Is a biopsychosocial guideline useful as a decision tool selecting neck patients for group-based intervention? A Case – Control Study.

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Background
Neck pain is a widespread and common musculoskeletal disorder in the western world. Guidelines have been developed worldwide in an attempt to optimize treatment strategies, but the implementation of guidelines is often challenging.

Aim
For neck patients at the Spine Centre of Southern Denmark, we:

•Evaluated an internal guideline as tool for treatment decision making when offering neck patients group-based intervention.

•Evaluated the feasibility of group-based intervention for neck patients

Methods

Design: Case-control quality improvement study.
Cases: 89 neck patients with neck pain with or without arm pain selected for group-based intervention by clinicians at the Spine Centre of Southern Denmark.
Controls: 100 random historical neck patients retrieved from the SpineData Database (SDD).

Intervention: Group-based intervention focused on neck-specific and activity-specific exercises, physical activity and education with a cognitive approach focusing on pain management.

Stratification: The guideline suggest exclusively that neck patients stratified into course program C are offered group-based intervention at the Spine centre of Southern Denmark.

Data processing: Cases are compared to controls after stratification into A,B & C as proposed in the guideline by looking at demographic data and self-reported measures on disability, duration and pain. Feasibility are evaluated by analysing attendance and satisfaction.

Results
No statistically significant differences between neck patients selected for group-based intervention and neck patients assessed and treated individually at the Spine Centre, on any of the self-reported outcome measures, pain or duration were identified.

The intervention patients had high degrees of attendance (completion rate 81.2 %, mean attendance 7.2 of 8 possible) and expressed satisfaction and readiness to continue physical exercises following group-based intervention.

Conclusion
The implementation of an internal guideline was unsuccessful since the intended patients were not exclusively selected for group-based intervention.

Group-based intervention seems feasible for all neck patients referred to the secondary care Spine Centre of Southern Denmark.