

Economics versus Patient Satisfaction in Recurrent Back Pain

Carey TS, Garrett JM, Jackman A, Hadler N. Recurrence and care seeking after acute back pain: results of a long-term follow-up study. *North Carolina Back Pain Project. Med Care* 1999;37:157-64.

Study Overview

Objective. To examine the relationship among the types of initial care sought by acute low back pain sufferers and the likelihood of pain recurrence and subsequent care utilization.

Design. Prospective observational cohort study measuring the recurrence of low back pain in patients who were symptom-free 3 months after their original visit to a practitioner for low back problems. Four practitioner categories were observed: primary care providers, chiropractors, orthopedic surgeons, and practitioners in a group-model health maintenance organization (HMO). Patients were interviewed by telephone at 6 and 22 months after the initial visit.

Setting and participants. 921 patients recruited from 208 randomly selected practices in North Carolina.

Main outcome measures. Rates of disabling and nondisabling low back pain, functional status as indicated by the Roland back disability scale, and care seeking activity.

Main results. Rates of recurrence were substantial: functionally disabling recurrence rates varied from 8% to 14% between 3 and 6 months and from 20% to 35% between 6 and 22 months. Differences in recurrence rates among practitioner strata were statistically significant only between 6 and 22 months, with higher recurrence rates for HMO patients. Although the frequency of recurrent back pain was similar across practitioner categories, care seeking was 2 to 3 times greater in patients who had visited a chiropractor after the initial onset of symptoms. At the same time, satisfaction was slightly greater for patients of chiropractors versus patients treated by allopathic physicians.

At 22 months, the mean number of reported missed work days in the previous month was 0.19, with no significant variation among the initial practitioner strata. Most patients who experienced recurrence of symptoms ($n = 107$) were satisfied with the care they received. Of these patients, 88% saw the type of practitioner they previously visited for the index pain

episode. Only 1.49% of the sample had applied for or were receiving disability payments for low back pain.

Conclusion

Although severe disability is rare, the recurrence of low back pain is a common phenomenon. Measures of functional disability, number of bed days, and time off work were comparably modest among the types of practitioners. However, care utilization was greater among patients who had initially seen a chiropractor for their pain.

Commentary

The authors' findings on back pain recurrence rates are similar to those found in other cohort studies [1]. Though not a randomized trial, this particular study was designed in such a way that general conclusions can arguably be drawn from the results: patients from urban and rural settings, both genders, and different racial groups were adequately represented as well as were patients from the various practitioner categories.

Previous research by the authors focusing on patients' baseline pain episodes found no statistical difference in time to recovery among types of providers [2]. While this earlier study also demonstrated a higher level of satisfaction in chiropractic patients, the authors did note that the cost of care provided by orthopedic surgeons and chiropractors was greater for each episode of illness. Thus this new follow-up study, which follows back pain sufferers over a longer time period, serves to strengthen the authors' original conclusions. Ultimately, it seems that a range of care choices for back pain sufferers does not significantly affect the clinical and functional outcomes of their care. However, there does seem to be slightly higher patient satisfaction among those who see chiropractors, which comes at a higher economic cost.

Applications for Clinical Practice

Across the United States, a growing number of managed care organizations (MCOs) are offering chiropractic care in their benefit packages. These MCOs and other health insurers taking similar actions should be aware of the trade-off

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they may be making. Somewhat higher patient satisfaction with chiropractors must be weighed against a higher economic cost for chiropractic treatment.

Allopathic physicians might reduce variation in patient satisfaction levels by working harder to prepare patients for the typical long-term prognosis of low back distress: while severe debilitation is not common, the recurrence of back pain is. Apparently, the most beneficial treatment of their condition may be a low-cost, self-care approach directed toward a return to normal functioning rather than the complete relief of symptoms. Relaying this message would seem a valuable

tool in promoting communication and trust between physicians and their patients.

References

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2. Carey TS, Garrett J, Jackman A, McLaughlin C, Fryer J, Smucker DR. The outcomes and costs of care for acute low back pain among patients seen by primary care practitioners, chiropractors, and orthopedic surgeons. The North Carolina Back Pain Project. *N Engl J Med* 1995;333:913-7.

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