

Desk Aid – a tool for GPs

Naomi Marfell

Cardiff University

MarfellNR@Cardiff.ac.uk



Overview

- Background to the project
- Development of the interactive desk aid
- The interactive Desk Aid
- Evaluation
- Next steps

The Problem

- 28 000 Incapacity Benefit Recipients due to back pain
- £90 million Incapacity Benefit expenditure due to back pain

(Taken from Welsh Backs Interim report 2005)

Welsh Backs

- Based on similar campaigns in Australia and Scotland
- Welsh Backs “Don’t take back pain lying down” campaign launched October 2006
- Change awareness and beliefs about back pain through engagement with the general public, employers and health professionals via a multimedia campaign
- Develop a Desk Aid for GPs

Development of Desk Aid

- The paper based Desk Aid
- Consultation with GPs and Local Health Boards
- Advice about the management of acute low back pain on the basis of our current knowledge of the most recent evidence

<p>History Site of pain +/- radiation Duration of pain and nature of onset Precipitating/relieving factors Other symptoms symptoms dictate</p>	<p>Examination Observation - gait Spine - structural abnormality/tenderness Straight leg raising Neurology if symptoms dictate</p>
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Diagnostic triage (divides patients into three broad categories):

Serious pathology (around 1%)

Cauda Equina Syndrome:
 • Sphincter disturbance
 • Gait disturbance
 • Saddle anaesthesia
ADMIT as an emergency

Possible serious pathology suggested by 'red flags'
 • Presentation under age 20 or over age 55
 • Non-mechanical pain
 • History of trauma
 • History of carcinoma
 • Systemically unwell
 • Weight loss
 • Systemic steroids
 • IV drug use / HIV
 • Structural deformity
 • Widespread neurological symptoms or signs
 • Pulsating abdominal mass
 If clinical assessment suggests that serious pathology is possible:
URGENT investigation and referral

Acute mechanical low back pain (95%)

Initial Management:

Information:

- No sign of any serious disease
- No need for X-rays
- Good prognosis
- If movement causes pain this does not indicate 'harm'

Advice: - Stay active - continue normal daily activities including work if possible

Analgesia: - preferably taken regularly to relieve pain and allow continued normal activity

- First choice - paracetamol
- Other options include:
 - NSAIDs - if no contra-indications
 - Combinations e.g. paracetamol/codeine

If pain not controlled:

- Consider short course of muscle relaxants (diazepam):
 Advise on side effects; give for < 7 days only

If failing to return to normal activities:
 Reassess to exclude serious pathology

- Consider a short course of manipulation
- Address beliefs/behaviours that may be delaying recovery

Nerve root pain (around 4%)

- Unilateral leg pain worse than low back pain
- Radiates to foot or toes
- Numbness and paraesthesia in same distribution
- Single Leg Raise reproduces leg pain
- Localised neurological signs

REFER if:

- Progressive neurological deficit (weakness, anaesthesia)
URGENT
- Pain not resolving after three to four weeks - **SOON**

Feedback on the Desk Aid

- Too complex
- Messages needed to be clearer
- Requires more information on work related issues
- Would be more useful as an interactive tool

The Interactive Desk Aid

- Convert the paper-based Desk Aid into an interactive GP tool to assist with the back pain consultation

Development Process

Stage 1 – Development of Interactive Aid

A - Analysis of feedback of paper version

B - Evaluation of existing aids

C - Consultation with Others

Interactive Aid Version 1

Stage 2 – Seeking feedback, setting usability criteria

A - 2 Focus groups

Interactive Aid Version 2

Set usability criteria

Stage 3 – Designing the Final version

A - Feedback from GPs

B - 2 OH Focus Groups

Interactive Aid Final Version

The Desk Aid

The Desk Aid

Feedback – so far

- Overall has been positive
- OH focus groups suggested other possible uses for the Desk Aid.

Next steps

- Welsh Backs – strategic dissemination of resources
- Desk Aid surrounding the management of patients on long term incapacity benefits
- Desk Aids for other common health problems

MarfeI NR @Cardiff.ac.uk

