

Forløb



Rygsmarter i et livstidsperspektiv

Akut

Subakut

Kronisk



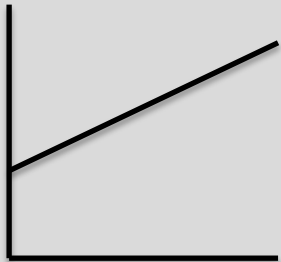
A- Worse

B- Constant

C- Fluctuating

D- Better

PROGRESSIVE WORSENING



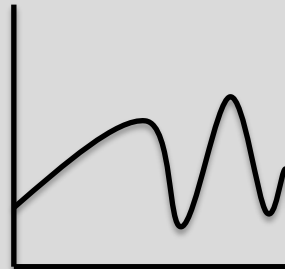
- "Its not worth talking about anymore."
- "Nothing seems to help."

CONSTANT INTENSE



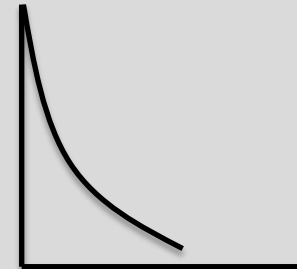
- "It won't change."
- "Nothing makes a change."

'UP AND DOWN'



- "It fluctuates."
- "Its never quite gone."
- "I'm never unaware of it."
- "There are good and bad days."

RAPID RECOVERY



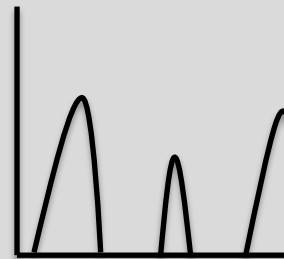
- "It was a short course of back pain."
- "I am totally over it..."

CONSTANT MILD



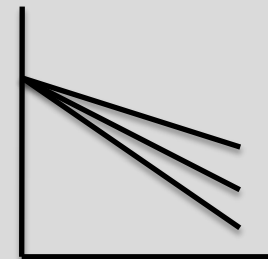
- "It doesn't change."
- "I have learnt to live with it."

'ON AND OFF'



- "I have full function gaps."
- "Periods of being good."
- "Once in a while.."

PROGRESSIVE IMPROVEMENT



- "Its not worth mentioning anymore."
- "It gets better every day."



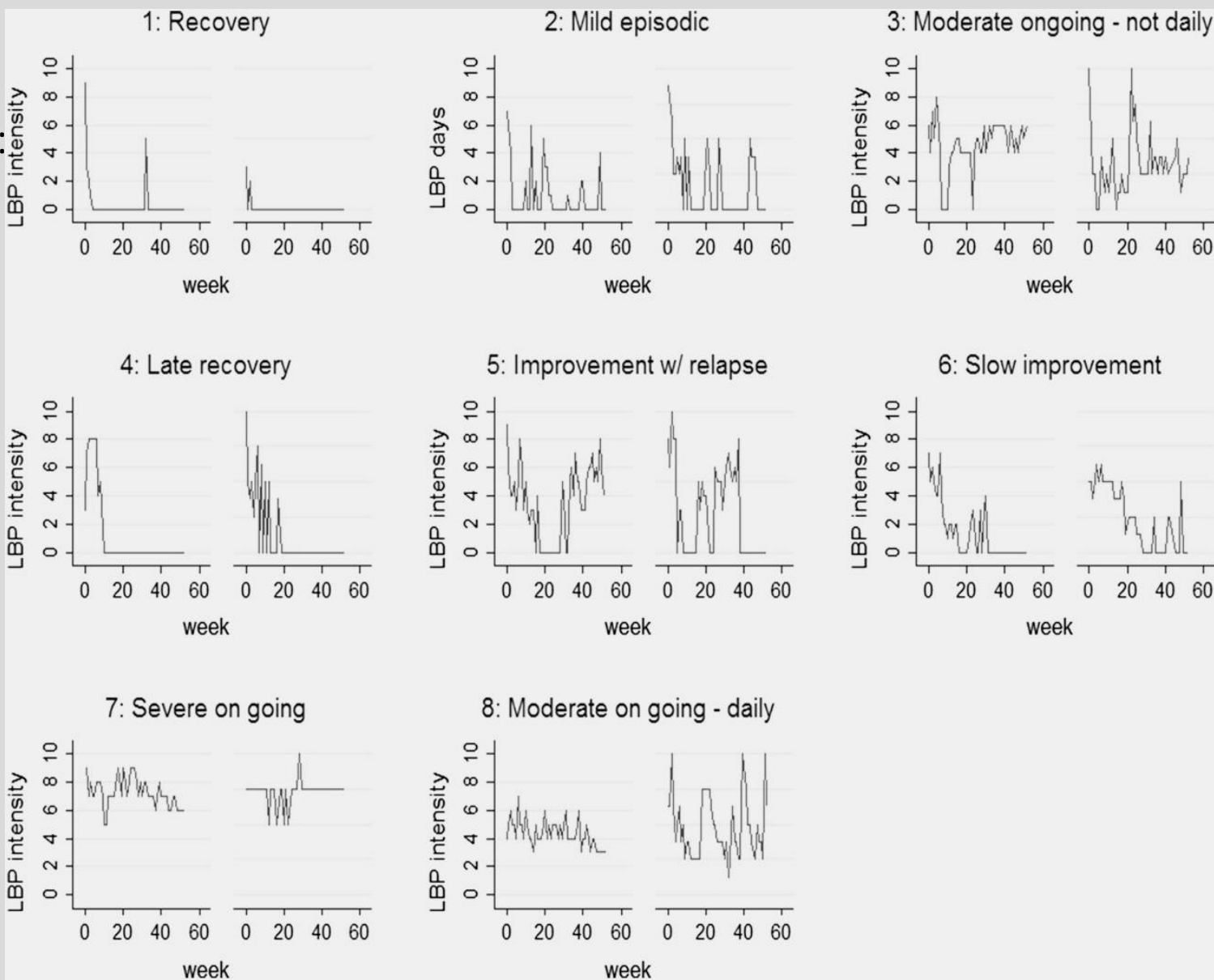
Faktuelle forløbsmønstre

Hurtig bedring:
(billede 1)

25 %

Vedvarende
smerter:
(billede 7+8)

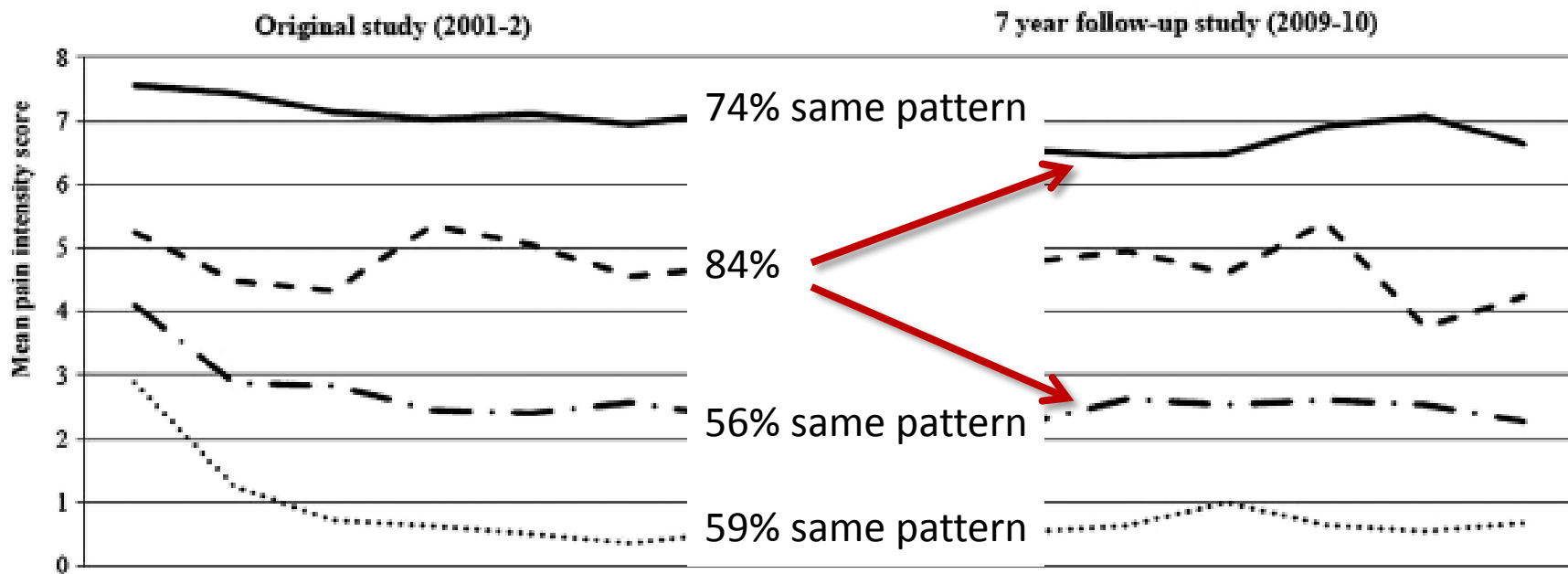
8 %



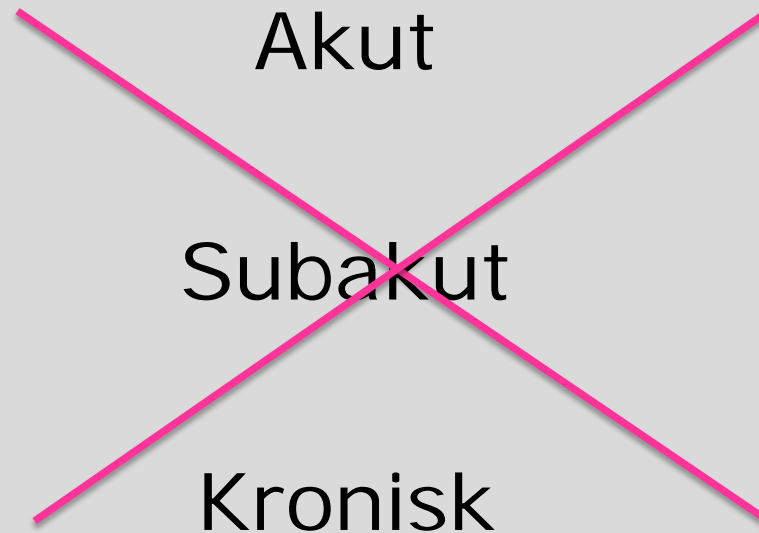
Forløb

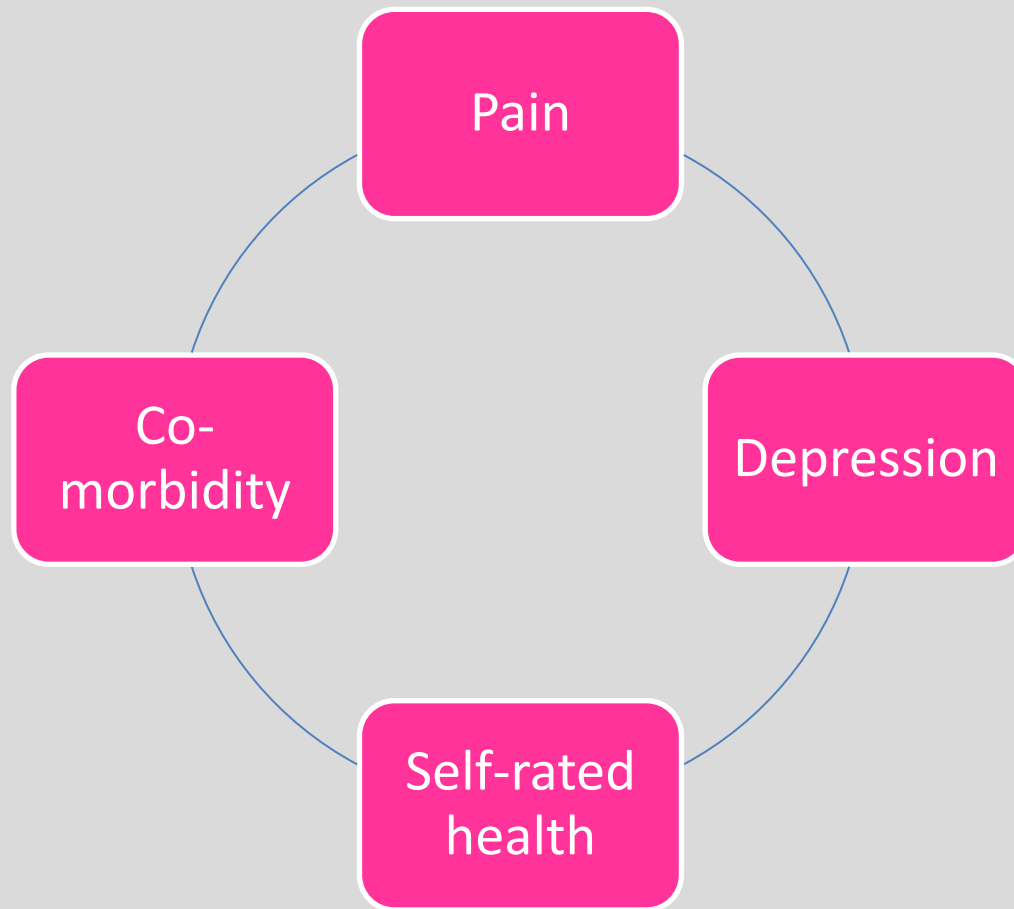
6 mdr. forløb

7 år senere



Rygsmarter i et livstidsperspektiv







Genes



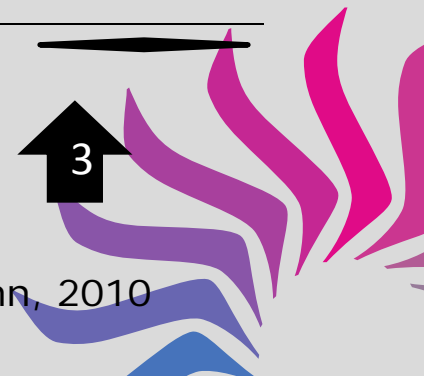
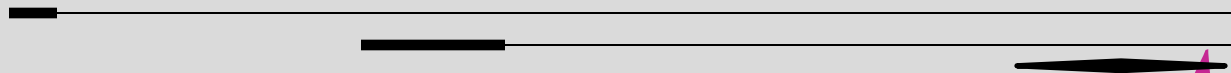
Stress



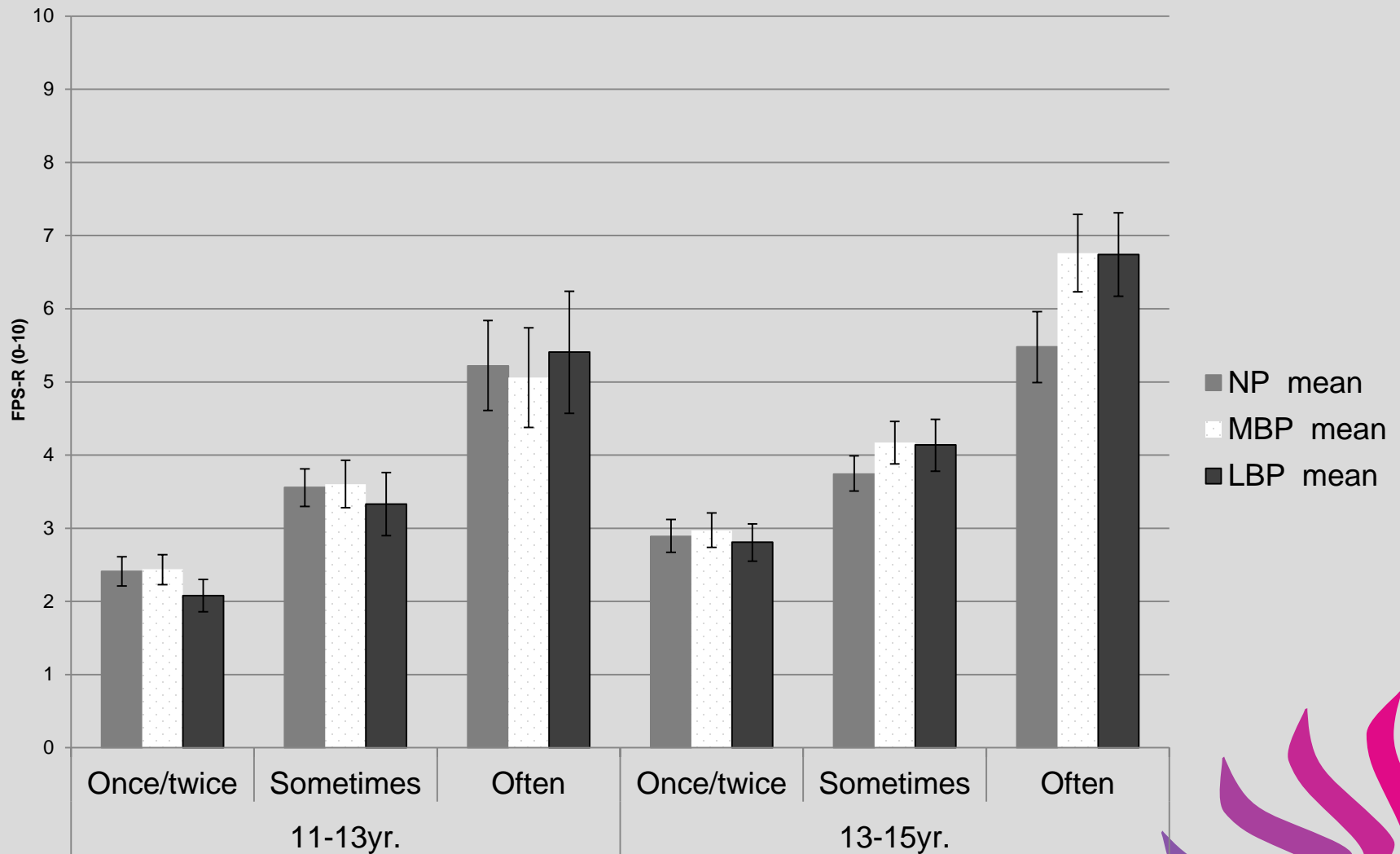
Workload



Back Pain



Frequency and mean pain intensity (FPS-R 0-10 scale) of neck, mid back and low back pain in 1,291 Danish adolescents.



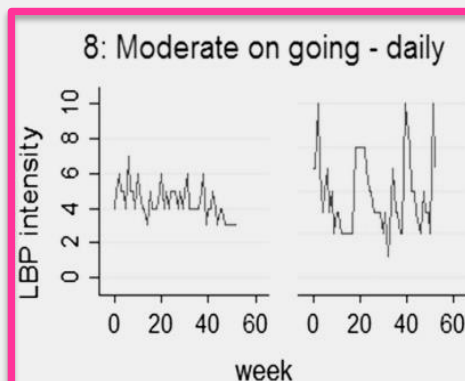
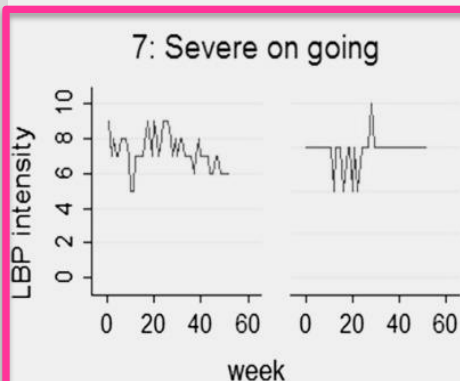
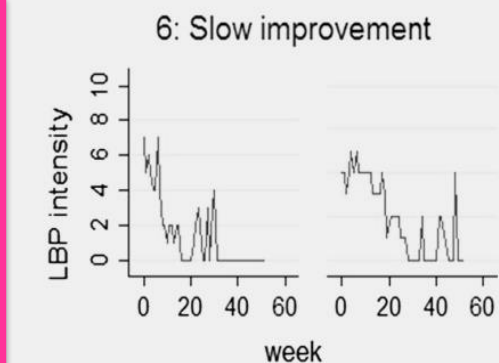
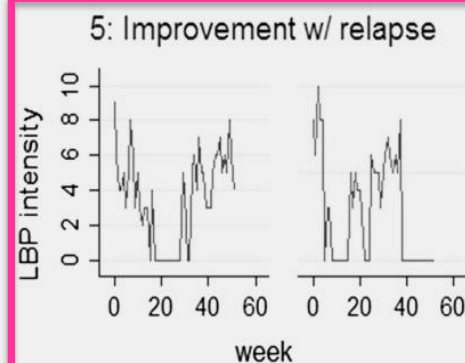
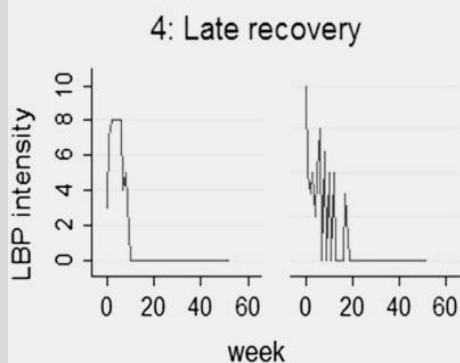
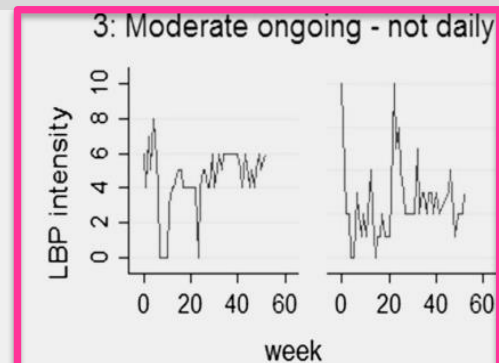
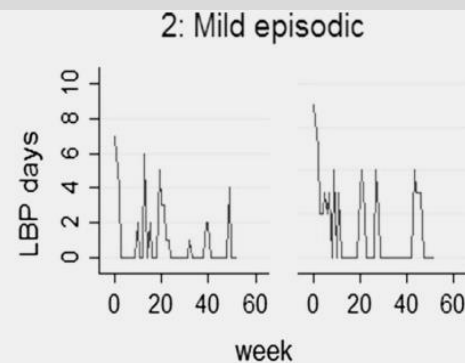
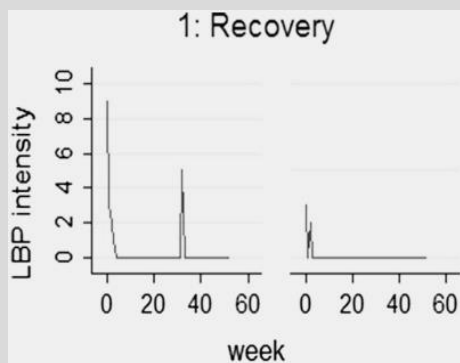
Denne workshop

Hurtig bedring
(billede 1)

25 %

Vedvarende
smerter:
(billede 7+8)

8 %



Forventninger

- til behandling
- til forløb



Patientens forventninger til behandling

Akupunktur eller massage:

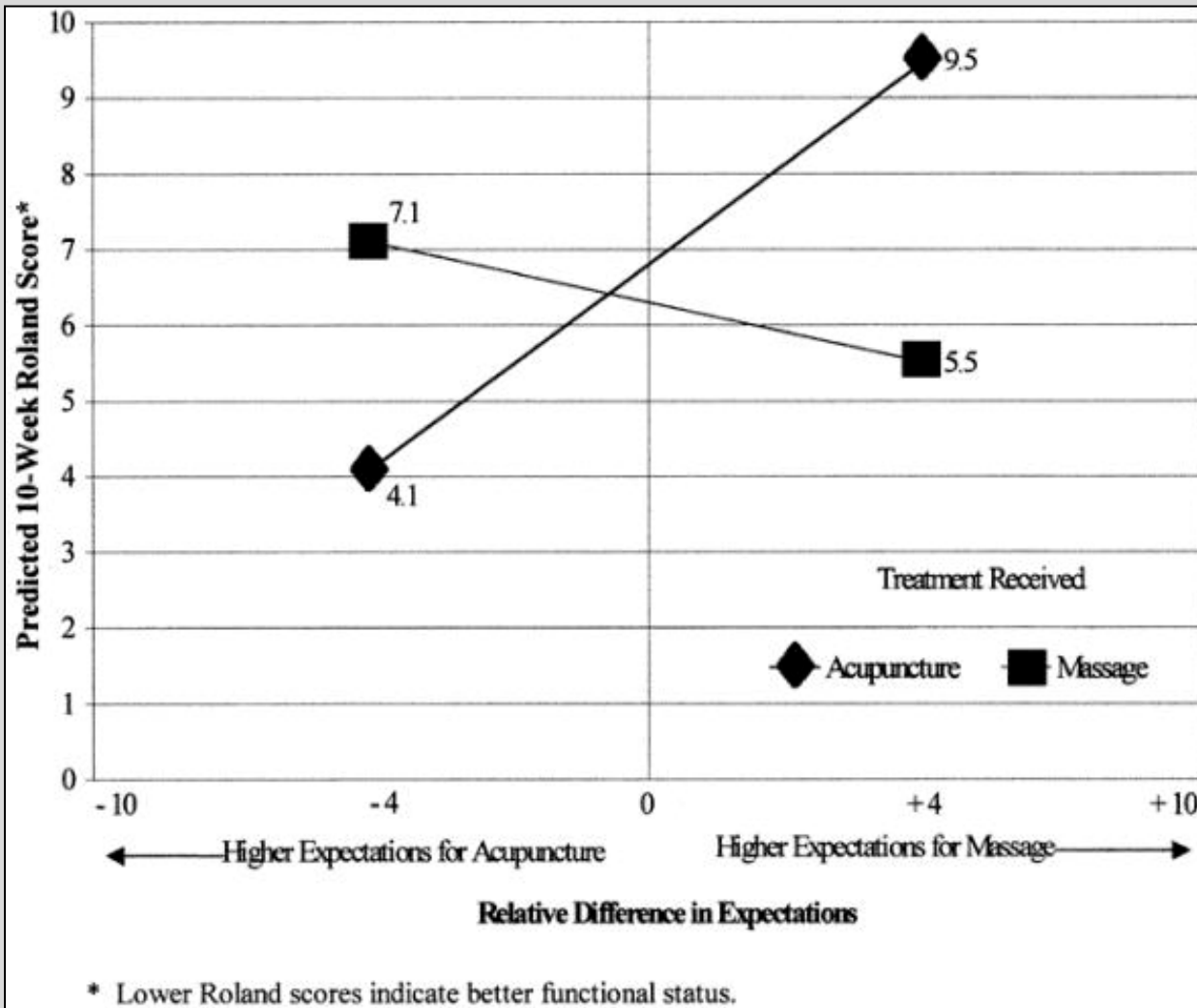
“Hvad tror du hjælper bedst?”

Odds ratio for forbedring, hvis man mener den specifikke behandling, man har fået, er effektiv:

5,4 (1,9-15,4)

Kalauokalani, 2001





Effect of expectation for benefit on the predicted outcome based on a linear regression model

Lessons from a Trial of Acupuncture and Massage for Low Back Pain: Patient Expectations and Treatment Effects.

Kalauokalani, Donna; MD, MPH; Cherkin, Daniel; Sherman, Karen; Koepsell, Thomas; MD, MPH; Deyo, Richard; MD, MPH

Spine. 26(13):1418-1424, July 1, 2001.



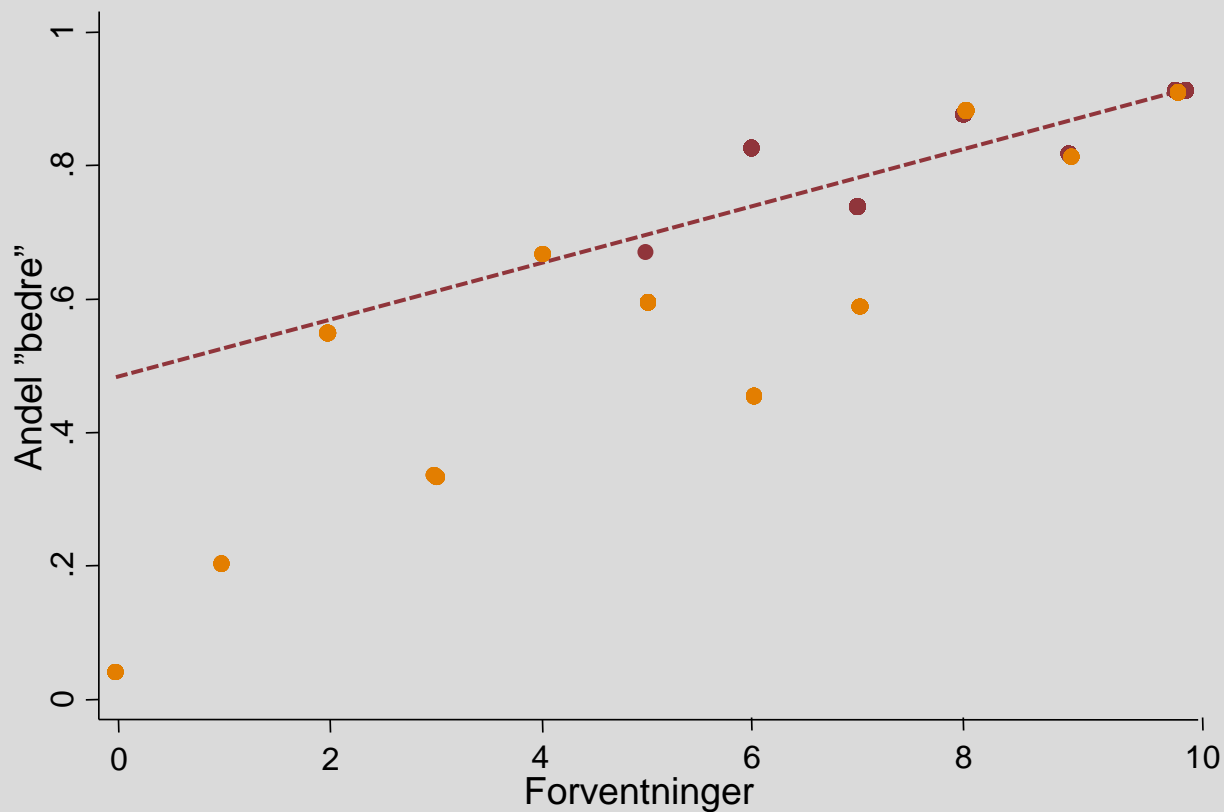
Patientens forståelse

Chancen for at blive bedre iflg. deres egen overordnede vurdering var mere end dobbelt så stor, hvis de forstod den givne information og råd om øvelser og aktivitet.

Johansen, 2004

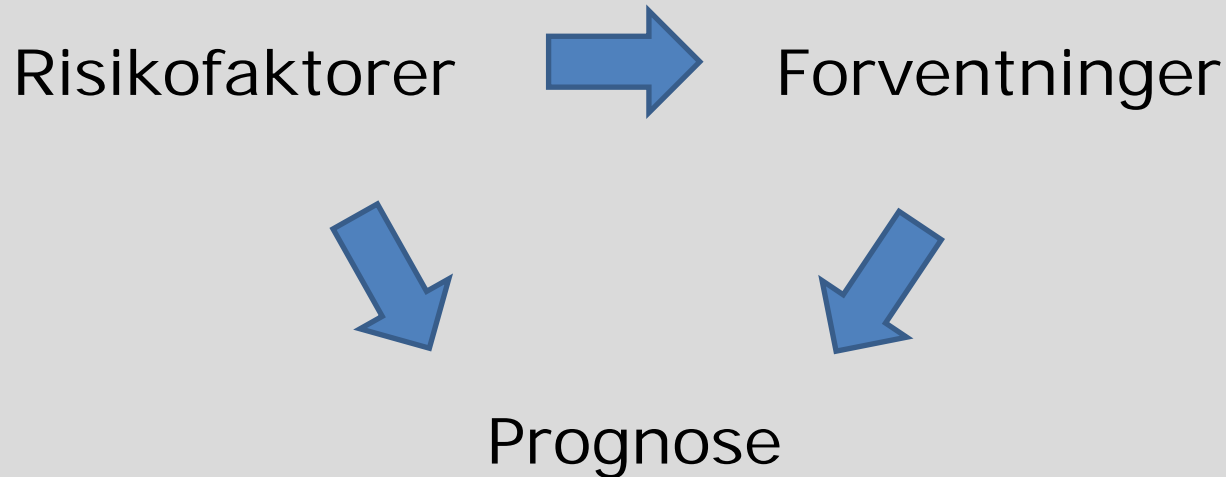


Patientens forventninger til prognose

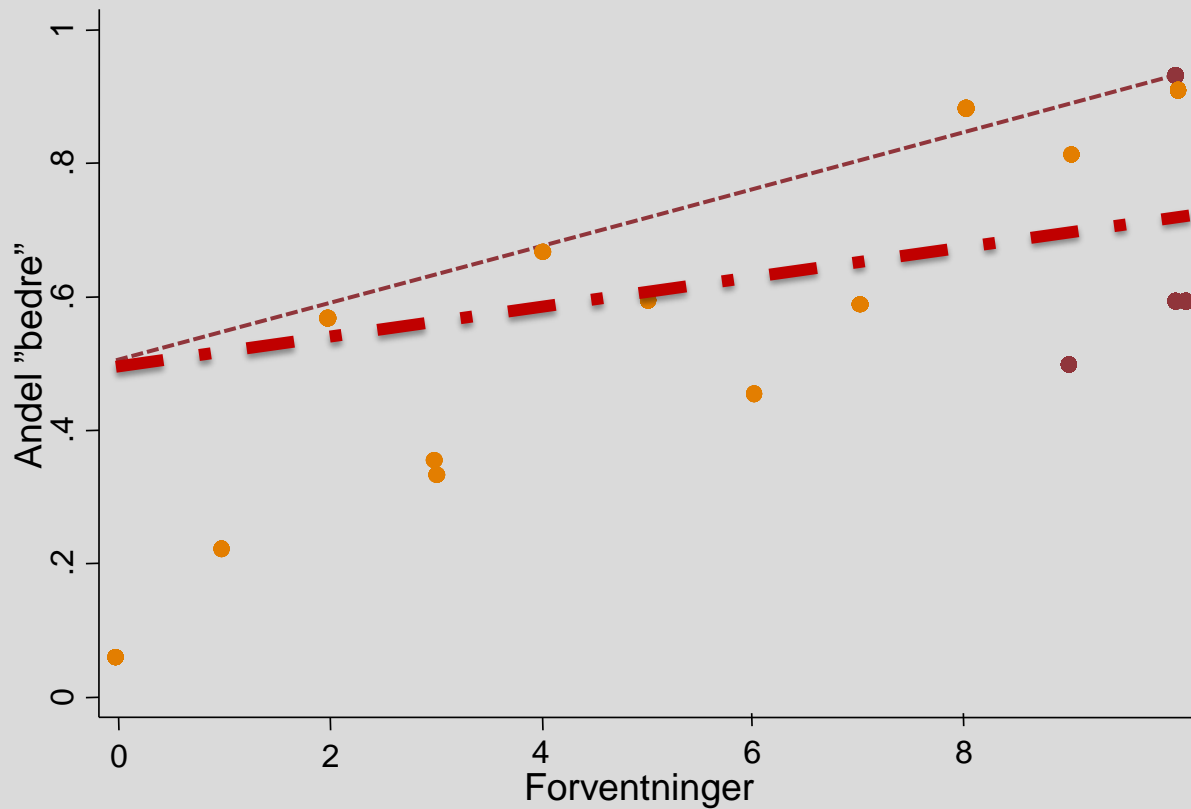


Hvad skaber patientens forventninger?

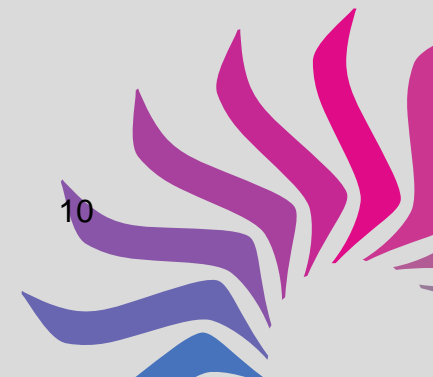
Ret realistisk fornemmelse af egen prognose?



Patientens forventninger til prognose



Ikke forklaret af
den 'objektive'
prognose



Patientens forventninger til prognose

- Alle 10 studier viste en statistisk signifikant forøget risiko for et dårligt resultat med lave forventninger til at blive rask.
- Tallene svingede fra 10% til 300% forøget risiko

Iles, 2009



Hvad skaber højere forventninger hos patienten?

Kiropraktorpatienter:

- højere alder
- færre tidligere episoder
- kortere varighed



Forventninger og prognose

Kiropraktor patienter



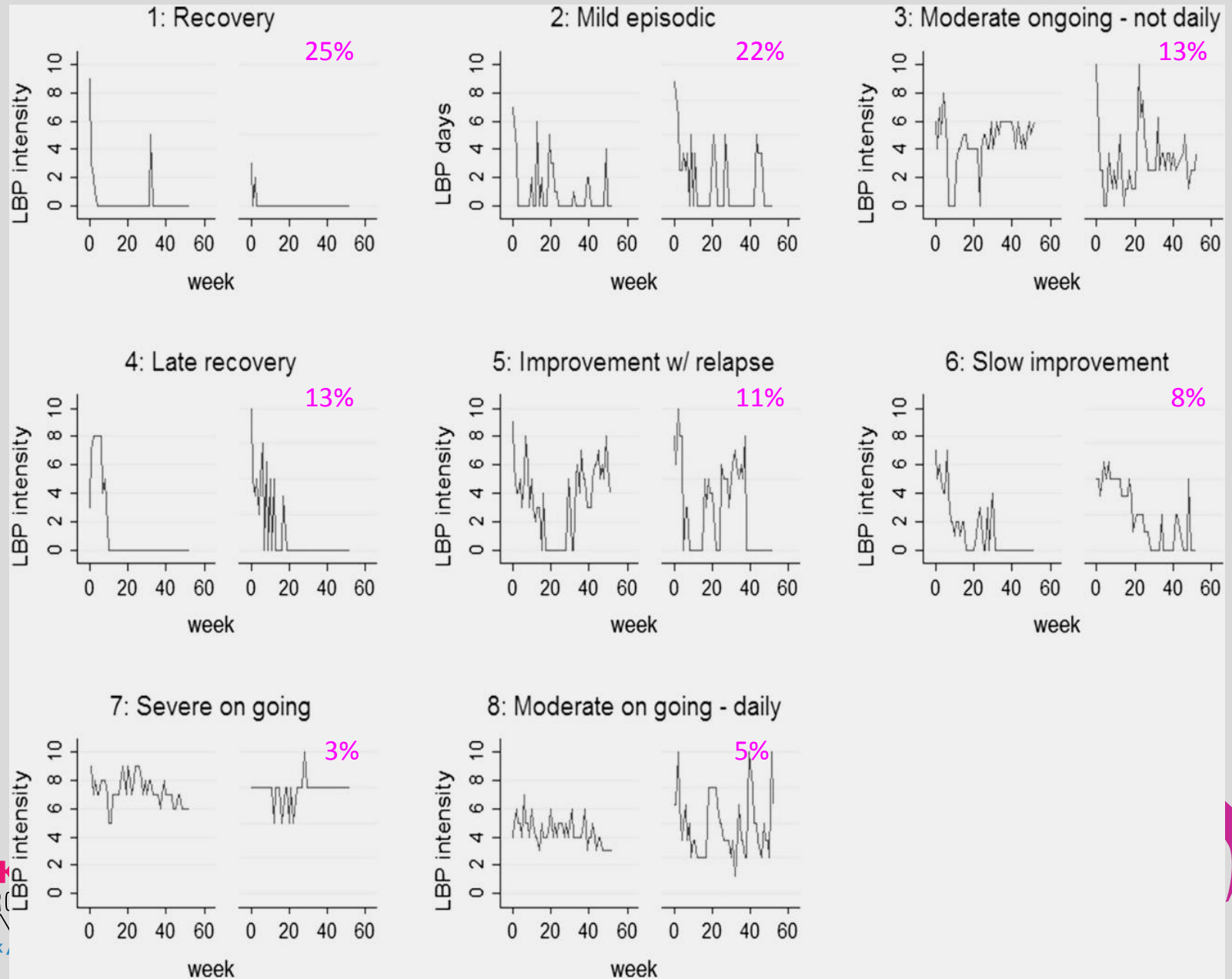
Hvad forventer kiropraktorerne?

Hvordan forventer du det går denne patient?

Kort/ ukompliceret forløb	54%
Længerevarende uden blivende konsekvenser	36%
Langvarige /blivende konsekvenser	7%
Ved ikke	3%



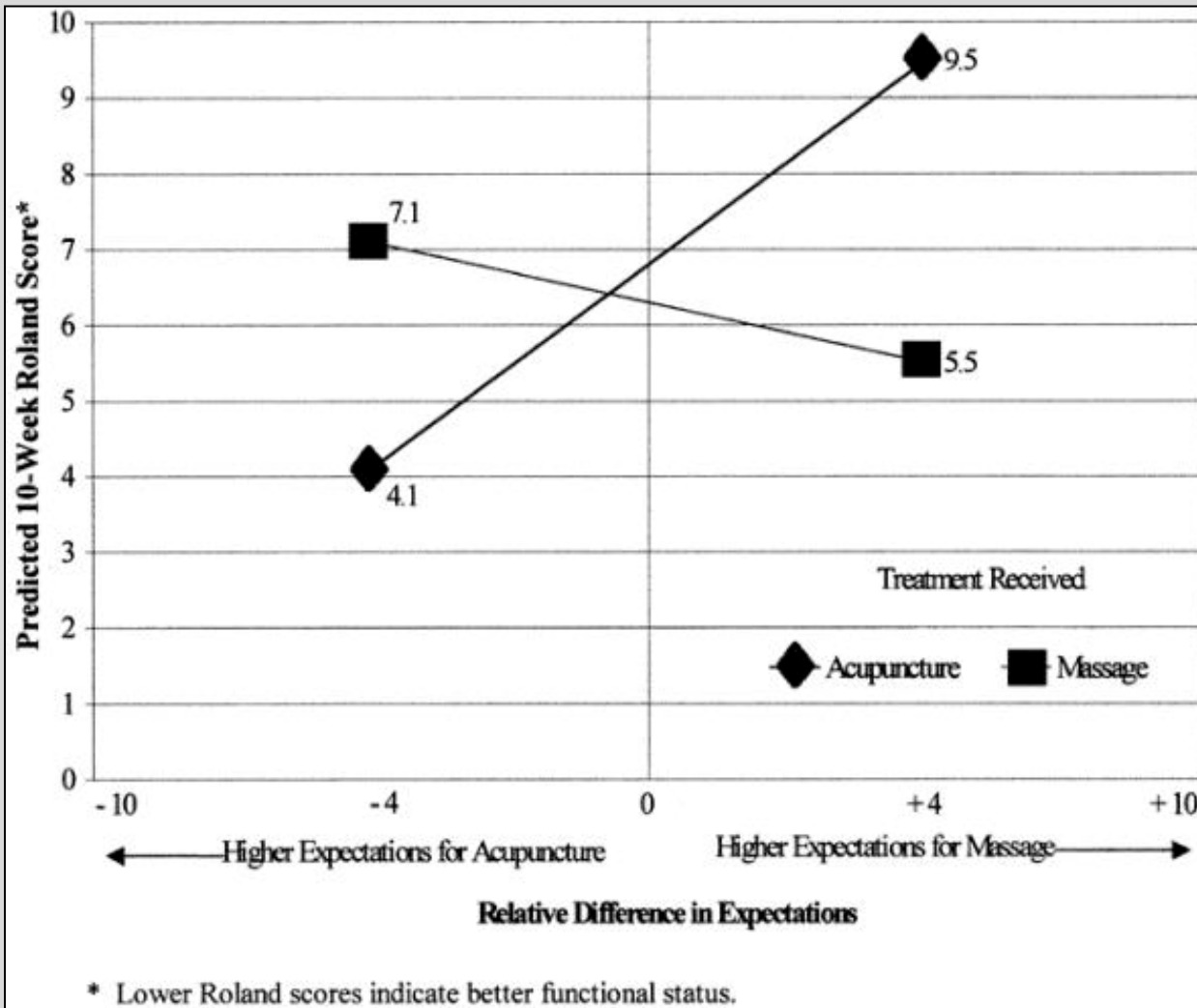
Faktuelle forløbsmønstre



Succes kriterier/fælles forventninger

- Spørg til patienters forventninger – de er svære at gætte
- Vær opmærksom på patienter med lave forventninger
- Hvis alt taler for at den ønskede behandling er uhensigtsmæssig – sørg for at patienten forstår det





Effect of expectation for benefit on the predicted outcome based on a linear regression model

Lessons from a Trial of Acupuncture and Massage for Low Back Pain: Patient Expectations and Treatment Effects.

Kalauokalani, Donna; MD, MPH; Cherkin, Daniel; Sherman, Karen; Koepsell, Thomas; MD, MPH; Deyo, Richard; MD, MPH

Spine. 26(13):1418-1424, July 1, 2001.

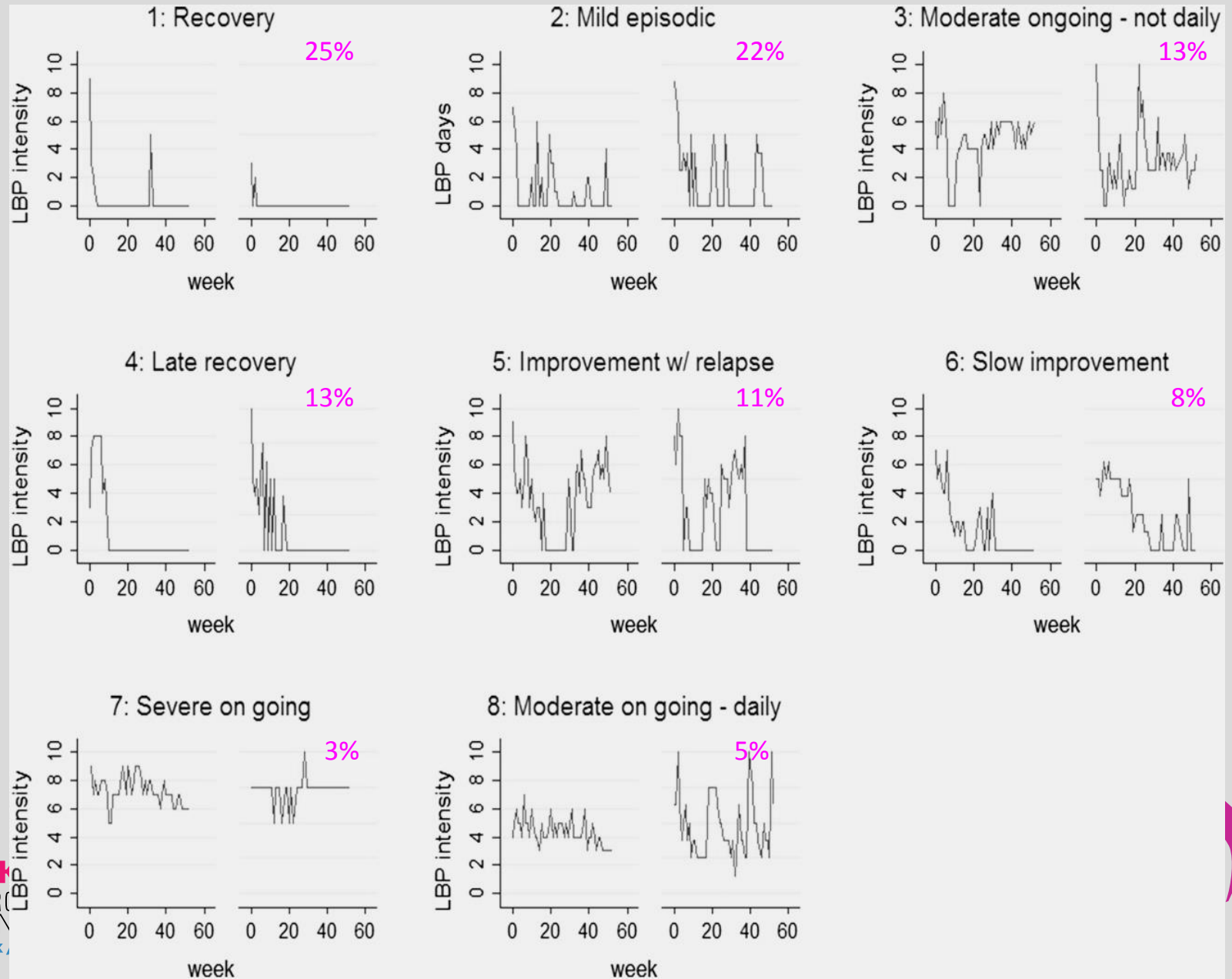


Succes kriterier/fælles forventninger

- Spørg til patienters forventninger – de er svære at gætte
- Vær opmærksom på patienter med lave forventninger
- Hvis alt taler for at den ønskede behandling er uhensigtsmæssig – sørg for at patienten forstår det
- Hvis alt taler for at prognosen er god – sørg for at patienten ved det
- Hvis ikke prognosen er god - bliv enige om realistiske mål. Evt. milepæle med langsigtede mål.



Faktuelle forløbsmønstre



Eksempler på forløb af rygsmarter

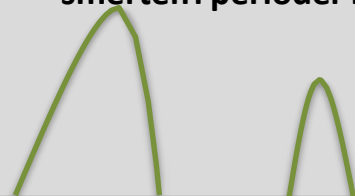
Ingen rygsmarter eller en enkelt afgrænset episode



Milde rygsmarter det meste af tiden



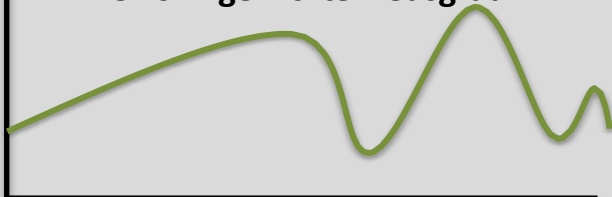
Episoder med rygsmarter med smertefri perioder ind imellem



Moderate rygsmarter det meste af tiden



Rygsmarter, der stort set altid er der, men svinger i sværhedsgrad



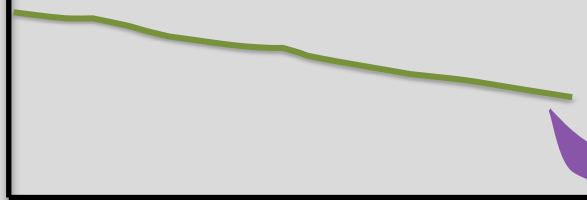
Svære rygsmarter det meste af tiden



Tiltagende rygsmarter



Aftagende rygsmarter



FAGLIG KONGRES
2016 KIROPPRAKTIK
GENNEM LIVET
VIDEN / NETVÆRK / EFTERUDDANNELSE



Moderne maintenance



Charles Norman



TRINITY COLLEGE DUBLIN
COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH

THE
UNIVERSITY
OF DUBLIN

- Fighting the previous war
- From acute to chronic, from curing to managing
- Living with complexity – from treating illness to treating people
- Living with scarcity and doing our best.



Fighting the previous war (CN)

- Generals prepare to fight the previous war
- We have inherited health care systems that are (fairly) suited to previous needs
- Over 80% of healthcare resources are used to manage treatable but not curable disease
- We manage needs as a series of surprising events



From acute to chronic, From curing to managing (CN)

- Acute illness is often surprising, chronic illness is usually predictable
- The business of hospitals is mainly to manage exacerbations of pre-existing disease
- Much of this can be predicted and averted or managed



Living with complexity – from treating illness to treating people (CN)

- Current professions mainly reflect 19th Century needs and patterns
- We over train and under train for many tasks
- We see healthcare as levels and not networks
- Most professions and professionals are trained to look at one aspect of needs
- We need to reorient both services and skill bundles for the new reality.



Living with scarcity and doing our best (CN)

- With growing needs and increasing opportunities rationing will become more visible
- Best use of resources will leave some needs unmet
- All care providers will need to have robust evidence of effectiveness and cost-effectiveness.



Så.....

Kiropraktik og lændesmerter?



Comorbiditet hos ældre selvvurderet helbred

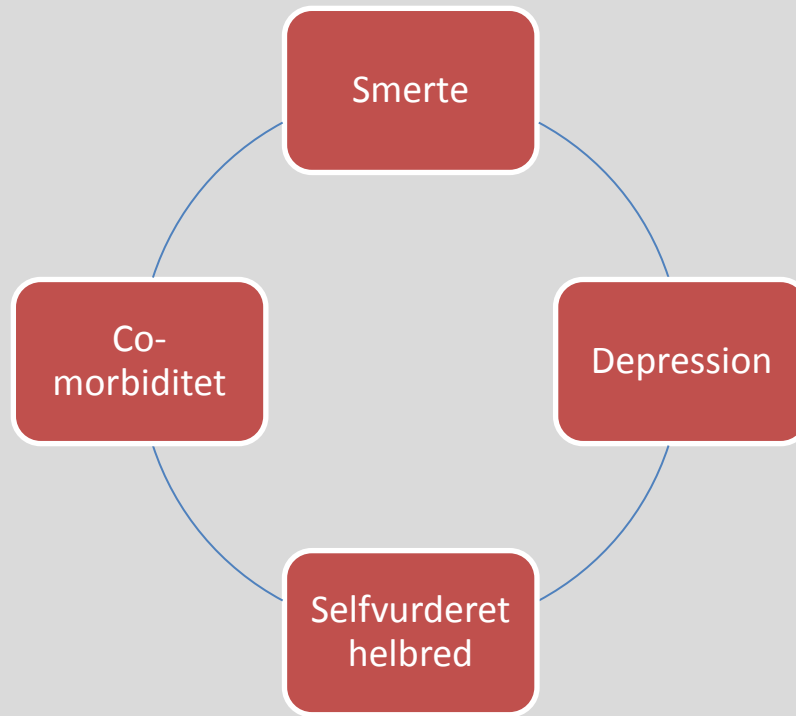
	<u>BP</u>	<u>NP</u>	<u>BP + NP</u>
Excellent	1.00	1.00	1.00
Meget godt	1.90	1.72	1.85
Godt	3.47	3.32	4.31
Rimeligt	4.90	3.41	5.10
Dårligt	6.34	4.76	7.46

P < 0.00001

P < 0.00001

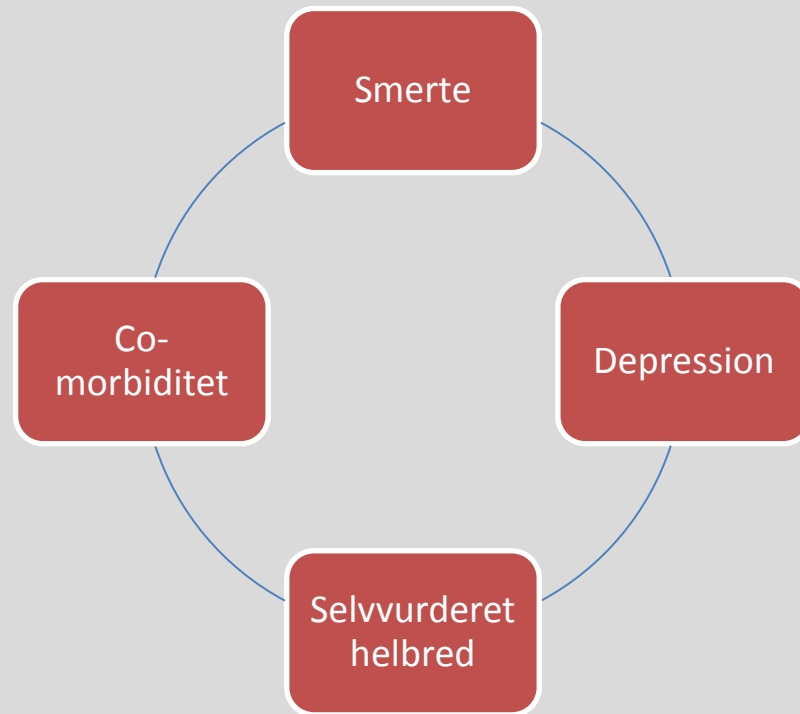
P < 0.00001





Idler & Benyamini 1997





Longitudinelt dosis-respons forhold mellem dårligt selvvurderet helbred og øget dødelighed.

Idler & Benyamini 1997



Kiropraktisk "management"

(maintenance care)

Evidens?



Egyptisk RCT

Senna et al, Spine, 2011

- Rygsmerter >6 måneder, n=88
- ALLE modtager 12 behandlinger i det indledende forløb
- 1: Sham behandling, derefter ingenting
- 2: SMT, derefter ingenting
- 3: SMT, derefter SMT hveranden uge i 9 måneder

Størst forbedring i gruppe 3, både på smerte og aktivitetsbegrænsning.

Kritik: Kan ikke skelne mellem SMT og opmærksomhed (attention bias)



Amerikansk register studie

Cifuentes et al, JOEM 2011

- 894 personer med arbejdsrelaterede rygsmerter behandlet hos kiropraktorer, praktiserende læger eller fysioterapeuter
- Patienter behandlet af kiropraktorer havde mindre risiko for sygemelding, opioider og operation (på niveau med ingen behandling)
- Generelt færre omkostninger hos kiropraktorerne

Kritik: Retrospektive data, formentlig ikke sammenlignelige patienter



Canadisk RCT, lændesmerter (pilot)

- 30 kroniske lændepatienter



Research design (Low back MC)

Group 1
N=15



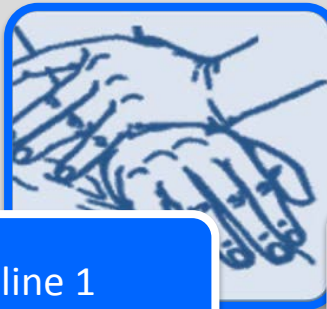
Baseline 1
(4 uger)
Observation

Baseline 2
(4 uger)
12 behandlinger

Post-treatment
(9 mdr.)
Ingen
behandling

Follow-up
(10 mdr.)

Group 2
N=15



Baseline 1
(4 uger)
12 behandlinger

Post-treatment
(9 mdr.)
Behandling hver
tredie uge

Follow-up
(10 mdr.)



- Ingen forskel efter den ubehandlede måned.
- God effekt af de 12 første behandlinger
- Effekten mht. smerte holdt sig gennem de ni måneders opfølgning i begge grupper
- Effekten mht. funktion holdt sig kun i MC gruppen gennem de ni måneders opfølgning.

Kritik: små grupper

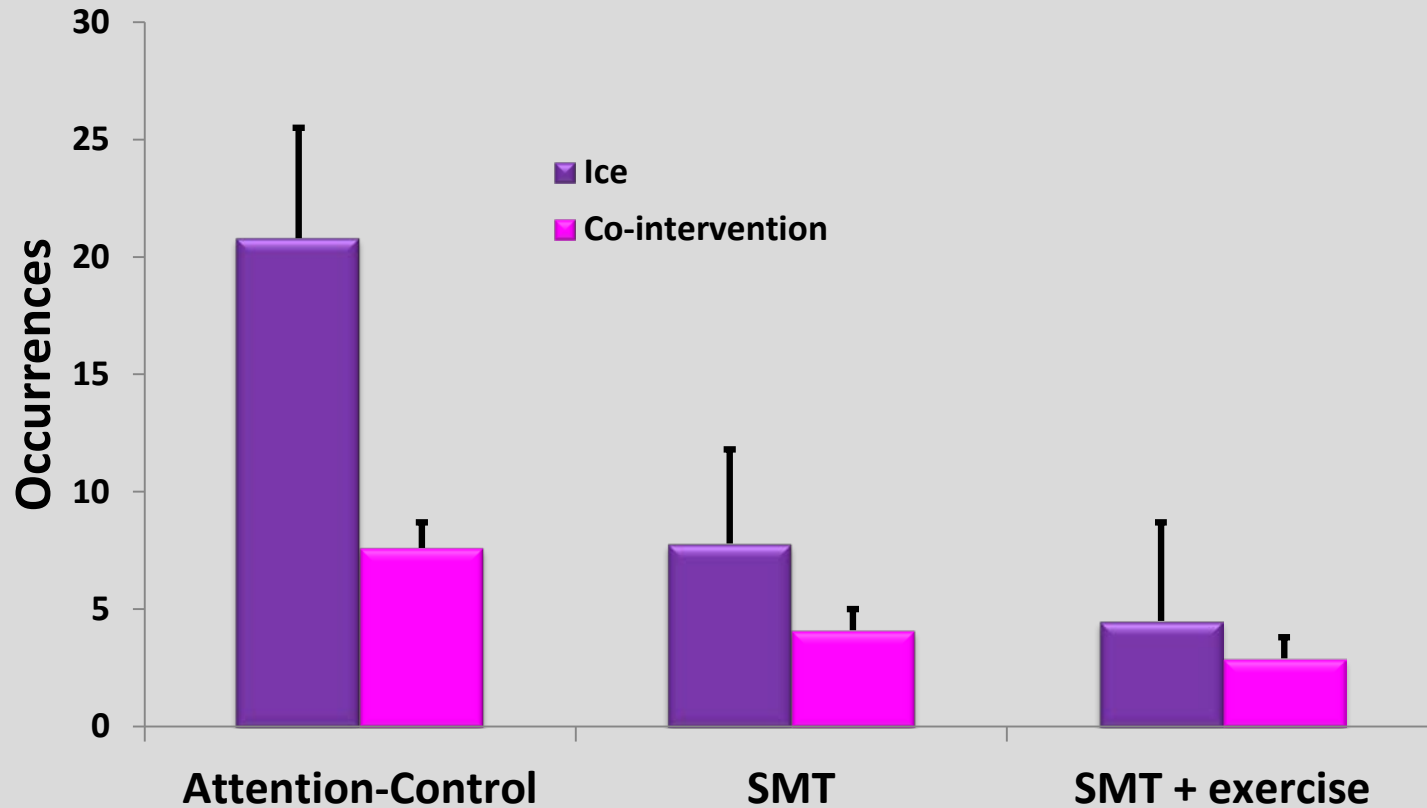


Canadisk RCT, nakkesmerter

- 98 patienter med kroniske uspecifikke nakkesmerter
- Først et intensivt behandlingsforløb med SMT for at mindske symptomer.
- Derefter randomiseret til tre grupper for 10 måneders follow-up:
 - SMT en gang/måned
 - SMT en gang/måned + hjemmeøvelser
 - "Opmærksomhed": samtale hver anden måned
- Ingen forskel mellem grupperne mht. hverken primære eller sekundære effektmål



Co-intervention and use of ice



Svensk RCT

Iben Axén
Andreas Eklund
m.fl.

The Nordic Maintenance Care Programme



Formål

Effekt og omkostningseffektivitet

Effektmål

Antal dage pr. uge med *generende* rygsmerter

Omkostninger fra patientperspektiv

Inkluderede patienter

- LBP >30 dage det sidste år
- Flere tidligere episoder
- Responderer godt på behandling: 'definitely improved' ved fjerde behandling



Behandling

MC-gruppe

kliniker-kontrolleret: ved hvert besøg fastsætter kiropraktoren datoen for næste besøg.

Kontrol

patient-kontrolleret /symptom-guidet: Patienten ringer ind efter behov.

I begge grupper behandler kiropraktoren efter patientens behov.



Design



Figure 4: One-knot spline regression (mean number of days with bothersome LBP per week)

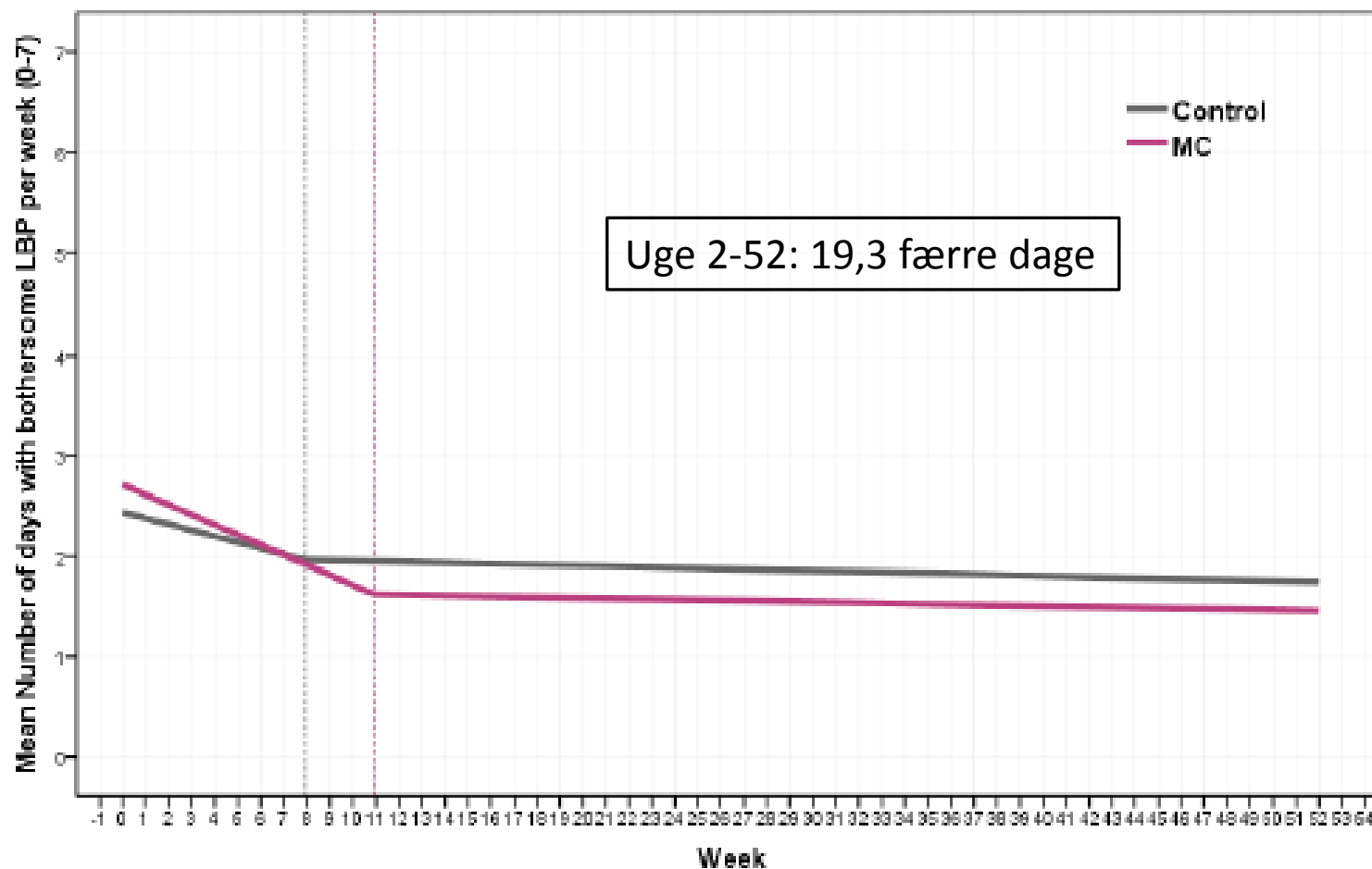
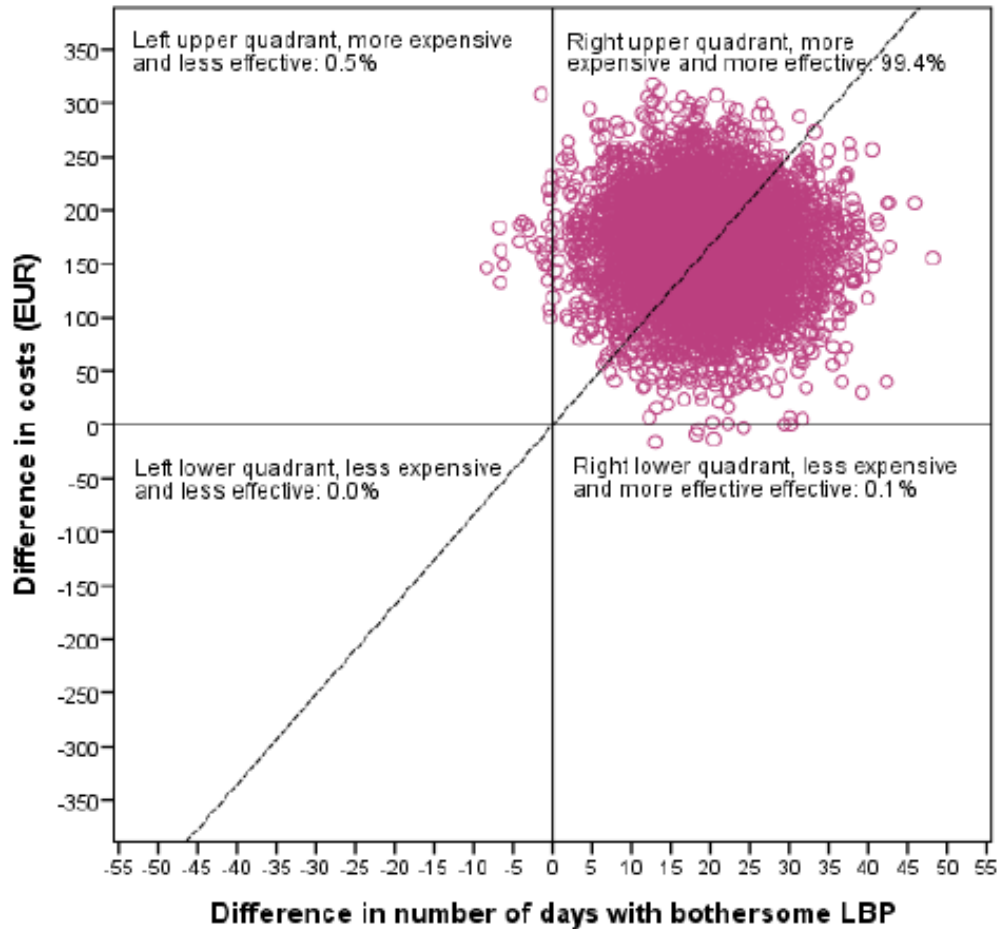


Figure 9: Cost-effectiveness plane, patient perspective (difference between groups)



Dotted line represents the Incremental Cost-Effectiveness Ratio (8.50). Bootstrap samples have been replicated 5000 times in cost-effect pairs using a linear regression method. LBP, Non-specific Low Back Pain.

Control: € 394
MC: € 558
ICER: € 8,5



Afslutning?

