RELATION BETWEEN PATIENTS' BELIEFS AND KNOWLEDGE ABOUT LOW BACK PAIN

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Introduction: Patients' beliefs about the Low Back Pain (LBP) can significantly affect their behavior and play an important role in the recovery process [1]. Negative beliefs on LBP make it possible to predict more severe pain, higher disability levels, as well as chronicity [2]. Patients, knowledge about LBP is important factor following treatment guidelines and changing negative attitudes and beliefs [1].

Purpose: To assess the relationships between patients' beliefs and knowledge about LBP.

Method: The study was completed by 102 outpatients (51.2 ± 12.6 years) with nonspecific LBP, the majority women (83.3%). During research were used Low Back pain knowledge questionnaire (LKQ) [3] divided into three topics (general aspects, concepts, treatment) and Back Pain Beliefs questionnaire consisting of five sections (disease outcomes, perceived severity, perceived benefits, self – efficacy, perceived barriers), based on Health Belief Model constructs.

Results: It was determined, that the overall belief score statistically significantly correlated with the knowledge overall score (rho = 0.319; p = 0.001) (fig. 1), as well as general aspects (rho = 0.256; p = 0.009), concepts (rho = 0.314; p = 0.001), treatment (rho = 0.205; p = 0.039). Assessing specific aspects of beliefs, a statistically significant correlation was found between the overall knowledge score and the estimate of disease outcomes (rho = 0.270; p = 0.006), perceived severity (rho = 0.210; p = 0.034), perceived benefits (rho = 0.302; p = 0.002). There is no significant correlation between knowledge and self-efficacy, as knowledge and perceived barriers (table 1).

Discussion and Conclusions: The better knowledge about low back pain improves patients' positive understanding of disease prognoses and perceived benefits following the treatment guidelines. Identification of patient's understanding and health beliefs regarding their LBP is important during management of LBP. An optimal education program could be selected according patient's knowledge.

Sources:

1. Tarimo N, Diener I. Patients with low back pain in Malawi: Their attitudes and beliefs on their low back pain. Clinical Medicine Research 2014; 3(4): 112-118.
2. O'Sullivan P, Lin I. Acute Low back pain beyond drug therapies. Pain management today. 2014; 1(1): 8- 13.
3. Maciel SC, Jenings F, Jones A, Natour J. The development and validation of a low back pain knowledge questionnaire – LKQ. CLINICS 2009; 64(12): 1167 – 1175.

Figure 1 Correlation between the overall knowledge score and overall belief score

Table 1. Relationships between patients' beliefs and knowledge about LBP

Back Pain Beliefs questionnaire	Low Back pain knowledge questionnaire (LKQ)							
	Total score		General aspects		Concepts		Treatment	
	rho	p	rho	p	rho	p	rho	p
Total score	0,319	0,001	0,256	0,009	0,314	0,001	0,205	0,039
Perceived barriers	0,109	0,274	0,174	0,081	0,086	0,389	0,031	0,758
Perceived benefits	0,302	0,002	0,223	0,025	0,235	0,018	0,255	0,010
Self - efficacy	0,181	0,068	0,122	0,221	0,187	0,060	0,120	0,231
Perceived severity	0,210	0,034	0,126	0,207	0,230	0,020	0,148	0,137
Disease outcomes	0,270	0,006	0,195	0,050	0,332	0,001	0,148	0,136