

Informative documents for patients about low back pain in everyday clinics.

The producer counts more than information

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1 Introduction

Booklets for acute LBP and educative approaches of cognitive-behavioural type in chronic cases have demonstrated to be important. Informative documents are produced by many, in order to help in various clinical situations: our aim was to verify if some differences existed according to the publication type and the producer of the document.

2 Aim of this work:

Analyzing informative material on LBP addressed to patients, in order to highlight the possible differences with regard to editorial format and producer...

3 Methods

In northern Italy (Lombardy and Emilia Romagna) we carried out a comprehensive research of all informative documents addressed to patients: we collected 49 documents. Each document has been classified according to its publication format and its producer. In accordance with the literature and the content of collected documents, we identified 4 recapitulatory variables (didactic, ergonomic, behavioural, exercises): several "informative elements" (considered in terms of present/absent in order to evaluate the document) produced a score indicating the completeness of provided information. In the tables we have listed: variable name (coding) and constitutive elements. We used "cluster analysis" and multidimensional scaling: with Shepard's diagram and the stress value, we calculated a bidimensional solution by using the new axes "u" (mental/physical) and "v" (theoretical/practical).

- 1- Educational approach (appd): spine anatomy and physiology; LBP risk factors; pain causes and characteristics; main spinal pathologies.
- 2 - Ergonomic approach (appe): attitude and prevention of static & dynamic stresses; expedients to adopt on-the-job; expedients to adopt in daily life; expedients to adopt during sport/leisure time.
- 3 - Behavioural approach (appc): advices on lifestyle; active behaviour of the subject; early reactivation; indications on drugs & therapies.
- 4 - Rehabilitative approach (appkt): activities aimed at relaxation; muscular stretching (paravertebral muscles, ischio-crural; muscles, ilio-psoas, abductors, sural triceps); auto-stretching global postures; muscular strengthening (oblique abdominals, gluteal muscles, femoral quadriceps, paravertebral muscles); mobilization exercises (Pelvis and spine).

4 Statistical analysis

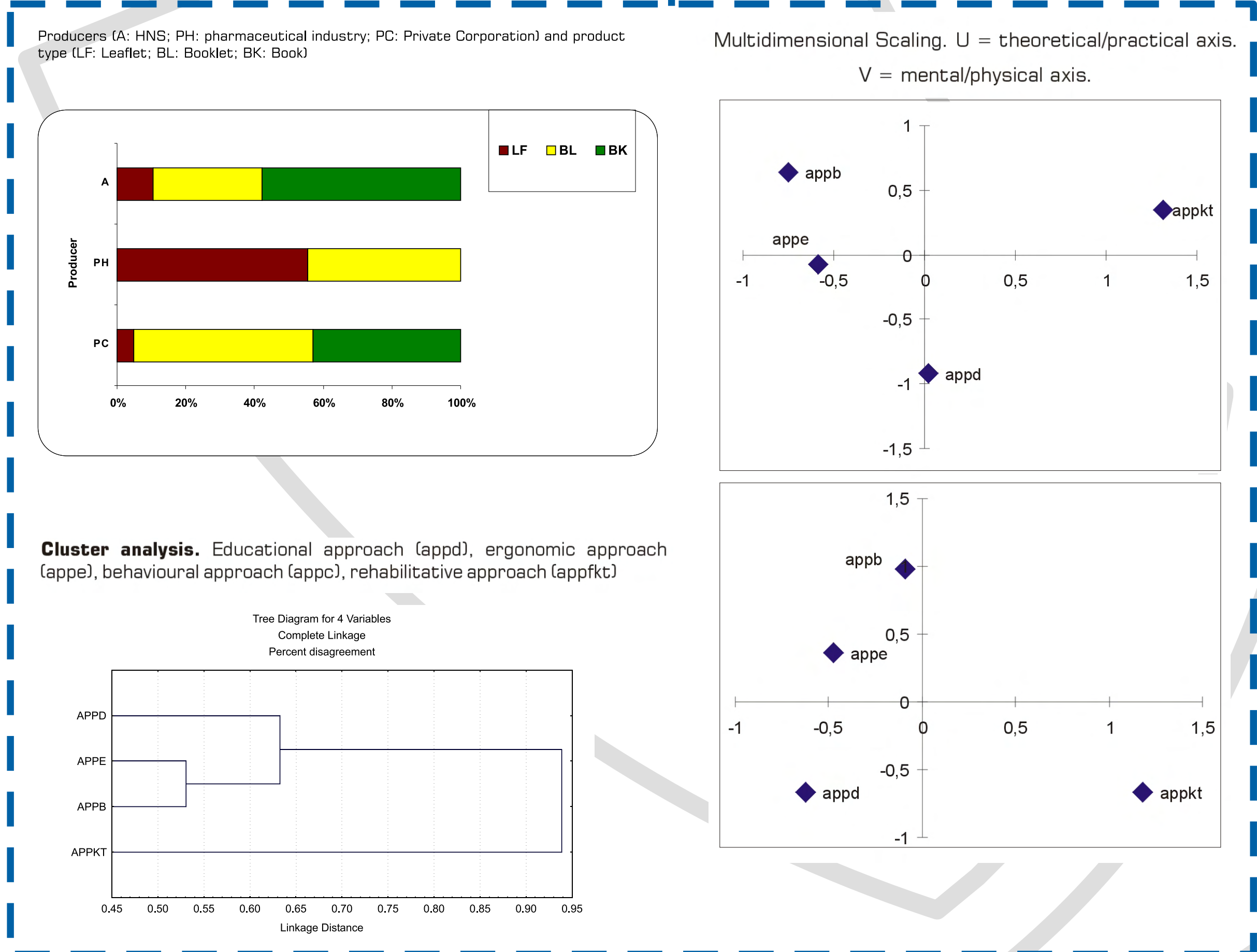
Statistics software: Excel.Descriptive analysis. Explorative analysis: cluster analysis-MDS. Cluster analysis: cluster analysis has been applied to the 4 variables appd, appe, appc and appkt. Given the categorical nature of these variables, we used the agreement percentage: the rule for groups creation: "complete linkage". Multidimensional scaling: the proximity matrix between these variables, which was created for cluster analysis, has been analysed with Multidimensional Scaling (MDS) technique. This technique allowed us to find a configuration of variables able to reproduce at one's best the observed distances (in this cases proximities). Furthermore, the aim is to reduce starting data, i.e. to be able to represent them in a lesser number as to dimensions. We used the Shepard's stress diagram.Given the arbitrariness of axes orientation, it is possible to have some rotations that make results more easily interpretable. The matrix of the new coordinates (rotated, if necessary) has been used to make a basilar change on the matrix of starting data, in order to be able to represent them in a new space, whose dimensions are those which resulted from MDS (post-rotation, if necessary).

5 Results

Publication format: leaflet 16,3%; booklet 42,9%; book 40,8%. Producer: ASL 38,8%; pharmaceutical industry 18,4%; private corporation 42,8%. Each producer prefers a particular publication format. Documents are mainly addressed to the entire population (58%), without specifying the target (acute or chronic cases). After the cluster analysis, we applied educational, ergonomic and behavioural approaches on a homogeneous group. According to the calculated bidimensional solution, the pharmaceutical industry produces documents mainly addressed to the physical and practical side of the new axes, while private corporations produce the more balanced distribution, about 0.

6 Conclusion

The producer decides the type of information to be given to LBP patients, but surprisingly ASLs are less balanced than private corporations (omitting the pharmaceutical industry). The ASLs seem to give traditional information, more than modern ones. International corporations and national agencies should elaborate some standards according to the actual scientific knowledge for these informative documents in different clinical situations.



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