Predictors of Self-management for Chronic Low Back Pain

Jennifer Kawi

PhD MSN APRN FNP-BC CNE

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Objectives

- Verbalize understanding of variables that best predict self-management (SM) of chronic low back pain (CLBP)
- Demonstrate knowledge of these predictors for individuals in specialty pain centers and primary care clinics
- Increase understanding of the implications of SM to nursing in caring for patients with CLBP

Aims

- Identify variables that predict SM CLBP
- Evaluate differences in these variables between individuals in specialty pain centers and primary care clinics.

Background

- CLBP is highly prevalent: more than 1 in 4 afflicted (National Center for Health Statistics, 2012)
- $100-200 billion/per year of healthcare costs (Freburger et al., 2009).
- Vulnerable to disability, 7th leading cause of disability (Murray & Lopez, 2013).
- SM strategies are strongly recommended in chronic pain care guidelines

BACKGROUND (cont.)

- SM = performance of tasks and skills with self-efficacy (Lorig & Holman, 2003)
- Evidence of SM effectiveness in CLBP remains unclear (Oliveira et al., 2012)
- SM programs maybe effective only in certain subgroups of the chronic pain population

Method

- Secondary analysis of data
- Collected from two CLBP research studies (Kawi, 2012; Kawi, in press) in specialty pain centers and primary care clinics (N = 230)
- General linear modeling
- Variables: demographics, SM support, support from others, pain intensity, functional ability, mental health state, and others

Measures

- Demographic Survey
- Patient Activation Measure
- Patient Assessment of Chronic Illness Care
- Oswestry Disability Index
- Mental Health Inventory

Results: Demographics and Pain-Related Variables

• Age	46.7
• Females	63.9%
• non-Hispanic	84.7%
• Caucasians	50.4%
• With college education	53.9%
• Income < $15,000	47.4%
• Disabled	43%
• Current pain management helpful	42.6%
• Overall health from ‘fair’ to ‘good’	71.2%

Results: Overall and Between Settings

Variables	Overall	Specialty Pain Centers	Primary Care Clinics
Duration of CLBP	10.7	10.9	10.6
# of Pain management modalities used	4.4	5	3.8
# of Medical Conditions	4.1	3.8	4.4
SM Scores	58.4	60.1	56.9
SM Support	2.8	2.6	3.0
Pain Intensity	2.57	2.55	2.58
Function/Disability Score	45.3	44.5	46
Mental Health State	55.4	54.7	56.1

Results: Significant Differences Between Settings

Variables	Specialty Pain Centers	Primary Care Clinics
Single	46.3	61.6
African-Americans	16.4	49.6
Income < 15,000K	37.3	56.7
No Healthcare Insurance	10.9	24.2
# of Pain Management Modalities Used	5	3.8
Perceived SMS	2.6	3

Results: Predictors to SM

OVERALL	SPECIALTY PAIN CENTERS	PRIMARY CARE CLINICS
Age		
Education		
Overall Health	Overall Health	Overall Health
SM Support	SM Support	SM Support
Helpfulness of pain management	Other Support	
	Religion/Spirituality	
		Income

Conclusions

- Allow for more appropriate intervention according to individual needs
- Evaluate individual's willingness and abilities to engage in SM
- Increase our knowledge and skills in providing SM support
- Advocate for healthcare system changes
- What about those who do not respond to SM?
- Interprofessional collaboration

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