

IMPACT OF SOCIAL AND PSYCHOLOGICAL FACTORS ON PERSONS WITH ACUTE AND CHRONIC LOW BACK PAIN

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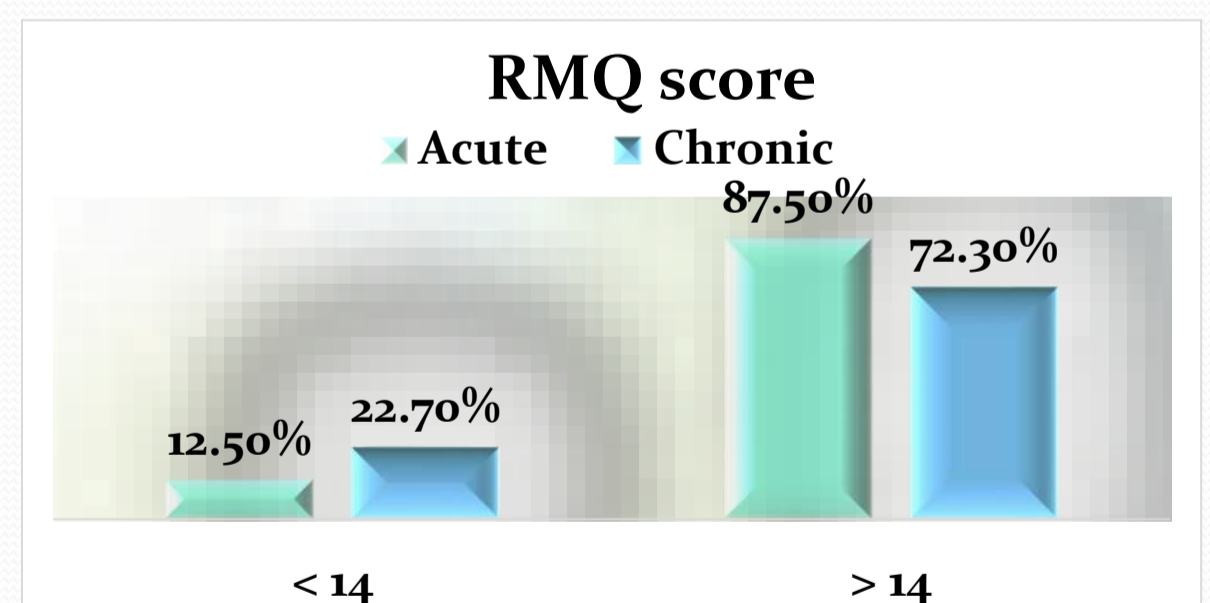
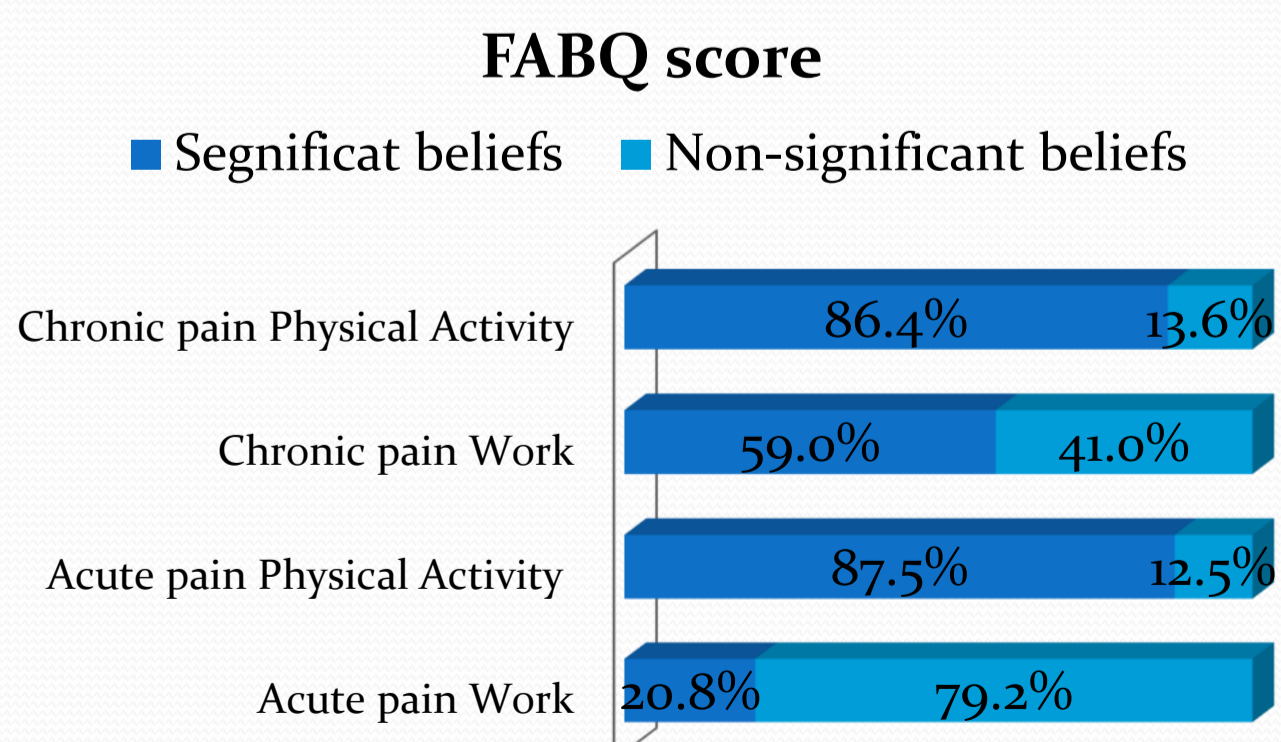
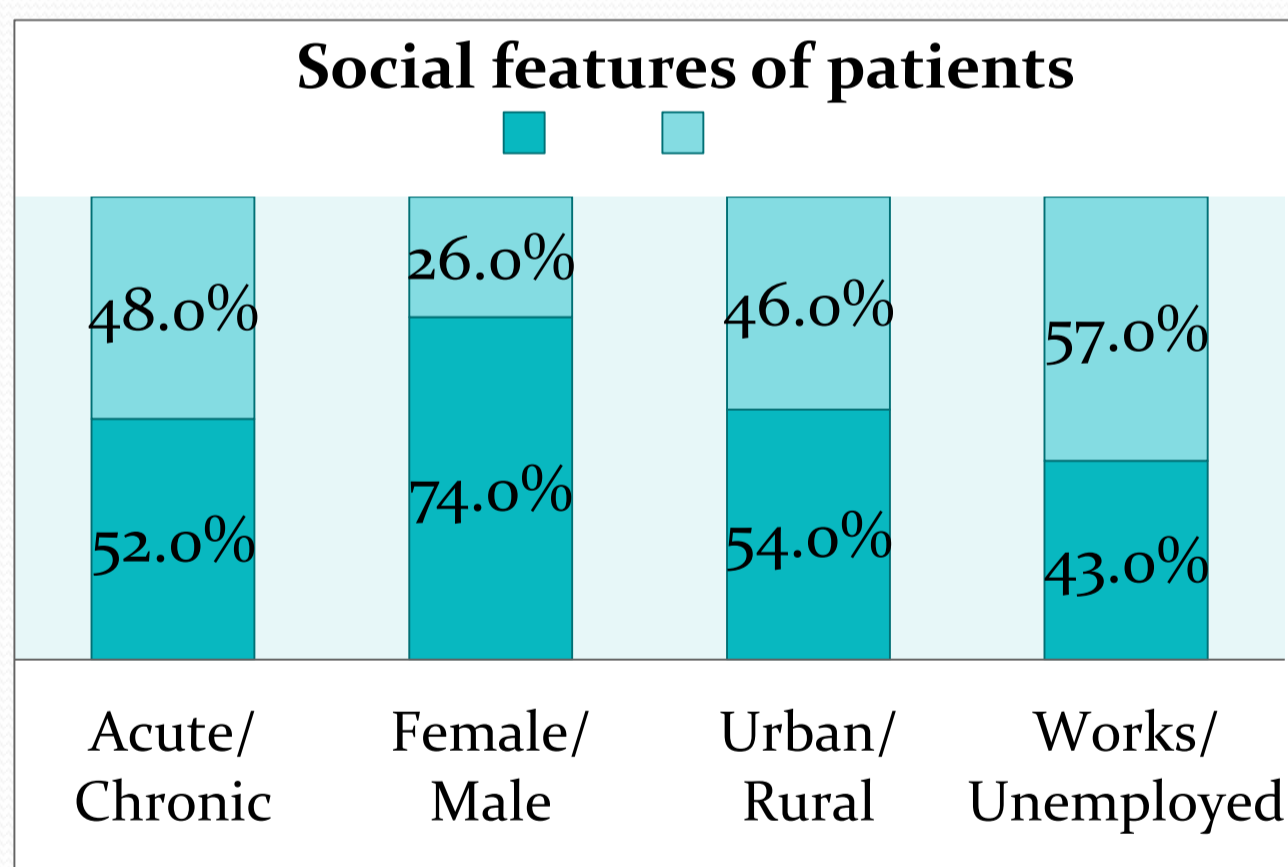
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Background and aim: Low back pain is a common cause of disability in general population. It was observed that the psychosocial factors have a substantial impact on evolution of pain and are often associated with an unfavorable prognosis. The aim of the study is to evaluate the clinical context of psychosocial factors in persons with acute and chronic low back pain.

Methods: Data of 46 patients with acute and chronic low back pain was collected using Roland Morris Disability Questionnaire, PHQ 9 - Patient Health Questionnaire, Fear-Avoidance Beliefs Questionnaire (FABQ). Linear statistical analysis was conducted.

Results: The mean age of the group constituted 46,9 (from 21 to 65) with presence of acute pain in 46%; female-male ratio was 74 to 26%; patients from urban area constituted 46%, while those from rural zone - 54%; the rate of unemployment was 43%. According to Roland Morris Questionnaire, disability was significantly higher in patients with acute versus chronic pain (83.3% vs 72.3%). On the other side, patients with chronic pain are more likely to present an avoidance behavior and limitation of physical activity (FABQ score > 34 points was in 59% of patients with chronic pain and in 22% with acute pain). Also, a high incidence of depression up to 85% was registered, mostly being affected the age group from 36 to 50 years.

Conclusion: Psychosocial factors represent a risk for deconditioning and disability in patients with low back pains. The management of patients with low back pain should be evaluated further.



Index	Score < 14 (n=9)	Score ≥ 14 (n=37)
PHQ 9	5.4 ± 2.8	14.5 ± 7.6
FABQ W	23.2 ± 5.3	30.4 ± 6.5
FABQ PA	16.2 ± 2.02	18,8 ± 6.9

Comparative feature of patients studied according to the RMQ score

References

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 Kamper, Steven J et al. 2015. Multidisciplinary Biopsychosocial Rehabilitation for Chronic Low Back Pain: Cochrane Systematic Review and Meta-Analysis. *BMJ* 2015 (Clinical research ed.) 350(February): h444.