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Аліна Синицька, Наукова бібліотека НаУКМА, 2012



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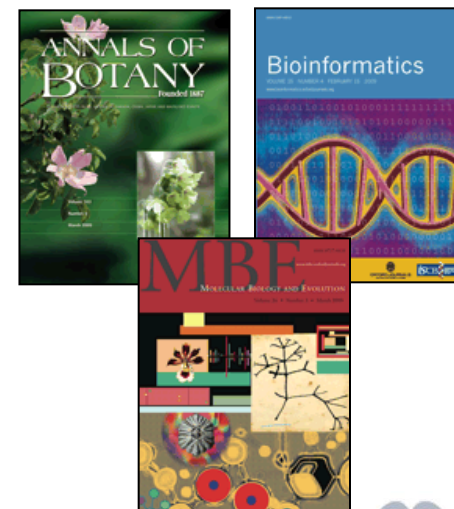
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Targeted treatment in primary care for low back pain: the treatment system and clinical training programmes used in the IMPaCT Back study (ISRCTN 55174281)
 Fam. Pract., February 2012; 29: 50 - 62.
 ▶.....ac.uk a Arthritis Research UK Primary Care Centre, Primary Care Sciences, Keele University, Keele, Staffordshire...study (IMplementation to Improve Patient Care through Targeted treatment for Back pain) is a quality improvement study which aims.....

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Recognition of inflammatory back pain and ankylosing spondylitis in primary care

R. N. Jois¹, A. J. Macgregor² and K. Gaffney²

+ Author Affiliations

Correspondence to: R. N. Jois, Department of Rheumatology, Wockhardt Hospital, Bannerghatta Road, Bangalore 560036, India. E-mail: rammi09@yahoo.com

Received October 30, 2007.
Revision received May 15, 2008.

Abstract

Objective. The diagnosis of AS is often delayed in primary care. This may partly be due to inability to differentiate inflammatory back pain (IBP) from mechanical. The aim of this study was to assess current practice of general practitioners (GPs) in using clinical, radiological and laboratory investigations to assess patients with IBP.

Methods. A postal questionnaire was sent to all GPs in Norfolk. It was designed to test GPs ability to identify symptoms suggestive of IBP in patients with back pain. It also enquired whether GPs considered other features of SpA. Their perceptions of usefulness of various investigations when considering a diagnosis of AS, management and their unmet needs were recorded.

Results. A total of 62% of completed questionnaires were returned. Only 5% of GPs could identify all eight features known to be indicative of IBP, 78% between four and eight and 17% identified less than four features. GPs had a range of views regarding the utility of a positive family history, HLA-B27, use of X-ray and physiotherapy in patients with suspected IBP. GPs awareness of the associated features of SpA was low. There were inconsistencies in the use of diagnostic tests and management of AS. Improving musculoskeletal education in primary care was identified as one of the unmet needs by the majority of GPs.

Conclusions. In a survey of GPs, we identified inconsistencies in their perceptions and approach to the diagnosis and management of AS. Education in primary care and the wider use of diagnostic algorithms may improve early detection and hence outcome of AS.

Key words Ankylosing spondylitis • Inflammatory back pain • Primary care

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Recognition of inflammatory back pain and ankylosing spondylitis in primary care

R. N. Jois¹, A. J. Macgregor² and K. Gaffney²
+ Author Affiliations

Correspondence to: R. N. Jois, Department of Rheumatology, Wockhardt Hospital, Bannerghatta Road, Bangalore 560036, India. E-mail: rammi09@yahoo.com

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Concise Report

Recognition of inflammatory back pain and ankylosing spondylitis in primary care

R. N. Jois¹, A. J. Macgregor² and K. Gaffney²

Objective. The diagnosis of AS is often delayed in primary care. This may partly be due to inability to differentiate inflammatory back pain (IBP) from mechanical. The aim of this study was to assess current practice of general practitioners (GPs) in using clinical, radiological and laboratory investigations to assess patients with IBP.

Methods. A postal questionnaire was sent to all GPs in Norfolk. It was designed to test GPs ability to identify symptoms suggestive of IBP in patients with back pain. It also enquired whether GPs considered other features of SpA. Their perceptions of usefulness of various investigations when considering a diagnosis of AS, management and their unmet needs were recorded.

Results. A total of 62% of completed questionnaires were returned. Only 5% of GPs could identify all eight features known to be indicative of IBP, 78% between four and eight and 17% identified less than four features. GPs had a range of views regarding the utility of a positive family history, HLA-B27, use of X-ray and physiotherapy in patients with suspected IBP. GPs awareness of the associated features of SpA was low. There were inconsistencies in the use of diagnostic tests and management of AS. Improving musculoskeletal education in primary care was identified as one of the unmet needs by the majority of GPs.

Conclusions. In a survey of GPs, we identified inconsistencies in their perceptions and approach to the diagnosis and management of AS. Education in primary care and the wider use of diagnostic algorithms may improve early detection and hence outcome of AS.

KEY WORDS: Ankylosing spondylitis, Inflammatory back pain, Primary care.

Introduction

The diagnosis of AS is often delayed by up to 7 yrs from the onset of symptoms [1] suggesting that opportunities to make a diagnosis earlier may have been missed in primary care. This may be a reflection of a failure to identify symptoms of inflammatory back pain (IBP) systematically although this hypothesis has never been thoroughly investigated.

In recent years, anti-TNF therapy has revolutionized the management of AS with treatment leading to marked improvement in clinical features of AS [2–4] in addition to the radiological changes [5–7], thereby increasing the necessity to make an earlier diagnosis. Patients with shorter disease duration (<10 yrs) tend to do better with anti-TNF therapy in comparison with those with longer disease duration [8]. The success of anti-TNF therapy increases the imperative to ascertain the diagnosis of IBP as early as possible in the disease course.

Typically the initial diagnosis of AS is mainly based on a history of IBP. Until recently, Calin's criteria [9] have been advocated to define IBP. These require the presence of four of the following five criteria: age at onset <40 yrs, duration of back pain >3 months, insidious onset, morning stiffness and improvement with exercise. The specificity of Calin's screening criteria is ~75% but the sensitivity is low (23–38%). More recently, Rudwaleit *et al.* [10] proposed a new candidate set of criteria for IBP, which consisted of

In addition to a history of IBP, various other features such as a positive family history, HLA-B27 status (in the relevant population) and spinal radiography are useful in establishing a diagnosis of AS [11]. The inclusion of these variables in daily clinical practice is in part dependent on the awareness of their importance in the diagnostic algorithm.

It is not clear as to what extent the recent developments on the application of diagnostic criteria for diagnosis of AS has permeated into primary care. The aim of this present study was to assess current practice in terms of the way in which general practitioners (GPs) use clinical, radiological and laboratory investigations to assess patients with IBP. We also examined their perceptions of the management of AS and of their unmet needs.

Materials and methods

A postal questionnaire was sent to all the GPs (both urban and rural) in Norfolk serving a population of ~500 000. The questionnaire was designed to test the GPs ability to identify symptoms suggestive of IBP in patients <40 yrs of age presenting to primary care physicians with low back pain. It also enquired whether GPs considered other known features of SpA such as psoriasis, IBD, recent genitourinary/sex infection, uveitis, dactyl-

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