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Psychological Factors Associated with Work Resumption at 3-month After Acute Low Back Pain

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Introduction

Timely and appropriate intervention could prevent acute low back pain (LBP) from turning into chronic pain problem. Apart from the physical factors, the psychological factors on pain treatment should not be undermined. A growing body of researches showed that psychological factors such as catastrophizing cognition and poor pain coping were significant contributors to chronic pain disability. One of the major disabilities included inability to resume work, causing significant burden to the patients, the medical system and the society.

Objectives

To investigate the psychological factors associated with work resumption at 3-month after acute LBP onset.

Methodology

Psychological assessments including Orebro Musculoskeletal Pain Screening Questionnaire - Short Form (OMPSQ-SF), Pain Catastrophizing Scale (PCS) and Hospital Anxiety and Depression Scale (HADS) were administered to all patients in the multidisciplinary Back and Neck Pain Rehabilitation Program (BNPP) in the Hong Kong West Cluster. Patients who were working and classified as acute LBP (pain onset less than 3 months) were selected for this study. They were subsequently interviewed via the phone at 3-month follow-up regarding their occupational status and other functioning.

Result

32 patients were identified as suitable subjects, and 24 of them were successfully contacted by phone. There were four key findings in this study. First, the overall

return-to-work (RTW) rate was 79%. Second, patients who did not have any abnormal scores in any of the psychological measures could all resume work successfully at 3-month. Third, patients who could RTW ($M=7.5$, $SD=1.2$) and those who could not RTW ($M=7.5$, $SD=1.5$) did not differ significantly at initial pain rating. Fourth, patients who were found to have anxiety issue ($\chi^2(2, N=22)=7.9$, $p < .05$) and catastrophizing thoughts ($\chi^2(2, N=22)=5.1$, $p = .078$) were less likely to RTW at 3-month. However, depression was not related to the RTW.

Our findings provided evidences supporting that psychological components were the major factors affecting the ability of acute LBP patients to RTW at 3-month, with anxiety and catastrophizing cognition being the major determinants in this study. These implied the importance of psychological assessment and intervention during the initial pain assessment and intervention.