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INTRODUCTION

Low back pain (LBP) in France : A major public health problem

One in two adults suffer from LBP at least once a year¹



8th most frequent reason for encounter (RFE) in general practice

Low back pain is supposed to be associated with other pathologies²

Lack of data in France on comorbidities

OBJECTIVE Describe comorbidities of patients from 18 to 65 consulting for LBP in GP

METHODS

ECOGEN = French national cross-sectional study

- 128 GPs, one day per week, 5 months
- ICPC-2 (International Classification in Primary Care)
- Data = socio-demographic characteristics of patients, reasons for encounter, results of consultation and procedures

Extraction of data: patients : 18-65

Low back pain with or without sciatica= L03 or L84 or L86 as a result

Comorbidities : the chapter headings of the ICPC, psychopathology and somatoform disorders, code for work problem

Analysis: comparison of COmorbidities in consultations with or without LBP

One result by consultation removed :

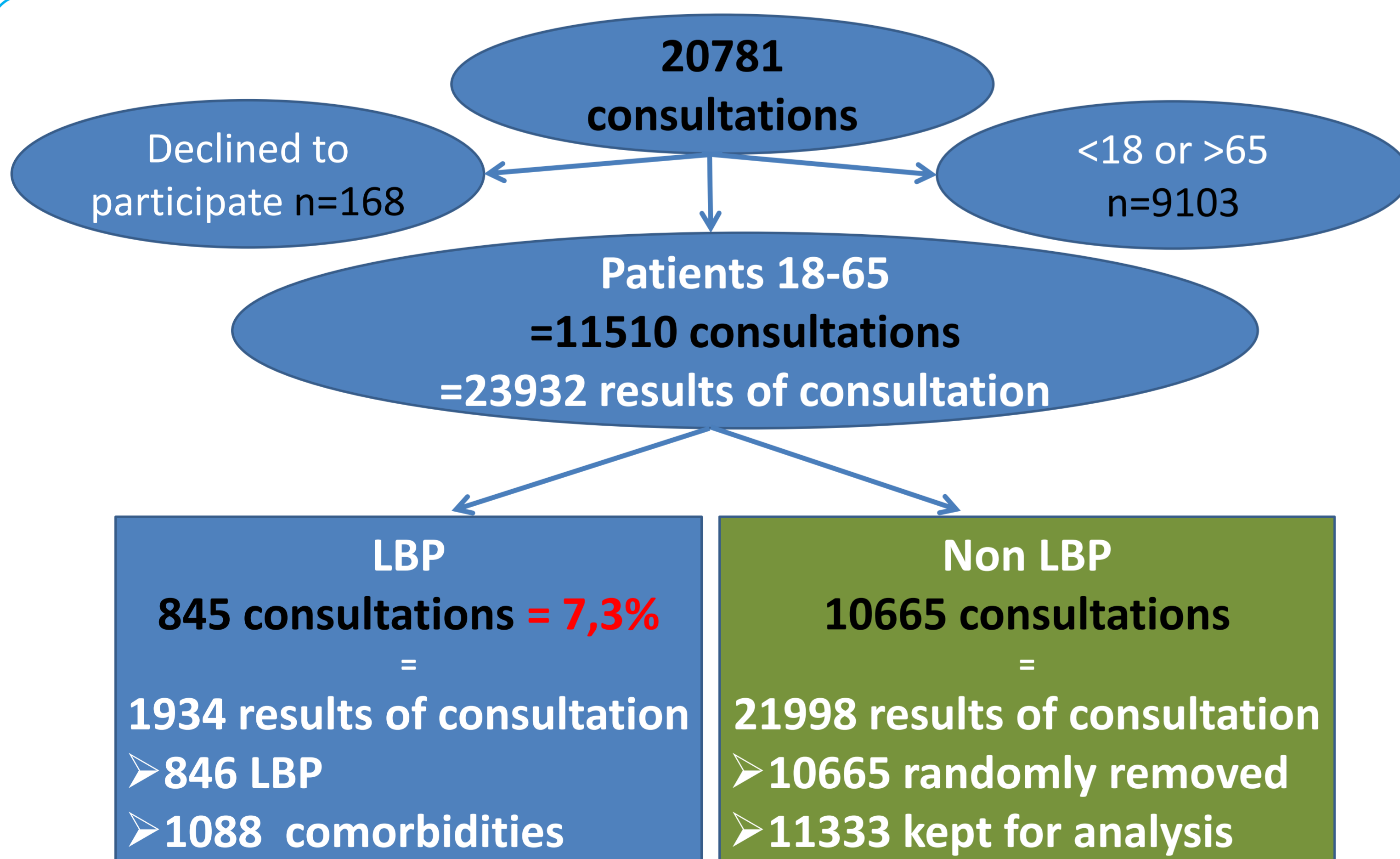
- Consultation without LBP = randomly removed
- Consultation with LBP= the result of consultation LBP removed

RESULTS

	WITH LOW BACK PAIN	WITHOUT	p
Number of consultations	n = 845	n = 10665	
FEMALE	470 (55.6%)	6453 (60.5%)	0,006
AGE (years)			<0,001#
18-34	168 (19.8%)	3022 (28.4%)	
35-44	197 (23.3%)	2167 (20.3%)	
45-54	221 (26.1%)	2286 (21.4%)	
55-65	259 (30.6%)	3190 (29.9%)	
STUDENT	10 (1.2%)	510 (4.8%)	<0,001
PROFESSION			<0,001
Farmers	9 (1.1%)	63 (0.6%)	
Craftsmen, salesmen, managers	34 (4.0%)	515 (4.8%)	
Upper white-collar and professionals	52 (6.1%)	957 (9.0%)	
Technicians, associate professionals	73 (8.6%)	1139 (10.7%)	
Lower-grade white-collar workers	362 (42.8%)	3554 (33.3%)	
Blue-collar workers	89 (10.5%)	703 (6.59%)	
Retired persons	99 (11.7%)	1401 (13.1%)	
Unemployed persons	127 (15.0%)	2333 (21.8%)	
INCAPACITY	32 (3.8%)	245 (2.3%)	0.01
OCCUPATIONAL INJURIES	78 (9.2%)	359 (3.4%)	<0,001
DURATION OF CONSULTATION* (minutes)	16 (12.5;21)	15 (10.5;20)	<0,001#
NUMBER OF RESULTS BY CONSULTATION**	2.3 (1.31)	2.1 (1.28)	<0,001##

number (percentage); * = Median (interquartiles); ** = Average (standard deviation); No missing data
NS = non significant (p>0,05)
Chi 2 test except # = non parametric Wilcoxon or Kruskal Wallis test; ## = Student t-test

Table 1 : Characteristics of the consultations



Consultation:	WITH LBP	WITHOUT LBP	p
n = number of results of consultation	n = 1088	n = 11333	
A General and unspecified	264 (24.3%)	2149 (19.0%)	<0,001
D Digestive	117 (10.8%)	808 (7.1%)	<0,001
L Musculoskeletal	94 (8.6%)	1222 (10.8%)	0,03
R Respiratory	78 (7.2%)	1084 (9.6%)	0,01
Fears of diseases	6 (0.31%)	50 (0.44%)	NS
Addictions	24 (2.21%)	272 (2.40%)	NS
D01 Abdominal pain/cramps general*	10 (0.92%)	49 (0.43%)	0,046
D12 Constipation*	16 (1.47%)	78 (0.69%)	0,01
K04 Palpitations/awareness of heart*	1 (0.09%)	15 (0.13%)	NS
N01 Headache*	5 (0.46%)	35 (0.31%)	NS
N17 Vertigo/dizziness*	3 (0.28%)	28 (0.25%)	NS
P06 Sleep disturbance*	20 (1.84%)	180 (1.59%)	NS
R02 Shortness of breath/dyspnoea*	3 (0.28%)	6 (0.05%)	0,04
Z05 Work problem	12 (1.1%)	49 (0.43%)	0,005
P74 Anxiety disorder/anxiety state	14 (1.29%)	167 (1.47%)	NS
P75 Somatization disorder	1 (0.09%)	7 (0.06%)	NS
P76 Depression	39 (3.58%)	408 (3.6%)	NS

number (percentage); * = Code corresponding to an item of the score PHQ15: somatoform disorders
NS = non significative (p>0,05); Chi 2 test
no missing data

Table 2 : Comparaison of comorbidities (LBP versus no-LBP consultations)

DISCUSSION & CONCLUSION

- National study = an important source of data for primary care research in France.
- Few disorders (as results of consultation) related to LBP
 - Digestive disorders: could be due to adverse drug reactions
 - Work problems : cause or consequence?
- Contrary to the litterature: psychopathology and somatoform disorders not related to LBP³
- Limits: -No information about the duration of LBP: acute? chronic? recurrent ?
-No information about the past medical history of patients: only transversal data.

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