

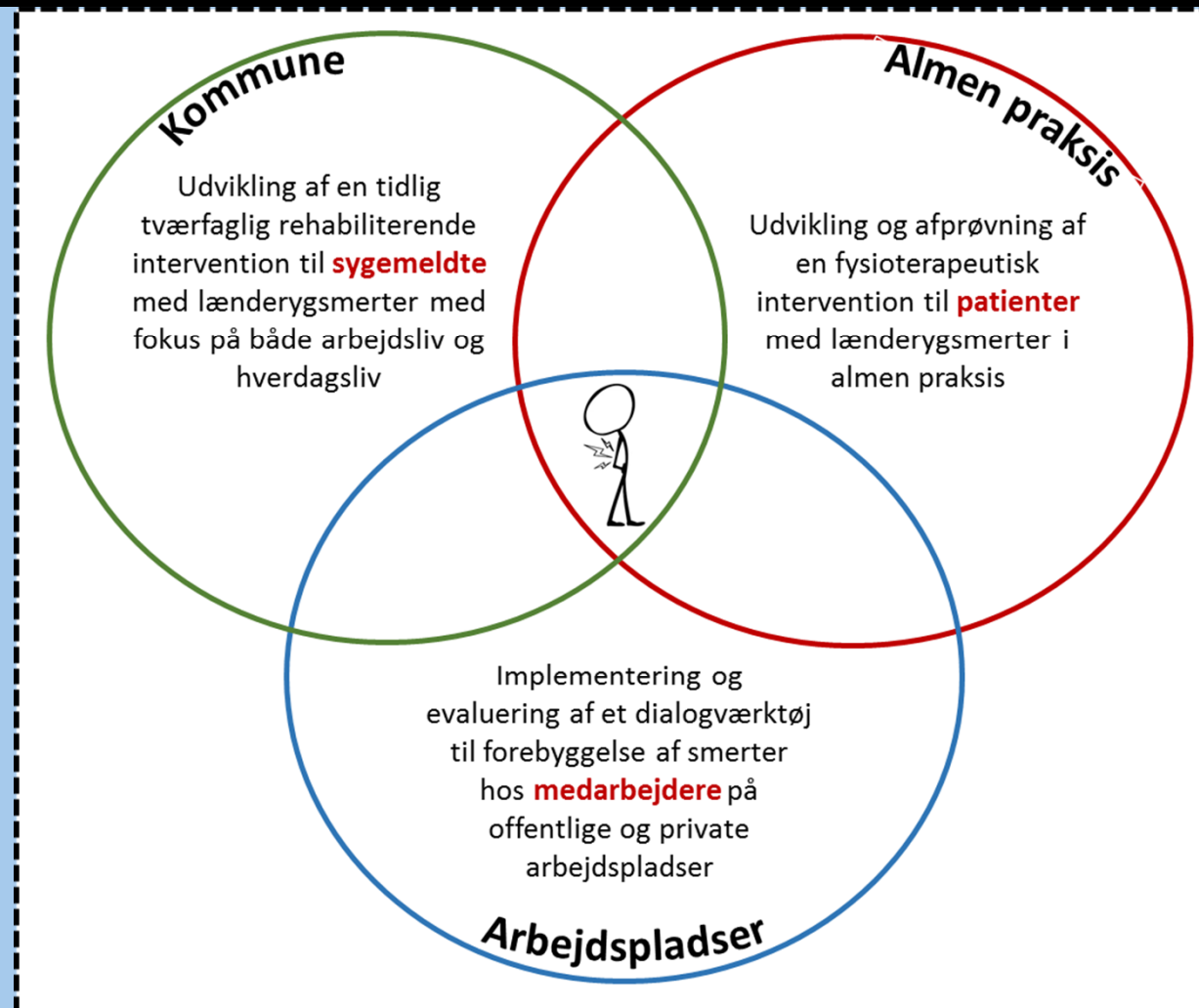
# Håndtering af lænderygsmarter (LBP) i almen praksis

**Human First temadag Torsdag den 24.10.2024**

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# 3 forskningsprojekter med et fælles rehabiliterende fokus på mennesker med lænderygsmarter



Komplekse interventioner som fælles metoderamme

# Baggrund

- >80% vil opleve LBP i løbet af livet
- LBP medfører mere end 3.5 millioner årlige besøg i almen praksis- hyppigste årsag til kontakt med sundhedsvæsen
- Kæmpe økonomisk byrde (patient, arbejdsmarked, samfund)
- Årsagen til lænderygssmerter er ofte uklar – kun i 10-20% kan der stilles en egentlig diagnose
- I langt de fleste tilfælde vil smerterne forsvinde indenfor 3-6 uger – **men ca. 10% udvikler kronicitet**
- Mange vil opleve gentagne episoder



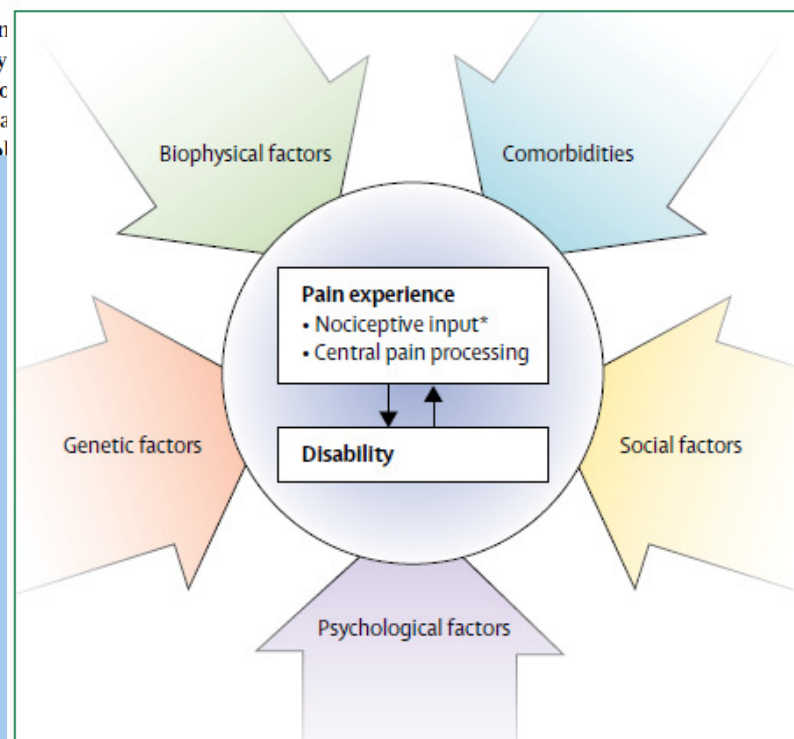
## Low back pain 1

# What low back pain is and why we need to pay attention

Jan Hartvigsen\*, Mark J Hancock\*, Alice Kongsted, Quinette Louw, Manuela L Ferreira, Stéphane Genevay, Damian Hoy, Jaro Karppinen, Glenn Pransky, Joachim Sieper, Rob J Smeets, Martin Underwood, on behalf of the Lancet Low Back Pain Series Working Group†

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Low back pain is a very common symptom. It occurs in high-income and all age groups from children to the elderly population. Globally pain increased by 54% between 1990 and 2015, mainly because of pain increase seen in low-income and middle-income countries. Low back pain is common worldwide. For nearly all people with low back pain, it is not possible



**Figure 1: Contributors to low back pain and disability**

The model includes key contributors to low back pain and disability but does not attempt to represent the complex interactions between different contributors. \*Nociceptive input includes non-identifiable sources in non-specific low back pain, neurological sources (eg, radicular pain) and specific pathology (eg, fractures).

# Anbefalinger

- Let og tidlig adgang til vejledning og information
- Støtte til egen-håndtering
- Forbliv så aktiv som muligt – opfordre til regelmæssig træning
- Undgå sygemelding
- Minimer brug af smertestillende medicin – især opioider
- Minimer brug af billeddiagnostik

***Udfordring: Implementering!!!***

# Kontekst og kompleksitet

Praktiserende  
læge  
"tov-holder"  
(tidspres, ressourcer)

Praktiserende  
Fysioterapeut  
og Kiropraktor

Sekundær  
sektor  
(kirurgi, akutafdeling,  
billeddiagnostik,  
rygcentre)

Kommunal  
genoptræning

Jobcenter

## Scoping review

- The aim is to elucidate the proposed mechanisms of change underlying various interventions for low back pain provided by physiotherapists and other healthcare professionals in primary care
- Informing the co-creation process (study 2).

## Co-creation study

Stage 1: Synthesis of polities, guidelines, research and process findings from study 1

Focus group interview with healthcare providers

A preliminary intervention

Discuss content

Stage 2:  
Co-creation

Agree content

Refine content

Stage 3: prototyping the intervention

## Present feasibility study

Assessment of feasibility and acceptability in 45 participants with LBP

## Findings

### Feasibility of the intervention

Reach, dose and fidelity: Who do the intervention reach and how much doses are delivered and why?  
Mechanisms and context: How do the intervention work and for whom under which circumstances?

### Acceptability of the intervention

Perceptions, expectations and benefits of the intervention components

### Feasibility of the evaluation design

Can we recruit and retain participants?  
How do the outcomes function?

# Formål

- Afprøve nye måde at organisere behandling i primær sektor
- Evaluere indsatsen
- Mindre frustration hos patienter og fagfolk
- Ulighed i sundhed – sikre ensartede tilbud
- Sikre implementering af de kliniske retningslinjer/evidens
- Færre sygemeldinger/pensionssager