

1 November 2018

Biopsychosocial rehabilitation in prolonged or recurrent back pain

Approved by the meeting of COHERE on 1 November 2018

Recommendation by COHERE		Biopsychosocial rehabilitation is included in the range of public health services if back pain prolongs despite treatment at the initial phase of the problem, or if patients suffer back pain repeatedly and their functional capacity and work ability are compromised due to the pain. Rehabilitative measures to maintain and improve patients' functional capacity and work ability are planned within six weeks from the beginning of the symptoms, as part of the patients' other treatment and taking account of the patient's whole life situation.
Grounds	Severity and prevalence of the health issue	Chronic back pain can significantly reduce the person's functional capacity, work ability and life quality. Chronic pain also affects the patient's mood. During the last 30 days, 44 per cent of men and 48 per cent of women have experienced back pain. Approximately 21,000 persons in Finland received sickness daily allowance because of back pain in 2017. About 18,500 persons received disability pension in 2017, and 31.1 per cent of them received partial disability pension.
	Effectiveness	If back pain is prolonged and the patient is at risk of developing a chronic back pain condition, his or her situation should be assessed individually, taking account of biopsychosocial factors and the patient's whole life situation. The procedure includes identification of biomechanical stress factors and giving advice and instructions. Measures that have proven central in preventing chronic back pain include: overcoming fear of pain by instructing patients to think positively, encouraging them to active life instead of avoiding activities, and adjusting work conditions and work tasks.
	Safety	When specific and severe reasons of back pain have been excluded, biopsychosocial rehabilitation does not include any factors that could compromise patient safety compared with the current biomedical model.
	Costs and costeffectiveness	Healthcare costs due to back pain are comprised of visits to physicians and other healthcare specialists, most often to physiotherapists. The biopsychosocial model may require longer appointments than before, but the extra input in the initial phase of the treatment will probably reduce the number of follow-up visits. Biopsychosocial rehabilitation actively supports patients' working ability and functional capacity and decreases their need for sick leaves. This reduces costs arising from sickness allowances and disability pensions.
	Ethical and financial aspects as a whole	Thoughts, talk and practices relating to patients' chances to recover have impacts on whether patients will develop chronic back pain or not. It is therefore important to assess patients' resources individually but as a whole, compared with requirements coming from their environment, and to target the biopsychosocial rehabilitation measures individually to support the patients' active living, empowerment and participation.
	Diagnosis codes	M40-54 Dorsopathies, M54 Dorsalgia
	Background information and references	Memorandum by COHERE (in Finnish), Literature review (in Finnish)