

Doctors' attitudes and beliefs regarding chronic low back pain: a national cross-sectional survey

B. M. Fullen¹, G. D. Baxter², C. Doody¹, L. E. Daly³ and D. A. Hurley¹

¹ UCD School of Physiotherapy and Performance Science, UCD, Belfield, Dublin, Ireland

² Centre for Physiotherapy Research, School of Physiotherapy, University of Otago, New Zealand

³ UCD School of Public Health and Population Science, UCD, Belfield, Dublin, Ireland

Background: Projected beliefs of doctors may contribute to poor adherence to guidelines and influencing patients' beliefs. In the Republic of Ireland (ROI) general practitioners (GPs), orthopaedic surgeons, neurosurgeons, pain consultants and rheumatologists manage the majority of patients with chronic LBP (LBP). However, unlike the UK, where GPs attitudes and beliefs have been determined,¹ no previous research has been undertaken in the ROI, hence the need for this study.

Methods: A cross-sectional questionnaire was mailed to a random sample of GPs ($n = 750$), and all orthopaedic surgeons ($n = 81$), neurosurgeons ($n = 9$), pain consultants ($n = 24$), and rheumatologists ($n = 26$) in the Republic of Ireland. It contained a demographic questionnaire, two clinical vignettes, and an attitudes measure, the Pain Attitudes and Beliefs Scale (PABS, Watson et al. 2007), which measured 'biomedical' and 'biopsychosocial' orientations. Ethical approval was obtained from University College Dublin Human Research Ethics Committee.

Results: The response rate was 59% ($n = 523$). General practitioners and secondary care (SC) doctors differed significantly in their attitudes and beliefs; GPs were more biomedical in their approach (GPs: 38.8 ± 7.7 , SC: 32.6 ± 8.2 , $t = -6.5$, $p = 0.001$). Doctors' demographic factors [specialty, postgraduate education (PGE), number of years qualified, and use of guidelines (GL)] had a significant impact on biomedical scores i.e. those with PGE, qualified a shorter time, and who used GLs had significantly lower biomedical scores. Demographic factors also impacted on the consultation outcomes: those with relevant PGE prescribed less medication (PGE $n = 106$, no PGE $n = 351$, $\chi^2 = 4.93$, $p = 0.03$), and those who used GLs referred patients to physiotherapy less frequently (GL $n = 87$, no GL $n = 337$, $\chi^2 = 8.8$, $p = 0.003$).

Conclusion: General practitioners' orientation reflected Parsons *et al.*'s systematic review (2007)² which reported that their biomedical beliefs were a symptom of their concern about lack of training in the management of patients with musculoskeletal pain. Strategies to improve GPs' education in this area are required. Acknowledgements: Health Research Board Project Grant.

References

- 1 Watson PJ, Bowey J, Purcell-Jones G, Gales T. General practitioner sickness absence certification for low back pain is not directly associated with beliefs about back pain. *Eur J Pain* 2007 Jul 27; [Epub ahead of print].
- 2 Parsons S, Harding G, Breen A, Foster N, Pincus T, Vogel S, Underwood M. The influence of patients' and primary care practitioners' beliefs and expectations about chronic musculoskeletal pain on the process of care: a systematic review of qualitative studies. *Clin J Pain* 2007;23(1):91-8.