Peer support for community dwelling older adults with chronic low back pain: a mixed methods feasibility study

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Chronic Low Back Pain Older People

- Chronic low back pain common cause of disability in older adults
- Barriers to effective self-management exist
- Need effective methods of chronic low back pain self-management
• Peer support “...the giving of assistance & encouragement by an individual considered equal...” [Dennis, 2002]

• Effective in several chronic conditions & healthcare settings including:
  – Workers with low back pain
  – Veterans with chronic musculoskeletal pain

• Not tested in older adults with chronic low back pain
Peer Support

• Group or 1-1
• Face-to-face/telephone/internet
• Dosgae varies
  – Few months to years
• Provide support to someone with chronic health condition to facilitate self-management & coping strategies
Aims

1. Develop peer support intervention for older adults with CLBP after physiotherapy discharge

2. Test acceptability & feasibility of developed intervention

3. Design future RCT to test effectiveness of intervention
Methods

Stage 1
- Informing peer support intervention
  - Systematic Review [Cooper et al. 2016a] & Qualitative Study [Cooper et al. 2016b] & Consulted with experts in field

Stage 2
- Developing peer support intervention
  - Developed peer support intervention & manual - training programme & manual – study materials – outcome measures [Cooper et al. 2017b]

Stage 3
- Testing peer support intervention
  - Mixed-methods acceptability & feasibility study

All
- Informed by PPI throughout
Participants

**Patients**
- N=18
- Aged 65-89
- 8 male; 10 female
- Most with co-morbidities
- All previous physiotherapy

**PSVs**
- N=6
- Aged 34-65
- 1 male; 5 female
- 10 years + low back pain
18 eligible participants
18 Baseline measures

2 withdrawals
4 unable to match
12 matches made

2 withdrawals after matching
1 ill-health withdrawal
1 communication withdrawal

8 semi-structured interviews
4 interviews with PSVs
7 Final outcome measures

8 completed Intervention PSV Supervision sessions
Final session with RA “ending”
Peer support intervention

• Empowerment theory
  – Condition patient-managed
  – Patient makes informed self-management decisions
  – Self-select personally meaningful behaviours

• Self-efficacy
  – Mastery
  – Vicarious experience
  – Verbal persuasion
  – Self-appraisal

• Physical activity key focus of intervention
Peer support intervention

- PALS: Peer support in Aberdeenshire for Long-term condition Self-management
- 6 sessions
- 2-week intervals
- Flexible duration/location/delivery
- Intervention manual
  - Aims for each session
  - Target outcomes
  - Preparation
  - Tools
6 sessions

1: Living with CLBP
2: Exercise & Physical Activity
3: Adhering to self-management strategies
4: Goal-setting & action planning
5: Problem-solving & flare-ups
6: Review & ending the peer-support relationship
Evaluation

- Recruitment & retention
- Integrity of PALS intervention
- Feasibility
- Acceptability
  - Receiving intervention - patients
  - Delivering intervention – PSVs
- Pre-post outcome measures
  - Appropriate
  - Useful
Recruitment & Retention

• Recruitment from physiotherapy challenging
• Retention approximately 66%
Integrity of PALS intervention

- All delivered/received 6 sessions
- All approximately 2-weeks apart
- Sessions 1-3 hours duration
- Most face-to-face
  - Some substituted 1-2 meetings with telephone calls
- Intervention manual used variably
- Ranged from very formal to rather informal approaches
Integrity of PALS intervention

• Example activities
  – Tried out new self-management strategies
  – Did physical activity together
  – PSV acted as “sounding board”
Feasibility of PALS Intervention

- Matching successful
- Intervention delivered as planned
- Manuals need some refinements
- No issues/problems/adverse events
Acceptability of PALS Intervention

• Satisfaction questionnaires returned by 7/8 participants
• Satisfaction levels consistently high
• 5 would recommend to someone else with CLBP
  – 1 “don’t know”
  – 1 missed item
## Outcome measures

- Roland Morris Low back Pain Disability Questionnaire
- Pain numerical rating scale
- EQ-5D
- Pain Self-Efficacy Questionnaire
- Warwick-Edinburgh Mental Wellbeing Scale
- Physical Activity Stage of Change
- Global Impression of Change
Outcome measures

• Acceptable & feasible
• Positive trends for
  - Global Impression of Change
  - Pain Self-efficacy
  - EQ-5D pain/discomfort
  - EQ-5D self-care
Patient Interviews

- Expectations & motivations
- Intervention
  - Matching Delivery Manual
  - “What I got out of it”
- Study Processes
  - Recruitment
  - Paperwork
  - Outcomes
  - Communication
- PSVs perceptions of training

Topics
Conclusions & Recommendations

• Feasible & acceptable to participants
  – Intervention & study processes

• Modifications required for scaling-up to effectiveness study
  – Recruitment from physiotherapy
  – Further testing of different modes of delivery
  – Refinements to intervention manual
  – Meaningful outcome measures
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