



Self-Management and Self-Management Support on Chronic Low Back Pain Patients in Primary Care

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Objectives

- To verbalize understanding of the relationships of self-management (SM), self-management support (SMS), and other pain-related variables in chronic low back pain (CLBP)
- To demonstrate understanding of chronic low back pain patients' perceptions on their self-management, self-management support, and functional ability



Background

- Low back pain is the most common cause of disability worldwide (WHO, 2012)
- In the US, 28.5% of adults suffer from chronic low back pain (National Center for Health Statistics, 2012)
- self-management and self-management support have been encouraged to enhance patient management of their chronic pain and functional ability.





Purpose

- Examined SM, SMS, and other pain-related variables on CLBP in primary care
- Described participant perceptions of their SM, SMS, and functional ability



Theoretical Framework

- Chronic Care Model (Wagner et al., 2001)
- SMS - empowering and preparing patients (Wagner et al., 2001)
- SM - performance of tasks and skills including self-efficacy to make decisions and engage in health-directed behaviors (Lorig & Holman, 2003).



Methods

- Non-experimental, cross-sectional, descriptive design, using general linear modeling and qualitative content analysis
- Data collected from 120 participants in four primary care clinics
- Five survey measures including a demographic survey



Measures

- SM – short form of the Patient Activation Measure (PAM)
- SMS - Patient Assessment of Chronic Illness Care (PACIC)
- Functional Ability - Oswestry Disability Index (ODI) Version 2.1a
- Mental Health State - Mental Health Inventory (MHI-5)
- Reliability coefficients: PAM (0.81), (b) PACIC (0.95), (c) ODI (0.87), and (d) MHI (0.75)



Open-Ended Questions

- What are ways you manage your CLBP?
- What are ways your healthcare professionals give you support in the management of your CLBP?
- What are your concerns about your functional ability?





Results: Demographics

Select Demographic Variables	<i>M</i>
Years duration of CLBP	10.55
Number of other chronic illnesses	4
Use of pain management modalities: Medications other than Opioids (60.8%) Ice/Heat packs (52.5%) Exercise (46.7%) Interventional injections (31.7%) Opioids (30.8%) Physical Therapy (28.3%) Surgery (16.7%)	3.77



Results: Beliefs

Variables	SM	SMS
Use less pain medications	54.2%	52.2%
Less provider visits	50.8%	57.5%
Physical activity level will increase	60%	63.4%





Results: Measures

Variables	Min	Max	<i>M</i>	<i>SD</i>	Range
SM	16.50	100.00	56.95	15.87	1-100
SMS	1.00	5.00	3.02	1.01	1-5
Functional Ability	2.00	84.00	46.10	18.10	0-100
Pain Intensity	0.00	5.00	2.58	1.34	0-5
MHI Score	16.00	100.00	56.06	14.22	1-100



Influence of SMS on SM

Variables	Type III Sum of Squares	df	Mean Square	F	p
Corrected model	4760.775	5	952.155	4.240	.001
Intercept	27378.417	1	27378.417	121.917	.000
Education	3298.838	4	824.709	3.672	.008*
PACIC score	1358.649	1	1358.649	6.050	.015



Other Results

- SMS was found to significantly influence mental health ($F(1,108) = 10.199, p = .002$).
- Overall health significantly influenced functional ability ($F(4,106) = 4.114, p = .004$) and pain intensity ($F(4,113) = 3.056, p = .020$).
- Most common SM strategies: taking medications, exercising, and making lifestyle changes
- Main participant-perceived SMS activities: prescribing medications, giving encouragement, and providing information
- Participant perceptions on functional ability: depression and anxiety were key responses



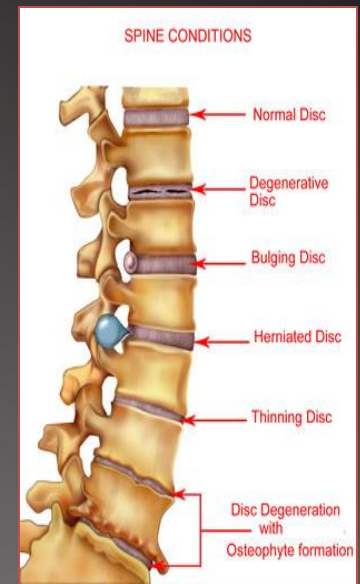
Qualitative Data

SM Strategies	SMS Strategies	Functional Ability
Taking medications	Prescribing medications	Feeling depressed and anxious
Exercising	Giving encouragement and support	Challenging effects on life
Making lifestyle changes	Providing information and advice	Disabling pain
Using physical modalities	Sending out for referrals	Hoping for improvement
Resting		



Summary

- CLBP is one of the global diseases affecting large numbers of the population.
- SM has been strongly recommended as an essential skill to empower patients to care for themselves appropriately.
- Worldwide, healthcare professionals are urged to provide adequate SMS to increase patient's ability to self-manage.





Implications



- Study findings increase our understanding of the SM, SMS, and functional ability of CLBP patients with relevance to application in practice.
- There is great need to develop evidence-based SM and SMS programs specific to CLBP patients' needs. Nurses play major roles in leading these initiatives.
- Study findings also reinforce the importance of psychologists and physical therapists' collaboration in the complex care of CLBP.
- Longitudinal and experimental studies are recommended to evaluate SM and SMS programs that include physical therapy and psychological care components.



References

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