HEALTH CARE PROFESSIONAL CLINICAL PRACTICE GUIDELINE ADHERENCE FOR LOW BACK PAIN: A SYSTEMATIC REVIEW AND META-SYNTHESIS OF QUALITATIVE STUDIES

S. Slade¹,², P. Kent³, S. Patel⁴, T. Bucknall⁵, R. Buchbinder²,⁶

¹ Monash University, Epidemiology and Preventive Medicine, Melbourne, Australia; ² Cabrini Hospital, Department of Clinical Epidemiology, Melbourne, Australia; ³ University of Southern Denmark, Institute of Sports Science and Clinical Biomechanics, Odense, Denmark; ⁴ Warwick University, Warwick Clinical Trials Unit, Coventry, United Kingdom; ⁵ Deakin University, School of Nursing and Midwifery, Melbourne, Australia; ⁶ Monash University, Department of Epidemiology and Preventive Medicine, Melbourne, Australia

Background: Low back pain is the highest ranked condition contributing to years lived with disability and a significant source of long-term disability and absence from work and a substantial economic and societal burden. Over the past decade, clinical practice guidelines for the management of LBP have been developed and published in many parts of the world. Evidence-based clinical practice guidelines are designed to improve quality of care and reduce practice variation by providing graded recommendations based on the best available evidence. Guideline uptake is often incomplete and slow, and there continues to be a mismatch between routine clinical practice and the content of evidence-based clinical practice guidelines. Many different primary and secondary care clinicians, who manage low back pain, hold a range of attitudes and beliefs about the condition, and its management poses considerable challenges and frustrations for both patients and practitioners.

Purpose: To perform a systematic review of qualitative studies that explore what primary care clinicians perceive and believe about clinical practice guidelines for low back pain, including perceived enablers and barriers to guideline adherence.

Methods: Two independent reviewers conducted a structured review and meta-synthesis, of empirical qualitative research, informed by Cochrane Guidelines and the PRISMA statement and registered with PROSPERO (CRD42014012961). A comprehensive set of search strategies recommended for identifying qualitative reports were used. Two independent reviewers used a priori inclusion and exclusion criteria to screen titles and abstracts, extract data, appraise method quality, conduct thematic analysis and synthesize in narrative format.

Results: The search yield was 1768 titles, 36 papers were read in full and 17 papers were included for method quality assessment, data extraction and data synthesis. Four key themes emerged from the combined data of the included papers: Clinicians

(1) have beliefs about low back pain that influence guideline adherence;
(2) have misperceptions about evidence-based clinical practice guidelines and believe that clinical expertise is ignored;
(3) have beliefs about their professional role and responsibilities; and
(4) believe that lack of time and workload pressures are barriers to guideline implementation.

Accepted practice amongst their peers can supersede guideline recommendation and clinicians defer to patient requests and demands, mainly to avoid a conflict. Clinicians have concerns in relation to avoidance of conflict and negotiating care with patients and these factors may threaten clinical outcomes. The volume of guidelines for clinical practice can be overwhelming in terms of having time to read them and assimilate into clinical practice.

Conclusion(s): Management of low back pain is not always concordant with recommended evidence-based practice. Plain X-rays and other lumbar imaging remain over utilised, and advice to stay active is underused. Guidelines are viewed as categorical and prescriptive and as subjugating clinical judgement by reducing healthcare to algorithms. Reliance on past experience and clinical judgement are preferred over and above the use of clinical practice guidelines.

Implications: Research is required for guideline dissemination and implementation interventions designed to increase the uptake of guidelines into clinical practice and these should address barriers and drivers/enablers of practice change.

Keywords: Low back pain; Clinical practice guidelines; Systematic review

Funding acknowledgements: This was an unfunded project.

Ethics approval: Ethics approval is not required for systematic reviews.

http://dx.doi.org/10.1016/j.physio.2015.03.1360