

Back2Action

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Adding an eHealth psychological intervention to physiotherapy in patients with low back pain and/or neck pain with psychosocial risk factors to develop persistent pain is (cost-) effective in reducing disability, psychological complaints (like...

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON28027

Bron

NTR

Verkorte titel

Back2Action

Aandoening

nonspecific neck pain, nonspecific low back pain, depressive symptoms, anxiety symptoms, kinesiophobia, pain catastrophizing

Ondersteuning

Primaire sponsor: Vrije Universiteit Amsterdam, faculteit der Gedrags- en Bewegingswetenschappen

Overige ondersteuning: Vrije Universiteit Amsterdam, faculteit der Gedrags- en Bewegingswetenschappen

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Disability (Neck Disability Index or Oswestry Low Back Pain Disability Questionnaire) and

Perceived Recovery (Global perceived effect, a one-item 7-point Likert scale ranging from 'worse than ever' to 'completely recovered').

Toelichting onderzoek

Achtergrond van het onderzoek

Being the first- and fourth greatest contributor to disability, lower back pain and neck pain respectively have a large societal and personal impact. Psychosocial factors, such as anxiety and depression, predict poor recovery and the development of persistent pain in patients with low back pain and neck pain better than physical or biological factors. Although these patients are typically treated with physiotherapy, physiotherapists indicate that they do not feel competent to appropriately identify and treat these psychosocial risk factors, nor do they have the appropriate tools, and focus mainly on the biological aspects of the disorder. There is evidence available that psychological interventions for low back pain are effective. However, there is currently no research available that specifically investigates the management of this population (patients with low back pain and/or neck pain, and psychosocial risk factors) in primary care practices with a multidimensional approach in the form of an added eHealth intervention. The overall aim of this project is to contribute to the optimization of treatment outcomes for patients at risk of developing persistent pain. In this study, we will conduct a randomized clinical trial to determine the (cost)effectiveness of physiotherapy plus an eHealth psychological intervention targeted at psychosocial risk factors versus physiotherapy only, for patients at risk of developing persistent low back - and/or neck pain.

Doel van het onderzoek

Adding an eHealth psychological intervention to physiotherapy in patients with low back pain and/or neck pain with psychosocial risk factors to develop persistent pain is (cost-) effective in reducing disability, psychological complaints (like distress, fear of movement, depression and anxiety), catastrophizing and pain and improving quality of life, coping and self-efficacy.

Onderzoeksopzet

Baseline, post-treatment (8 weeks), intermediate follow-up (26 weeks) and long-term follow-up (52 weeks)

Onderzoeksproduct en/of interventie

Experimental intervention: eHealth in addition to physiotherapy (see Care as Usual). The eHealth psychological intervention will consist of a maximum of six online modules and is targeted on; fear of movement, coping, pain catastrophizing, somatization, depression, anxiety and self-efficacy. Patients will be advised to do one or two online lessons per week. Control intervention: Care-as-Usual. Physiotherapy conducted according to the Dutch Clinical

Practice Guidelines (KNGF) 'Physiotherapy for patients with neck pain' or 'Physiotherapy for patients with low back pain'. There will be a maximum of 9 multimodal physiotherapy sessions over a 6-week period (manual therapy, exercises).

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Participants 18 years or older, with non-specific low back pain and/or neck pain for at least six weeks with psychosocial risk factors to develop persistent pain, and proficient in Dutch

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Serious neck or lower back pathology, e.g. cancer or infection

2. Neck – or back fracture or cervical radiculopathy
3. Systematic diseases, e.g. rheumatoid arthritis
4. Treated by a physiotherapist two months prior to inclusion
5. Currently treated by a mental health professional
6. Treated by a mental health professional two months prior to inclusion
7. patients with severe depressive- or anxiety symptoms will be excluded

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	01-07-2018
Aantal proefpersonen:	202
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Ja

Toelichting

Data will be made available upon request

Ethische beoordeling

Positief advies

Datum: 15-09-2016
Soort: Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL5941
NTR-old	NTR6122
Ander register	METC VUmc : 2017.286

Resultaten

Samenvatting resultaten

Not applicable