

EP03.06

Low back pain, diagnostics and management

*Sanda Kreitmayer Pestic(1), O Batic Mujanovic, A Beganlic, N Pranjic
Medical Faculty Tuzla, Department of General/Family Medicine, Tuzla, Bosnia and Herzegovina*

Corresponding author: Dr Sanda Kreitmayer Pestic, Medical Faculty Tuzla, Department of General/Family Medicine, Tuzla, Bosnia and Herzegovina. E-mail: kreitmayerdrsanda@yahoo.com

No matter if it is acute (<6 weeks), sub-acute (6-12 weeks) or chronic (> 12 weeks), low back pain (LBP) is a notion related to a pain localized between ribs and gluteal region, with or without spreading down the leg(s). When diagnosing LBP the most important are physical examination and a history of diseases, in order to identify so called "red flag" symptoms (age <20 and >55, recent trauma, progressive pain which is not reducing when patient is resting, malignancies in personal history, thoracic pain, long history of taking corticosteroids, misuse of drugs, unexplained weight loss, bad general health condition, neurological symptoms including cauda equine syndrome, malformation of spine and fever. If those "red flags" are not present, none radiology procedures are needed. Degenerative changes in spine such as narrowing of inter vertebral space, osteofits, sclerosis etc. that are found often have no impact or influence on final results in treatment.

Aim: is to investigate whether family doctors strictly stick to guidelines in diagnosing LBP, and how often are radiology procedures and imaging of no use in final outcome of the treatment.

Methods and examinees: This retrospective study included 647 patients in three family medicine teams, age > 18, of which 57% were female and 43 were male. We used data from medical records, for the period January 1 - December 31, 2013, for patients diagnosed as M54 according to ICD10.

Results: Out of total number of examinees diagnosed as LBP, 66 % of patients were sent to X-ray, although 36,43% were negative for "red flag" symptoms. 63.57% of examinees had positive "red flag" symptoms. Degenerative changes of spine were found in over a half of examinees (56,87%).

Conclusion: Family doctors do not completely follow guidelines when diagnosing LBP. In order to reduce and limit unnecessary radiology imaging, we should use „red flag“ signs.