

Self-reported use of family physician, physiatrist or physiotherapist services among adult Greeks with chronic back disorders: a pilot observational study

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Abstract: To investigate patterns of health care use and to profile factors associated with self-reported use of family physicians, physiatrists, and physiotherapists among adult Greeks.

Methods: A cross-sectional Web based survey was conducted for this study. Data were collected between December 2018 and January 2019 using Google Form. We obtained a convenience sample (N=875) via a social media website (Facebook).

Results: The majority of adult respondents with chronic back disorders sought care only with a family physician (53.8%). Few respondents sought care only with a physiatrist (2.5%) and a physiotherapist (1.0%). After adjustment, differential patterns of utilization ($p < 0.05$) were evident between provider groups with respect to age, gender, socioeconomic status, rural/urban residence, functional limitations, and presence of co-morbidities.

Conclusion: This research highlights potential inequities in access to physiatrists in relation to family physicians and physiotherapists among adult Greeks with chronic back disorders.

Keywords: chronic back disorders, observational study, Greece.

1. INTRODUCTION

Chronic back disorders are a prevalent and costly public health issue; however, little is known about the patterns of community-based health care use among Greeks with these common and potentially disabling conditions. Compared to other diseases and conditions, low back pain is the leading cause of morbidity worldwide when considering years lived with disability [1]. Back disorders are costly to individuals and strain health care resources due to high rates of primary physician care visits, [2] specialist consultations, diagnostic procedures [3], and prescribed medications such as opioids [4]. Limited access to appropriate primary care is thought to be a contributing factor to this “medical disaster” [5].

Although family physicians are typically the first clinical contact for people with low back disorders [2], they may not be the most appropriate health care provider to assess and treat these conditions [6]. Physiatrists have high levels of competency in the assessment, diagnosis, and management of low back disorders and are extensively trained in pain management approaches. Furthermore, adding clinical services that physiotherapists are trained to offer (such as exercise prescription and manual therapy) to usual general medical practitioner care for low back disorders are more cost-effective than usual medical care alone [7].

Unfortunately, access to community-based (i.e. outside of hospitals) or privately delivered physiotherapy and physiatrists services may be limited to those who have additional health insurance or are able to pay. The objectives of this research were to: a) investigate patterns of use of family physician, physiatrist, and physiotherapy services; and 2) profile the sociodemographic and other factors associated with use of different health care providers among adult Greeks with chronic back disorders.

2. METHODS

A cross-sectional Web based survey was conducted for this study. Data were collected between December 2018 and January 2019 using Google Form. We obtained a convenience sample (N=875) via a social media website (Facebook). No ethical approval was required. Inclusion criteria were women self-reported age over 30 years. After entering the Web-based survey, participants were provided with the study information. According to GDPR, for non-sensitive data, you need "clear consent", not "explicit" consent. Therefore, we placed a completely uncontested notice before starting the questionnaire.

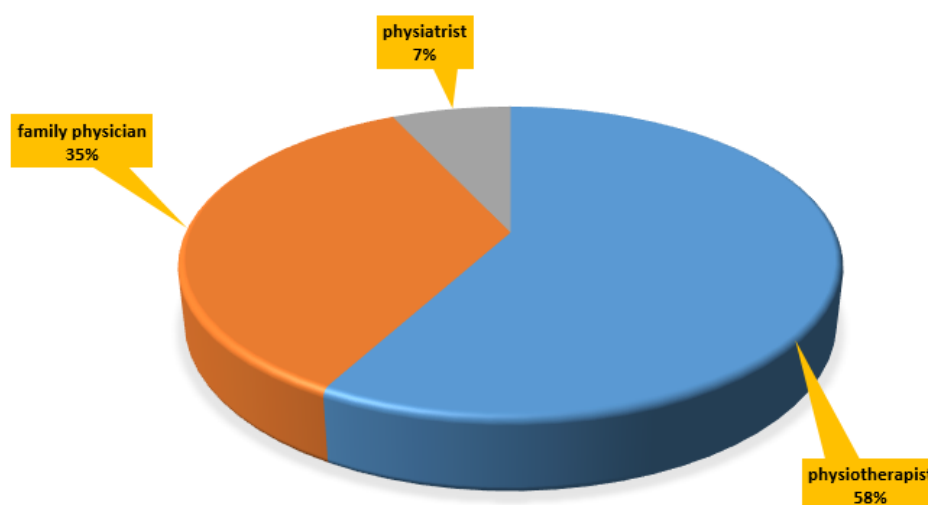
The presence of chronic back disorders was identified, using the survey question: "(Do you) have back problems, excluding fibromyalgia and arthritis?". This section of the survey is prefaced with the reminder: "Now I'd like to ask about certain chronic health conditions which (you) may have. We are interested in 'long-term conditions' which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional."

The dependent variables were self-reported use of the following health care providers in the past 12 months: family physicians, physiatrists, or physiotherapists. A range of independent variables grouped into sociodemographic, lifestyle, and health characteristics.

Patterns of health care use were determined by calculating proportions for use of each health care provider group among adults with CBD. The descriptive analysis of factors associated with health care use included calculation of proportions over each of our independent variables for persons who report seeking care with each health care provider. All analyses were performed using SPSS version 25.0 for Windows (SPSS Inc., Chicago, IL, USA). Differences were considered statistically significant and very significant at $p < 0.05$ and $p < 0.01$, respectively.

3. RESULTS

The majority of respondents with chronic back disorders sought care only with a physiotherapist (58%), with 35% and 7% seeking care only with a family physician or physiatrist respectively.



Older adults sought care only with a physiotherapist ($p=0.039$), men with a family physician ($p=0.041$), lower educational attainment with a physiotherapist ($p<0.001$), lower income with a family physician ($p<0.01$), rural residence with a physiotherapist ($p<0.01$), smokers with family physician ($p=0.028$), with 3 or more co-morbidities with a physiatrist ($p=0.037$), and lower physical activity levels with a family physician ($p=0.034$).

4. DISCUSSION-CONCLUSION

A family physician is a physician who specializes in treating the general medical needs of the whole family. Family physicians are often the first to screen for early signs of serious diseases such as cancer, and often they're the first to detect emerging conditions. They order, perform and interpret tests to diagnose conditions, explain the results and then monitor of progress and reevaluate of treatment when necessary. They refer to a specialist if the condition becomes serious and requires a more concentrated focus, but they stay involved and informed, acting as the primary care physician.

A physiatrist is a physician who specializes in the practice of physical medicine and rehabilitation. These physicians are trained to diagnose and treat musculoskeletal and/or neurological conditions, although some physiatrists specialize in the rehabilitation of cardiovascular or pulmonary conditions. Physiatrists practice in various settings, such as acute care hospitals, rehabilitation hospitals, or outpatient clinics.

Physical therapy is one, if not the most important, of the rehabilitation services available for the treatment of a painful shoulder condition. A physical therapist, especially one who specializes in sports and orthopedic therapy, can evaluate the way to move the shoulder and determine if there are any problems with muscle flexibility, strength, or joint mobility. Exercise, manual therapy, and modalities (e.g. heat or ice) can then be used correct these problems.

This research highlights potential inequities in access to physiatrists in relation to family physicians and physiotherapists among adult Greeks with chronic back disorders. The majority of adult respondents with chronic back disorders sought care only with a family physician (58%). Few respondents sought care only with a physiotherapist (35%) and a physiatrist (7%). Characteristics of adults with chronic back disorders: older adults (physiotherapist use); men (family physician use); lower educational attainment (physiotherapist use); lower income (family physician use); rural residence (physiotherapist use); smokers (family physician use); 3 or more co-morbidities (physiatrist use); and lower physical activity levels (family physician use).

The identified gaps in access to care among certain population groups demonstrates that there is not equitable access to care among Greeks with chronic back disorders. Enhancing access to potentially beneficial non-physician services for people with chronic back disorders requires rethinking the way front-line back care is delivered in Greece, including pressure on insurers and policy makers to cover and enable greater access to non-pharmacological management treatment options that have demonstrated value [8].

This study is the first known analysis that provides a national picture of self-reported health care use among people with chronic back disorders. This pilot study has several limitations and further studies devoid of the limitations of our protocol may provide stronger conclusions.

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