

**Re: Doctors with a special interest in back pain have poorer knowledge about how to treat back pain.**

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## SPINE RESPONSE

Dear Editor  
In response to:

Doctors With a Special Interest in Back Pain Have Poorer Knowledge About How to Treat Back Pain

Authors: Rachelle Buchbinder, PhD, FRACP,\*† Margaret Staples, PhD,\*† and Damien Jolley, MSc‡

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### **Response from the Australian Association of Musculoskeletal Medicine and the Australasian Faculty of Musculoskeletal Medicine.**

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Scott Masters

We are concerned about the title of, and conclusions from, this survey of general practitioners in the Australian states of Victoria and New South Wales.(Ref 1) Firstly, it is concerning that a small number of GPs are still recommending bed rest for back pain until it subsides and not promoting early return to work. A co-ordinated approach with all stake holders is needed to educate all doctors at both an undergraduate and postgraduate level. Secondly, on behalf of the Australian Association of Musculoskeletal Medicine and the Australasian Faculty of Musculoskeletal Medicine we object to the reference to our organisation in the article's conclusions. We would like to discuss several areas here and offer a way forward. Some points have already been raised in a previous letter by Atlas.(Ref 2)

The aim of the study was: *“To determine whether general practitioners’ beliefs about low back pain (LBP) differ according to whether they have a special interest in back pain, musculoskeletal, or occupational medicine; and whether these beliefs are modified by having had continuing medical education (CME) about back pain in the previous 2 years.”*

The survey consisted of 10 questions (yes / no ) answers aiming to assess GPs knowledge of low back pain. The authors have highlighted differences in answers to the following 2 questions:

*“Patients with acute LBP should be prescribed complete bed rest until the pain goes away.”*  
*“Patients should not return to work until they are almost pain free.”*

Clearly current evidence favors early activation and early return to work. It is a little confusing to see that the vast majority of doctors in all groups ( >95% ) believed in encouraging physical activity and yet 18% of the doctors with a proclaimed special interest in back pain and 14% of doctors with an reported interest in musculoskeletal medicine were in agreement with the question of recommending bed rest until the pain goes away. No attempt has been made to examine closely some potential confounders here that may explain these differences. Demographics differed between groups - both these groups of doctors with special interests were on average older and more likely to be in solo practice than other study groups. The

back pain group was also older than the musculoskeletal group – which correlates with the increased prescription of bed rest amongst the back pain interest group. Those in the solo practice group were also less likely to do CME in the past 2 years compared to others. Surely these doctors are more likely to be out of touch?

A third question, on X-rays ( *“X-rays of the lumbar spine are useful in the work up of patients with acute LBP”* ) can be interpreted in 2 different ways:

Firstly it is generally accepted that X-rays are unlikely to be helpful in the management of the majority of patients presenting with non specific low back pain. However X-rays remain the first line investigation as a screening tool in patients with so called “red flag indicators” of pathology – such as impact trauma, age over 50, osteoporosis, pain at night and past history cancer, fever, pain not settling after 4 weeks, etc. So which is the correct answer?

The survey was returned by 3831 doctors (38% of the total doctors sent questionnaires) of which 867 (23%) had a self reported special interest in Musculoskeletal Medicine. Taking into account confidence intervals, those doctors with musculoskeletal medicine interests were not statistically different to the main group in their beliefs about bed rest and return to work. Although the authors implicated the Australian Association of Musculoskeletal Medicine (AAMM) in their conclusions about doctors with special interests, they made no attempt to ask which doctors were members of any such groups. Interestingly, at the time of the survey in 2004, there were only 120 general practitioners in the states of Victoria and New South Wales that were active members of the AAMM. It is unknown how many of these doctors may have participated in the survey. It seems therefore mischievous for the authors to associate poorer knowledge with membership of the AAMM.

We certainly agree with the authors that there are a small group of GPs that are not getting the messages about staying active and early return to work. The challenge is reaching this group of probably older and isolated GPs. The AAMM and AFMM have been involved in post graduate education of doctors in Australia for over 35 years – but often we are preaching to the converted. The solution to getting better uptake of the evidence about low back pain lies in co-ordinated action that includes all stake holders throughout the spectrum of medical training. Currently members of the AAMM and AFMM are involved in contributing to the Australian Musculoskeletal Core Competency Project aiming at standardising undergraduate teaching of Musculoskeletal Medicine around Australia. This is an important step towards redressing the imbalances of undergraduate teaching here. However, in this area of medical training there seems to be a focus on major disease and pathology and a lack of teaching about common presenting problems such as back and neck pain. At a post-graduate level, we are concerned that amongst all those recognised by the Australian Medical Council, there is no recognised group that has taken care to ensure that even those doctors with a self confessed interest in low back pain know the importance of patients keeping active and remaining in work. It has then been left to doctors to seek their own post graduate training. Back pain still has a significant stigma. With most GPs overburdened with paper work and competing interests a high proportion choose not to take an interest in back pain.

As well as supporting undergraduate initiatives the AAMM and AFMM have been the significant providers of post-graduate education of doctors around Australia over the last 20 years. Contributions include the development of evidence based guidelines and university based post graduate diploma and masters programs in musculoskeletal medicine. There is a major difference between a doctor with a self reported interest in back pain and one who has undergone 2 or more years of university accredited qualifications.

Proof of the effectiveness of doctors with post graduate qualifications can be found in the partly published results of the Australian National Musculoskeletal Health Initiative.(Ref 4) This study clearly showed that, compared to usual care, treatment by Musculoskeletal Physicians lead to a 50% reduction in the development of chronic pain, whilst ordering less X-rays and prescribing less anti-inflammatory drugs, at a comparable cost. These results still remain the best results ever published for acute low back pain with 12 month follow up. Compared to other studies the rate of developing chronic pain at 12 months was only 7%.

Additionally, musculoskeletal medicine practitioners have been shown to reduce waiting lists substantially in public hospital orthopaedic and rheumatology outpatient departments. At Newcastle Hospital in NSW a musculoskeletal physician dramatically reduced the waiting list times to see orthopaedic surgeons.(Ref 5)

Musculoskeletal Medicine is now a recognized specialist vocational stream in New Zealand, but is unable to gain registration by the Australian Medical Council as a self-standing specialty. Articles such as the one published by Buchbinder et al support the bias that exists amongst the established medical colleges. Until musculoskeletal medicine is recognized and given sufficient resources chronic back pain will continue to remain a burden on society.

We feel that it is essential that one recognised body will take on the task of education, research and dissemination of information and make sure that data such as this is spread amongst the primary care practitioners who are the gate keepers of productivity and workers compensation. This body should demand some evidence of the professed special interest such as having a postgraduate diploma in the field, rather than merely claiming a self professed special interest.

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