



Positive expectations for recovery affects outcomes for patients with low back pain

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COCHRANE REVIEW: Hayden JA, Wilson MN, Riley RD, Iles R, Pincus T, Ogilvie R. Individual recovery expectations and prognosis of outcomes in non-specific low back pain: prognostic factor review. Cochrane Database of Systematic Reviews. 2019(11).¹

BACKGROUND: Low back pain is a condition that affects ~1% of the world's population and has been listed as the leading cause of disability globally.² Patient expectations of recovery can influence how much effort a patient may employ to assist their recovery and in turn may influence treatment compliance.³ How much people expect from their recovery may be a modifiable prognostic factor and therefore of interest to clinicians treating low back pain.

CLINICAL BOTTOM LINE: Patients with low back pain are more likely to return to work, have an important improvement in recovery and feel less pain if they have positive expectations for their recovery.¹ As treatment expectation has been identified as potentially modifiable there is a role for clinicians to play in supporting a positive recovery frame of mind in patients with low back pain.⁴

Table 1. Individual recovery expectations as a prognostic factor for low back pain

Outcome measured	Success	Evidence	Harms
Work participation	The majority of adjusted analyses reported a benefit for having a positive expectation with no studies reporting a deficit. OR = 2.43 (1.64–3.62)	This evidence is of moderate quality and is based on 6797 participants from 21 studies.	There were no adverse events associated with having a positive expectation of recovery
Important recovery (In terms of function, work participation and pain)	The majority of adjusted analyses reported a benefit for having a positive expectation with no studies reporting a deficit. OR = 1.89 (1.49–2.41)	This evidence is of low quality and is based on 8261 participants from 12 studies.	
Functional Limitations	There was no relationship between positive expectations and improvement functional limitations. OR = 1.40 (0.85–2.31)	This evidence is of very low quality and is based on 3476 participants from ten studies.	
Pain intensity	The majority of adjusted analyses reported a benefit for having a positive expectation with no studies reporting a deficit. OR = 1.15 (1.08–1.23)	This evidence is of low quality and is based on 2726 participants from nine studies.	

References

- Hayden JA, Tougas M, Riley R, et al. Individual recovery expectations and prognosis of outcomes in non-specific low back pain: prognostic factor review. Cochrane Database of Systematic Reviews. 2019;(11). doi:10.1002/14651858.CD011284.pub2
- GBD 2015 Disease and Injury Incidence and Prevalence Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet. 2016;388(10053):1545–602. doi:10.1016/S0140-6736(16)31678-6
- Bandura A. Health promotion by social cognitive means. Health Educ Behav. 2004;31(2):143–64. doi:10.1177/1090198104263660
- Guzman J, Hayden J, Furlan AD, et al. Key factors in back disability prevention: a consensus panel on their impact and modifiability. Spine. 2007;32(7):807–15. doi:10.1097/01.brs.0000259080.51541.17