

Clinical Research Agenda for Low Back Pain in Caregivers in Nursing Homes

Hiroharu Kamioka^{1*} and Yoichi Katsumata²

¹*Faculty of Regional Environment Science, Tokyo University of Agriculture, Japan*

²*Faculty of Applied Biosciences, Tokyo University of Agriculture, Japan*

***Corresponding author:**

Only keywords about intervention were used for the searches. Initially, titles and abstracts of identified published articles were reviewed in order to determine the relevance of the articles. Next, references in relevant studies and identified RCTs were screened.

Main results

The literature searches included 352 potentially relevant articles. Finally, six studies met all inclusion criteria. The types of intervention were as follows: multidimensional method [10,11]; transfer technique and stress management [12]; lumbar support [13]; stretching exercise [14] and cognitive behavioral theory [15].

For LBP, it was a surprising fact that only lumbar support showed significant effect [13]. The authors suggested that the experienced benefit (overall good adherence of wearing, 78%) most likely outweighs the discomfort of the device. This device stabilizes the low back directly by letting the trunk work more.

Five RCTs did not show the effects of interventions. A well designed RCT [12], tried to evaluate the effectiveness of the Trans Technique Intervention and the Stress Management Intervention in reducing LBP, but both program had no effect on LBP status after 2 years. The authors suggested that the important question remain as to whether the lack of improvement in low back health in the active intervention arms is caused by insufficient implementation of the interventions or if it is the intervention itself that failed to produce better low back health. The authors also described a need for discussing other priorities in the prevention of LBP. In another well designed RCT [11], a multidimensional program combining physical training, patient transfer technique and stress management had no preventive effect on LBP prevalence (sickness absence). The authors explained that it was sometimes hard to motivate patients to participate in the multidimensional program. In a RCT based on cognitive behavioral

therapy [15] a statistically significant effect was not observed. There was a high dropout rate (50%) in the intervention group. The authors described that the participants either found attending a session at a specific time and day of week difficult or they judged the intervention to be not helpful.

In our RCT [14] we evaluated the intervention effect of on-the-job training (OJT, a lecture by an orthopedist and stretching exercise) on caregivers in Japanese nursing homes. Unfortunately, even with conducting one OJT and exercising only six minutes every day, adherence of caregivers was low and there appeared to be few effects of the intervention.

method, which would lead to improvement in the quality of the study, and would contribute to the accumulation of evidence. Furthermore, it is also necessary to approach by bigger samples (both males and females) taking into consideration e.g. age, profession and long-term results for LBP.

Limitations of this Comment

There were several limitations to the study. Some selection criteria were common across studies, as described above, but bias remained due to differences in eligibility for participation in each study. Publication bias was also a limitation. In addition, a nursing job (in a hospital) is essentially different from a care job (in a nursing facility), but, depending on the country, these are approximately similar working institutions.

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