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Predicting poor outcomes for back pain seen in primary care using patients' own criteria.

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Abstract

STUDY DESIGN: A prospective cohort study of patients seen in primary care for low back pain.

OBJECTIVES: A new measure of back pain outcomes is used to describe the status of back problems at various intervals after visits to primary care physicians and to identify subsets of patients with worse prognoses.

SUMMARY OF BACKGROUND DATA: Most previous studies of the prognosis of back pain in primary care have failed to provide clinically useful information.

METHODS: Baseline data were collected from 219 patients making an initial visit for an episode of low back pain to a primary care clinic. A measure of how patients reported they would feel if they had their current back symptoms for the rest of their lives ("Symptom Satisfaction") was used to distinguish good from poor outcomes. Patient outcomes were assessed 1, 3, 7, and 52 weeks after the index visit.

RESULTS: Only 67% of patients reported good outcomes after 7 weeks, and only 71% were satisfied with their condition 1 year later. After controlling for the effects of other variables measured during the initial physician visit, only younger age, depression, and pain below the knee were significant predictors of poor outcome at 7 weeks, and only pain below the knee and depression were significant predictors at 1 year.

CONCLUSIONS: The proportion of primary care patients with back pain who have poor outcomes appears to be higher than generally recognized. Ways of improving how primary care responds to patients with persisting pain should be investigated.

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Publication Types, MeSH Terms, Grant Support

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