

Appraisal

Correspondence: Practitioners may need to change too if we are to reduce inappropriate imaging

Lim et al have conducted a thoroughly comprehensive review of the health information needs of patients with low back pain (LBP).¹ Their results concur with those of an earlier review of patients' experiences of health services, in particular the desire for information and need for legitimisation.²

However, their concluding paragraph needs comment:

This [patients' need for validation and legitimisation by a diagnosis] may contribute to the increasing use of inappropriate imaging for LBP... In order to improve clinical outcomes in LBP, addressing and correcting unhelpful beliefs may better align patients' expectations with those of healthcare providers.

While they qualify the contribution of information needs to inappropriate imaging with 'may', they give the impression that it is the patients who need to change. We need to be reminded that there is evidence that professionals may need to change. In an observational study, Deyo and Diel collected questionnaire data before and after attendance from consecutive patients presenting to a walk-in clinic.³ They found that being given an adequate explanation was positively correlated with satisfaction with care and negatively correlated with a desire for imaging. This result was regardless of patients' prior expectations for imaging at presentation. Hertzman-Miller et al, in a

randomised controlled trial, compared patients cared for by chiropractors and medical practitioners. They found that satisfaction was related to the amount of advice given rather than other aspects of care, with equal rates of imaging in both groups.⁴ Care of back pain and sciatica tends to focus on intervertebral disc disorder and spinal stenosis, while everything else is often consigned to the non-specific dustbin. More attention should be given by both practitioners and researchers to the causes of back pain and sciatica outside of this narrow focus to conditions such as piriformis syndrome. This does not necessarily mean more imaging but attention to symptoms and signs that are otherwise ignored.⁵

Provenance: Invited. Not peer reviewed.

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We thank Dr Hopayian for his interest and comments regarding our publication.

Our review captured the available data on patients' perspectives regarding health information needs related to low back pain (LBP). Synthesising patients' reported needs and barriers to optimal care delivery enables patient-centred changes in service models to be considered. In the example of inappropriate imaging, we agree with Dr Hopayian and the existing literature that both patient-related and clinician-related factors are important and need to change,¹ whilst also considering broader organisational-level and system-level factors that influence the choice to undertake imaging.^{2,3} Patients' beliefs and expectations, one of the factors driving this practice, can be addressed in part by clinician education. While education alone may shift practice behaviours,² empowering clinicians to better explain back pain, coupled with other practice supports (eg, referral networks, appropriate self-management resources) to reduce the role of imaging, is one of the approaches that we advocate as necessary. The perceived need for imaging (regardless of its appropriateness) to quench the desire for precise accurate LBP diagnosis in this group of patients was highlighted in our study.⁴

The issue of clinicians' lack of knowledge regarding high-value LBP care has been identified as a problem internationally.^{1,5} Many clinicians report being inadequately trained in managing chronic musculoskeletal pain conditions.^{1,5} This deficiency may be reflected back to the patient, resulting in vague answers and poor explanations of non-specific LBP,

leading to patients feeling 'delegitimised' and 'disempowered'.⁴ Lack of knowledge may also contribute to inconsistent advice from different clinicians, compounding the problem, and has also been identified as an area of health information need by patients with LBP.⁴

To address these issues, clinicians require better education regarding the management of LBP along with system-level and service-level supports to enable delivery of high-value care for LBP.

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