzed

Result: On analysis of data 45.1% of population reported LBP daily, 31.4% monthly, 15.7% weekly. However on analysis of their beliefs 61.76% had pessimistic belief whereas 35.29% had optimistic belief regarding LBP. This survey reported that 37.3% of population learnt this belief on their own; while 28.4% from internet and 15.7% from health care practitioners and family/ relatives.

Conclusion: We concluded that at population level back belief is more pessimistic and they often see their condition as very negative. Thus, internet may be the pervasive source of this thinking and can be a cause of concern

Keywords: Ahmedabad, Back belief, BBQ, Low Back pain,

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I. INTRODUCTION

Low back pain (LBP) is the leading issues tributary considerably to private and community health burden.^[1]In India, the incidence of low backpain (LBP) is high, with almost 60% people having enormousbackache at a few or the other time of their lives.^[1]Low backpainfrequentlytakes place in episodic or continualpattern and develops disability in patient. One criticalissuewhich canhave an effect on the improvement of disability in humans with LBP is their ideologybehind their back pain.^[2]People's belief is the cause of concernhowphysical activity and work have an effecton their LBP account for variance in pain and disability.^[1]The beliefs people hold concerning the causes of their back pain and about the pain itself will influence their clinical outcomes.^[3]In people with low back pain significantly those whose symptoms have persisted for a longduration a inevitableamount of tissue healing, thefunctionallimitation, degree of pain reported and also the disability is usually disproportionate to the discovered pathology . In such patients, the standardstrategies of management are often ineffective. This proves that, additionally to the sensitive response from injuredtissues, alternative factors is alsorelatedtopatients' perception of pain and behavioural response^[4]When considering the bio-behavioural factors related to LBP, beliefs that individuals hold among the foremost vital factors to think about.

The extent of functional impairment that an individual experiences is additionally set by the extent to that the patients believe that they're disabled by their pain Cross sectional studies have found sturdy association between the beliefs of individuals and physical dysfunction.^[5]A way of measuring the beliefs is via the Back Belief Questionnaire (BBQ) and was developed in 1996. It is a questionnaire concerning about the statements regarding perceived inevitable negative consequences of an episode of back pain, such as "Back trouble means periods of pain for the rest of one's life" or "Once you have had back trouble there is always a weakness"^[6]Negative back beliefs as measured by the

BBQ are related to history of pain, care seeking behaviour and poorer outcomes from LBP resembling augmented levels of disability and pain. Although, the proof suggests that negative back beliefs are related to LBP and disability, there's still an absence of high-quality studies exploring back beliefs in clinical populations. A recent review found that the overall population looks to agree for the most part with beliefs that back pain has inevitable negative consequences. Recent best follow guidelines reflect that understanding and addressing these pain beliefs is a very important element of reducing the burden of LBP [1]. For clinicians to not impose negative beliefs and to handle those that are present, there's a desire to know how beliefs are developed and what sort and extent of negative beliefs could also be detrimental to recovery in individuals seeking care for LBP. The aim of this study was to explain back beliefs in an exceedingly mixed clinical LBP population of patients and investigate if specific patient characteristics were related to negative beliefs. The precise objectives were to describe back beliefs as measured by the BBQ, and from wherever their source of thinking come.

II. MATERIALS & METHODS

Research and Sample design: In this study, investigation received an qualitative survey and samples were collected via simple random sampling.

Participants: People suffering from low back pain over age of 18-55 years were taken from different areas of Ahmedabad. Approval was taken from the institutional ethical committee. Total of 102 were recruited among which 67 were females and 35 were males. BBQ was used in this study and participants were asked to fill the form manually or via Google form to survey about the existing belief in Adult individuals and where does the belief come from. The data received was stored and analyzed for result using Microsoft Excel 2010.

To be eligible for inclusion, participants needed to be above the age of 18 and with a episode of LBP, including both non-specific LBP and LBP with radicular pain. Patients were excluded if LBP was suspected to be caused by serious pathology or immediate surgery was required. Furthermore, the patients needed to understand and read English to fill the form.

BBQ: This is a questionnaire designed to measure an individual's beliefs about LBP, and can be used in case of any presence or absence of LBP history. Its primary aim is to investigate beliefs about various unavoidable aspects of the future as a consequence of LBP (e.g. 'Back trouble will eventually stop you from working'). The scale comprises nine inevitability statements (along with five statements used as distracters) [7].

It consists of 14 statements concerning about inevitable negative significance of an episode of LBP with five of the statement act as distracters. Each statement is scored on a five point Likert scale scored from 1 (completely disagree) to 5 (completely agree). Scores are then reversed and added up to a score between 9 to 45 with lower scores presenting more negative beliefs about back pain

According to the literature, there is no cut-point for negative versus positive back beliefs. In this study, we selected a score above 27 to assume positive beliefs, as this cut-point was used in a recent systematic review on back beliefs [8].

III. RESULT

A survey was conducted among Adult individual age over 18 -55 years in which 102 people participated. Among which 45.1% population reported LBP daily, 31.4% monthly, 15.7% weekly. . However on analysis of their beliefs 61.76% had pessimistic (negative) belief whereas 35.29% had optimistic (positive) belief regarding LBP. The survey has also included a self made questionnaire about from where does this belief come .This survey reported that 37.3% of population learnt this belief on their own; while 28.4% from internet and 15.7% from health care practitioners and family/ relatives.

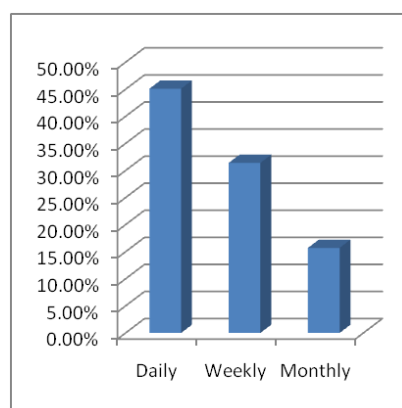


Fig 1. Prevalence of LBP

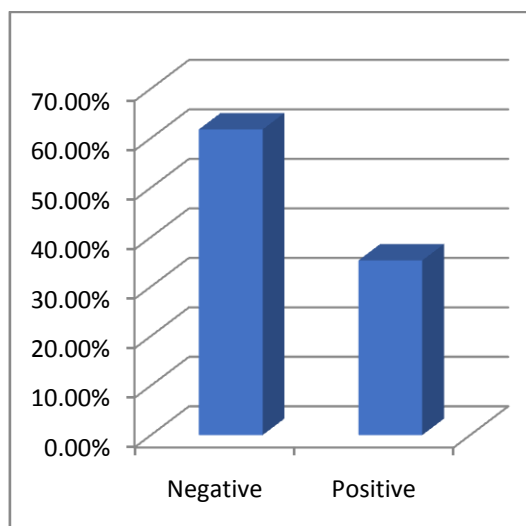


Fig 2. Percentage of Back Belief

IV. DISCUSSION

This is the study to explore back belief in individual suffering from LBP in Ahmedabad. The present population based survey was therefore, done to find out to assess the belief of low back pain among the general population and to find out where does this belief regarding low back pain is coming. Biological, psychological and social factors, particularly an individual's belief system play an important role in the persistence of pain and the development of disability in low back pain^[5]This finding indicates that overwhelmingly individual's faith about their LBP are lined up with (Western) traditional biomedical discourses of health and the body. Another finding of this study was that individuals overwhelmingly considered health professionals, and the internet to be sources of their understandings^[1]. Other studies have also concluded that health professionals, such as physicians^[9] and physiotherapists^[10], demonstrate primarily pain beliefs and practices, and it is strongly associated with the beliefs of their patients^[11]. There is considerable evidence to propound that harm is done by this way of thinking. There are strong associations in level of perception of controllability of LBP and clinical outcomes^[11] and this belief is likely to encourage strong negative beliefs about pain. The majority of people in Ahmedabad believe that back pain has inevitable negative consequences and hold beliefs about the nature, prognosis and appropriate management of LBP that are contrary to evidence-based practice. A recent systematic review identified 12 general population studies from Australia, Canada and the UK (total n = 13,319) that explored beliefs about back pain and pain management using the Back Pain Beliefs Questionnaire (BBQ)^[12]. Eight of the 12 studies found that respondents agreed, on average, with beliefs that back pain has inevitable negative consequences (mean score of 27 or less on the BBQ) Though the general population is aware of certain myths regarding LBP, they are not completely dead and buried. Some of the wrong beliefs regarding LBP still exist in the population sampled. People still believe that "for a slip disc (also known as a herniated or ruptured disc), surgery is a must". This holds completely wrong as 90% of all herniated discs heal without surgery^[13]

Clinical Implication

The findings of this survey purpose to challenge clinicians within the management of their patients with back pain, and align with findings from a clinical sample in the same jurisdiction^[14]. These challenges have it offnormally control beliefs that run contrary to evidencebased management of LBP. Most notably, substantial proportions of individuals believe that they must stop working and rest, that their backs will forever be weak, that there's no real treatment which imaging is necessary. This highlights the necessity for clinicians to have interaction in clear and persuasive conversations concerning the character of LBP and its management. Without these conversations, evidence-based treatment recommendations corresponding to avoiding rest, returning to work in some capacity and engaging in exercise might not add up to patients.

V. CONCLUSION

Prevalence of Low Back Pain was found to be high among the overall population sampled and additionally the myths concerning LBP still exist among them^[6] we tend to found that a majority of respondents control beliefs that were contrary to evidence-based management of LBP together that they must stop working and rest, that their backs can forever be weak, that there's no real treatment, which imaging is necessary^[3]. The result of this study support a complex approach to shift the understandings of LBP on the far side biological causes to think about psychosocial, cultural and institutional factors that represent LBP. Finally,

our finding that patients believe they learnt their probably harmful understandings from health professionals encourages additional interventions to shift thinking inside healthcare.

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