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The effectiveness of stratified care based on the STarT Back Tool for non-specific low back pain in Danish primary care

- results on LBP disability in a RCT.

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Background: The STarT Back Tool (SBT) stratifies LBP patients into one of three pre-defined risk groups and targets the treatment to the risk profile. A UK study on this stratified care model found improved patient outcomes and cost effectiveness. Replication of the UK findings is warranted to add knowledge to the model under Danish conditions.

Objective : To evaluate clinical effects and cost-effectiveness of the stratified care model in patients with non-specific LBP compared to current practice in a Danish primary health care setting.

Methods: The RCT was conducted in primary care in the Regions of Southern and Central Denmark. Patients with pre-defined in- and exclusion criteria were randomized into stratified care based on SBT sub-group classification or current practice. The main outcome was improvement in LBP disability measured by the Roland-Morris Disability Questionnaire (RMDQ) at 3 and 12 months. We conducted intention-to-treat analysis using multi-level linear regression taking cluster effects of the treating physiotherapist into account.

Results and Conclusion: A total 334 patients were included. At 3 and 12 months, follow-up rates were 82 % and 73, respectively. RMDQ scores improve significantly in both groups at 3 months mean 7.13 (6.45; 7.82) and at 12 months 6.34 (5.69; 6.99). Between groups mean differences was .06 (-1.32; 1.45) at 3 months and .19 (-1.12; 1.50) at 12 months.

This randomized study in Danish primary care found overall significant improved disability at 3 and 12 months, but no significant difference between groups at 3 or 12 months $p > .930$ and $p > .772$, respectively. Findings suggest no extra benefit on disability by using the stratified care model among Danish primary care physiotherapy patients. Further results on other pre-defined outcomes are to be analyzed.