

Barriers to Primary Care Clinician Adherence to Clinical Practice Guidelines for Low Back Pain: a Qualitative Systematic Review

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BACKGROUND: Low back pain is the highest ranked condition contributing to years lived with disability (DALY). Clinical practice guidelines are proposed to improve quality of care & reduce practice variation. Many primary care clinicians agree with the LBP guidelines but this translate into clinical behaviour.

AIM: To perform a meta-synthesis of qualitative studies that explored primary care clinicians' beliefs about clinical practice guidelines for LBP.

METHODS:

Selection criteria: Qualitative studies involving primary care clinicians

Search Strategy: seven electronic data bases until July 2014

Study selection: Two authors independently identified studies with inclusion criteria

Method quality assessment: Critical Appraisal Skills Programme (CASP) checklist

Data extraction: Pairs of authors independently extracted data using a standardised form

Data analysis: Two authors independently used Thematic Analysis in a Grounded Theory framework

RESULTS: Seventeen studies fulfilled the inclusion criteria. There were 3 emergent themes.

Slade et al (2015) *BMJ Open* 5: e007265
Slade et al (2016) *Clin J Pain*. 32(9): 800-816
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Theme 1: Guideline beliefs & perceptions

- Guidelines restrict clinical judgment & challenge autonomy
"Too often it (guidelines) was almost too prescriptive"
- Clinicians are not familiar with content/development
"not the depth of research for the guidelines to be credible"
- Positive perceptions of the role of guidelines
"They help inform evidence based practice"

Theme 2: Maintaining the patient-clinician relationship

- Clinicians use imaging referrals to manage the consultation
"I refer for an x-ray in order to clear the waiting room"
- Imaging referrals used to manage patient beliefs/expectations
"if the patient says 'I want it, 'then I do *not feel that I must block it.*"

Theme 3: Barriers to guideline implementation

- Time constraints make guideline implementation difficult
"If everything that came across our desks we read, we wouldn't be doing any work"
- Beliefs about professional role/identity & limited knowledge
"I want to be able to make my own decisions"
- Beliefs that imaging will lead to a definitive diagnosis
"Radiographs do show evidence of misalignment in the spine"

DISCUSSION

- Professional background/beliefs are barriers to guideline adherence
- There is a preference for diagnostic imaging, despite being contrary to the guidelines
- Time constraints are an important barrier to (1) reading the guidelines (2) complex communication with care-seekers

IMPLICATIONS FOR RESEARCH & PRACTICE

- Investigate clinician beliefs about exercise & medication for LBP
- Engage clinicians in guideline development
- Provide brief, user-friendly CPG summaries
- Decision support tools for LBP management
- Reconsider the biomedical framework of LBP
- Disinvestment in non evidence-based care

CONCLUSIONS

- Primary care clinicians believe LBP guidelines are: not credible, are prescriptive, limit clinical reasoning & professional autonomy
- Accepted practice supersedes the guidelines
- Imaging provides diagnostic certainty
- Clinician perceptions reflect: lack of content knowledge & trust in guideline development
- Clinicians are overwhelmed by the volume & complexity of clinical practice guidelines

