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Identifying Psychosocial Factors from Accounts of Acute Low Back Pain is Not Straightforward: Learning from Communication Science

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Introduction

- Identifying psychosocial risk factors has become an important focus in the management of acute low back pain.
- This process has been increasingly encouraged to help determine patients at risk of persistent pain and disability, and as a means to stratify patients into more targeted interventions[1] .
- Risk factors include heightened fears and worry about pain or re-injury, unhelpful beliefs about recovery, passive coping, distress and anxiety[2].
- However, research indicates that current identification, prediction and targeted intervention strategies are not as effective as expected[4 5 6 7].

1. Nicholas M K et al. (2011) Early identification and management of psychological risk factors ("yellow flags") in patients with low back pain: a reappraisal. *Physical Therapy* **91** (5): 737-753
2. Linton S J & Shaw W S (2011). Impact of psychological factors in the experience of pain. *Physical Therapy*, 91(5), 700-711
3. Foster N E et al. (2011). Subgrouping patients with low back pain in primary care: are we getting any better at it? *Manual Therapy* **16** (1): 3-8
4. Pincus T, et al. (2006) Fear avoidance and prognosis in back pain: a systematic review and synthesis of current evidence. *Arthritis Rheum.* 54. 3999–4010.
5. Ramond A et al. (2011). Psychosocial risk factors for chronic low back pain in primary care—a systematic review. *Family practice*, 28 (1), 12-21.
6. Morley S et al. (2013) Examining the evidence of psychological treatments for chronic pain: time for a paradigm shift?. *Pain*, 154, 10, 1929-1931

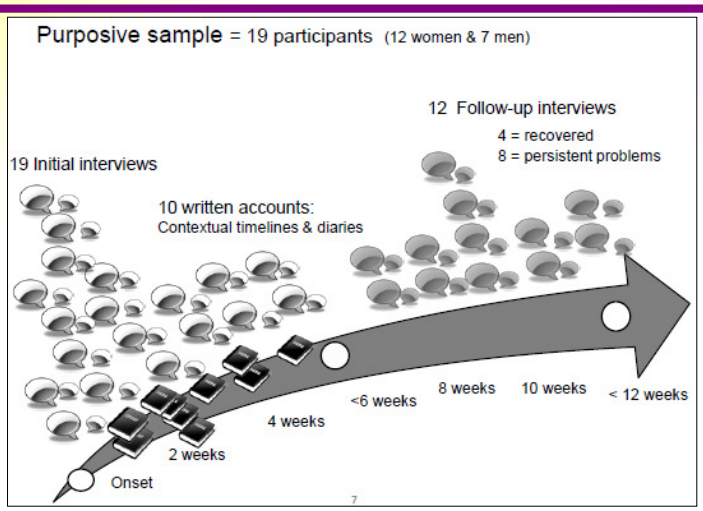
Purpose

- In clinical practice, interviewing patients is one of the main methods used to identify psychosocial risk factors.
- The accounts elicited from patients are interpreted to discern unhelpful attitudes, beliefs and thinking currently considered to be obstacles to a patient's recovery.
- This UK based study explored personal accounts of acute low back pain problems to improve our understanding of this important source of information which is integral to back pain management.

Data generation

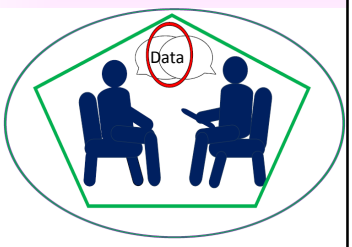
- A purposive sample of 19 participants experiencing acute low back pain (<6wk) were interviewed across the duration of their problem.
- Interviews were undertaken from close to onset until recovery or to 3 months with persisting problems.
- 12 women & 7 men were followed across their acute low back pain problem , aged 20-60 yrs with a variety of personal circumstances, occupations, family situations, and seeking and not seeking health care.
- 11 participants had recovered and 8 participants had persisting problems at 3 mths.

Data generation



Data Analysis

- Discourse Analysis was used applying perspectives from Discursive Psychology [1 2], Communication Sciences[3 4] & Sociolinguistics [5]:-



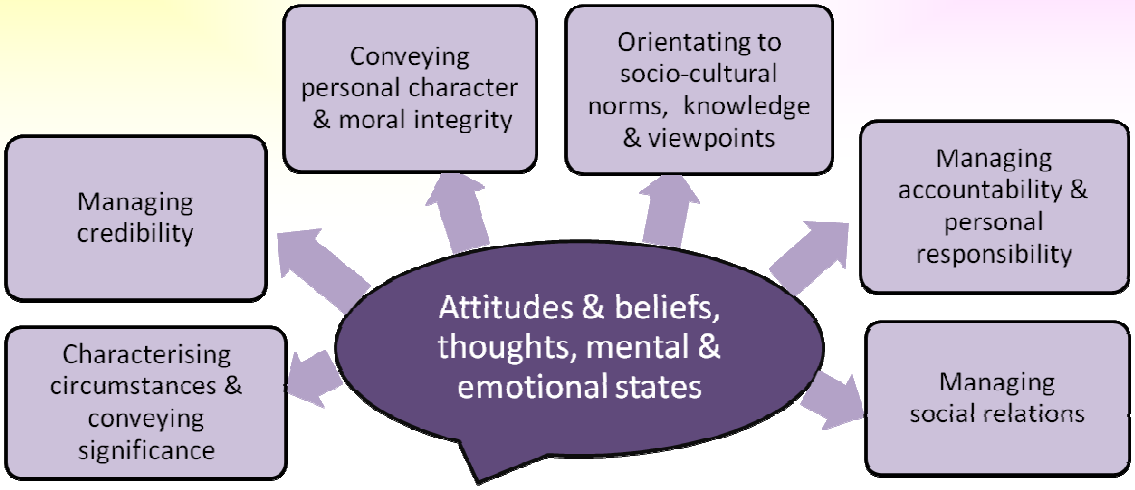
  - Interview data was analysed as a *social interaction* undertaken in a particular context for a particular purpose.
  - There is a focus on how talk performs *functions* within interactions
  - What is said and how it is delivered 'does things' in an unfolding interaction, and in response to the to & from of the exchange and the context.
  - Talk is influenced by social conventions & considerations

1. Edwards, D. and Potter, J. (2005). Discursive Psychology, Mental States and Descriptions. In te Molder H and Potter J (Eds.) Conversation and Cognition. Cambridge: Cambridge University Press. 241-249.
2. Parker I (1992). *Discourse Dynamics: Critical Analysis for Social and Individual Psychology*. London: Routledge.
3. Johnstone B (2008). *Discourse Analysis* (2nd Edition). Oxford: Blackwell.
4. Tracy K (1995). Action-implicative Discourse Analysis. *Journal of Language & Social Psychology* 14, 195-215.
5. Georgakopolou A (2010). Narrative analysis. In Johnstone B, Wodak R, Kerswill P. (eds). *The SAGE Handbook of Sociolinguistics* p.396-411. London: Sage.

Results

- Analysis showed that expressing attitudes, beliefs, thoughts and mental & emotional states accomplished important interactional functions within unfolding interviews.
- They were used to convey and manage impressions of problem significance, personal circumstances & conduct, information credibility, personal character & moral integrity, accountability & responsibility, and social relations.
- These features were increasingly evident with persisting problems and passing time, but significantly less and interactionally unnecessary in accounts of positive circumstances or recovery.
- Variation, reframing and some contradiction of attitudes, beliefs and thoughts were also evident within an account and across time with managing these multiple concerns and with changes in context.

Interactional functions of attitudes & beliefs, thoughts, mental & emotional states



Conclusions

- Identifying psychosocial risk factors through interviews is not straightforward.
- Attitudes, beliefs, expectations and thinking seen as indicating psychosocial risk factors, such as fear-avoidance, anxiety, catastrophising, poor expectations, low self-efficacy, or lack of control, need to be interpreted with an understanding of their possible interactional functions within clinical encounters.
- This may limit their relevance or transferability as enduring features outside a situated context when used for other purposes, such as predicting risks and outcomes, treatment stratification or as targets for intervention.
- This may help explain the limited research evidence for these strategies, clinical challenges in implementation and discrepancies between tools and clinician predictions.

Implications

- There is a need to rethink assumptions on knowing a person's inner thoughts, perceptions or 'at risk' status from interpreting interview data.
- Incorporating a social interactional perspective into our model of the clinical interview and interpreting clinical data may be an important step in advancing current understandings and approaches to back pain management.
- Appreciating the interactional functions within accounts may support more insightful interactions and interpretation of the data generated.
- Further research may help develop more informed approaches to interview interactions, interpretations and use of the resulting data in managing back pain problems and with research into interventions.

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