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Search History

1. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; (back AND pain).af; 180559 results.
3. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; (health AND behaviour).af; 265335 results.
4. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; (health AND behavior).af; 816428 results.
5. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; 3 OR 4; 906776 results.
6. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; (accessing AND services).af; 25656 results.
7. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; 1 AND 5 AND 6; 1238 results.
8. MEDLINE; *BACK PAIN/ [Limit to: Publication Year 2008-Current]; 510 results.
9. MEDLINE; *EMERGENCY MEDICAL SERVICES/ OR *EMERGENCY SERVICE, HOSPITAL/ OR *PATIENT ADMISSION/ [Limit to: Publication Year 2008-Current]; 6064 results.
10. MEDLINE; *HEALTH BEHAVIOR/ OR *ATTITUDE TO HEALTH/ OR *HEALTH KNOWLEDGE, ATTITUDES, PRACTICE/ [Limit to: Publication Year 2008-Current]; 12584 results.
11. MEDLINE; *HEALTH SERVICES ACCESSIBILITY/ [Limit to: Publication Year 2008-Current]; 3600 results.
12. MEDLINE; 9 OR 11 [Limit to: Publication Year 2008-Current]; 9533 results.
13. MEDLINE; 8 AND 12 [Limit to: Publication Year 2008-Current]; 3 results.
14. MEDLINE; 8 AND 10 [Limit to: Publication Year 2008-Current]; 10 results.
15. CINAHL; exp BACK PAIN/; 11434 results.
16. CINAHL; *EDUCATION, EMERGENCY MEDICAL SERVICES/ OR *EMERGENCY MEDICAL SERVICE COMMUNICATION SYSTEMS/ OR *EMERGENCY MEDICAL SERVICES/ OR *EMERGENCY SERVICE/; 20143 results.
17. CINAHL; *HEALTH BEHAVIOR/ OR *"HEALTH SEEKING BEHAVIORS (NANDA)"/; 9060 results.
18. CINAHL; exp ATTITUDE/; 147971 results.
19. CINAHL; 17 OR 18; 154370 results.
20. CINAHL; 15 AND 16; 14 results.
21. CINAHL; 19 AND 20; 4 results.
22. HMIC; exp BACK PAIN/; 306 results.
23. HMIC; exp EMERGENCY SERVICES/; 3472 results.
24. HMIC; (accident AND emergency).ti,ab; 1437 results.
25. HMIC; exp ACCESS TO HEALTH SERVICES/; 3898 results.
26. HMIC; 23 OR 24 OR 25; 7795 results.
27. HMIC; exp HEALTH BEHAVIOUR/; 604 results.
30. HMIC; exp ATTITUDES/ [Limit to: Publication Year 2008-2012]; 1390 results.
31. HMIC; 27 OR 30 [Limit to: Publication Year 2008-2012]; 1538 results.
32. HMIC; 26 AND 31 [Limit to: Publication Year 2008-2012]; 55 results.
33. HMIC; 22 AND 32 [Limit to: Publication Year 2008-2012]; 0 results.
34. HMIC; 22 AND 26; 2 results.
35. HMIC; 22 AND 31 [Limit to: Publication Year 2008-2012]; 1 results.
36. PsycINFO; exp *BACK PAIN/ [Limit to: Publication Year 2008-Current]; 303 results.
37. PsycINFO; exp *EMERGENCY SERVICES/; 3191 results.
38. PsycINFO; exp *HEALTH BEHAVIOR/ OR exp *BEHAVIOR CHANGE/; 14697 results.
39. PsycINFO; 36 AND 37 AND 38 [Limit to: Publication Year 2008-Current]; 0 results.
40. PsycINFO; 36 AND 37 [Limit to: Publication Year 2008-Current]; 0 results.
41. PsycINFO; 36 AND 38 [Limit to: Publication Year 2008-Current]; 0 results.
42. PsycINFO; 37 AND 38; 1 results.
43. MEDLINE,CINAHL,HMIC,PsycINFO; Duplicate filtered: [8 AND 12 [Limit to: Publication Year 2008-Current]], [8 AND 10 [Limit to: Publication Year 2008-Current]], [15 AND 16], [19 AND 20], [22 AND 26], [22 AND 31 [Limit to: Publication Year 2008-2012]], [37 AND 38]; 35 results.

1. The effect of a physiotherapy education compared with a non-healthcare education on the attitudes and beliefs of students towards functioning in individuals with back pain: an observational, cross-sectional study.

Citation: Physiotherapy, June 2010, vol./is. 96/2(144-50), 0031-9406;1873-1465 (2010 Jun)

Author(s): Ryan C; Murphy D; Clark M; Lee A

Institution: School of Health and Social Care, Glasgow Caledonian University, Cowcaddens Road, Glasgow G4 0BA, UK. cormac.ryan@gcal.ac.uk

Language: English

Abstract: OBJECTIVES: To investigate the difference in attitudes: (1) between first and fourth year physiotherapy students towards functioning in individuals with back pain; and (2) between physiotherapy students and non-healthcare students towards functioning in individuals with back pain. DESIGN: Observational, cross-sectional study. SETTING: Glasgow Caledonian University, Scotland, UK. PARTICIPANTS: First year physiotherapy (n=61) and non-healthcare students (n=61), and fourth year physiotherapy (n=62) and non-healthcare students (n=62). MAIN OUTCOMES: All participants completed the Health Care Providers' Pain and Impairment Relationship Scale (range 15 to 105). This questionnaire measures attitudes towards functioning in individuals with back pain. RESULTS: Fourth year physiotherapy students had more positive attitudes towards functioning in individuals with back pain than first year physiotherapy students [57.4 vs 66.6 (mean difference -9.2, 95% confidence interval -12.2 to -6.1, P<0.01)]. Similarly, fourth year non-healthcare students had more positive attitudes towards functioning in individuals with back pain compared with first year non-healthcare students [69.2 vs 65.3 (mean difference -3.9, 95% confidence interval -7.2 to -0.5, P=0.03)]. Physiotherapy students had more positive attitudes than non-healthcare students in the first year [66.6 vs 69.2 (mean difference -2.6, 95% confidence interval -5.5 to 0.4, P=0.08)] and the fourth year [57.4 vs 65.3 (mean difference -7.9, 95% confidence interval -11.4 to -4.4, P<0.01)] of study. CONCLUSION: These findings suggest that physiotherapy education brings about positive student attitudes towards functioning in individuals with back pain. This may be partly attributable to receiving a university degree education, but would appear to be further enhanced by specifically receiving a physiotherapy degree. This may facilitate students to become more evidence-based practitioners following qualification.

Country of Publication: England

Publication Type: Comparative Study; Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Adult
*Back Pain
Cross-Sectional Studies
Female
*Health Knowledge, Attitudes, Practice
Humans
Male
*Physical Therapy Modalities/ed [Education]
Students

Source: MEDLINE

2. Compliance for low-back pain patients in the emergency department: a randomized trial.

Citation: Spine, 01 May 1988, vol./is. 13/5(553-556), 03622436

Author(s): Jones SL; Jones PK; Katz J

Language: English

Publication Type: journal article

Subject Headings:
Appointments and Schedules
Attitude to Health

Back Pain
Emergency Service
Patient Compliance
Referral and Consultation
Clinical Trials
Models, Theoretical
Research, Nursing
Risk Factors
Telephone
Human

Source: CINAHL

Full Text: Available in *fulltext* at *Ovid*

3. Factorial structure of the Pain Rehabilitation Expectations Scale: a preliminary study.

Citation: International Journal of Rehabilitation Research, March 2010, vol./is. 33/1(88-94), 0342-5282;1473-5660 (2010 Mar)

Author(s): Cheing GL; Lai AK; Vong SK; Chan FH

Institution: Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, HKSAR, China.

Language: English

Abstract: The aim of this study was to report the preliminary validation results for the Pain Rehabilitation Expectations Scale (PRES). The PRES is a clinical tool developed to measure the expectations about rehabilitation treatment and outcome for people with back pain. Fifty people with chronic back pain were recruited from 11 physiotherapy outpatient clinics in Hong Kong for this study. Multitrait scaling analysis indicated that the three subscales of the PRES (working alliance, proxy efficacy, and motivation/expectation) were internally consistent, with Cronbach's alpha reliability coefficients ranging from 0.93 to 0.96. Proxy efficacy was found to be related to working alliance, and working alliance was positively related to client motivation and expectations. The preliminary psychometric analysis results suggested that the PRES could potentially be used to measure chronic pain patients' expectations about pain rehabilitation treatments. However, this study is based on a very small sample size; psychometric validation of the PRES with a larger sample of chronic pain patients to confirm the measurement structure of the PRES using confirmatory factor analysis is warranted.

Country of Publication: England

Publication Type: Journal Article; Multicenter Study

Subject Headings:
Adult
*Attitude to Health
Back Pain/px [Psychology]
*Back Pain/rh [Rehabilitation]
Female
Humans
Male
Middle Aged
*Motivation
Psychometrics
*Questionnaires

Source: MEDLINE

4. The effect of emergency department crowding on analgesia in patients with back pain in two hospitals.

Citation: Academic Emergency Medicine, March 2010, vol./is. 17/3(276-83), 1069-6563;1553-2712 (2010 Mar)

Author(s): Pines JM; Shofer FS; Isserman JA; Abbuhl SB; Mills AM

Institution: Department of Emergency Medicine, George Washington University School of Medicine, Washington, DC, USA. jesse.pines@gmail.com

Language: English

Abstract: OBJECTIVES: The authors assessed the association between measures of emergency department (ED) crowding and treatment with analgesia and delays to analgesia in ED patients with back pain. METHODS: This was a retrospective cohort study of nonpregnant patients who presented to two EDs (an academic ED and a community ED in the same health system) from July 1, 2003, to February 28, 2007, with a chief complaint of "back pain." Each patient had four validated crowding measures assigned at triage. Main outcomes were the use of analgesia and delays in time to receiving analgesia. Delays were defined as greater than 1 hour to receive any analgesia from the triage time and from the room placement time. The Cochrane-Armitage test for trend, the Cuzick test for trend, and relative risk (RR) regression were used to test the effects of crowding on outcomes. RESULTS: A total of 5,616 patients with back pain presented to the two EDs over the study period (mean+/-SD age=44+/-17 years, 57% female, 62% black or African American). Of those, 4,425 (79%) received any analgesia while in the ED. A total of 3,589 (81%) experienced a delay greater than 1 hour from triage to analgesia, and 2,985 (67%) experienced a delay more than 1 hour from room placement to analgesia. When hospitals were analyzed separately, a higher proportion of patients experienced delays at the academic site compared with the community site for triage to analgesia (87% vs. 74%) and room to analgesia (71% vs. 63%; both $p<0.001$). All ED crowding measures were associated with a higher likelihood for delays in both outcomes. At the academic site, patients were more likely to receive analgesia at the highest waiting room numbers. There were no other differences in ED crowding and likelihood of receiving medications in the ED at the two sites. These associations persisted in the adjusted analysis after controlling for potential confounders of analgesia administration. CONCLUSIONS: As ED crowding increases, there is a higher likelihood of delays in administration of pain medication in patients with back pain. Analgesia administration was not related to three measures of ED crowding; however, patients were actually more likely to receive analgesics when the waiting room was at peak levels in the academic ED. Copyright (c) 2010 by the Society for Academic Emergency Medicine.

Country of Publication: United States

Publication Type: Journal Article

Subject Headings:
Adult
*Analgesia/sn [Statistics & Numerical Data]
*Back Pain/dt [Drug Therapy]
*Crowding
*Emergency Service, Hospital/sn [Statistics & Numerical Data]
*Emergency Treatment/sn [Statistics & Numerical Data]
Female
Health Services Research
Hospitals, Community
Hospitals, University
Humans
Length of Stay/sn [Statistics & Numerical Data]
Linear Models
Male
Middle Aged
Multivariate Analysis
Outcome Assessment (Health Care)
Quality of Health Care/sn [Statistics & Numerical Data]
Regression Analysis
Retrospective Studies
Statistics, Nonparametric
Time Factors
Triage/sn [Statistics & Numerical Data]

Source: MEDLINE

5. Health care needs assessment: the epidemiologically based needs assessment reviews: second series.

Citation: Oxford: Radcliffe Medical Press, 1997(xliv, 559 p.)

Author(s): Stevens, Andrew; Raftery, James

Publication Type: Book

Subject Headings:
ACCIDENT AND EMERGENCY DEPARTMENTS
BACK PAIN
BREAST CANCER
CHILDREN
DERMATOLOGY
EFFECTIVENESS
GENITOURINARY MEDICINE
GYNAECOLOGY
HEALTH NEEDS ASSESSMENT
MENTAL HEALTH SERVICES
PALLIATIVE CARE
SERVICE PROVISION
SERVICE UTILISATION
TERMINAL ILLNESS
YOUNG PEOPLE

Source: HMIC

6. A clear mandate: an accident victim refuses spinal immobilization-what's a crew to do?

Citation: EMS Magazine, 01 March 2010, vol./is. 39/3(24-26), 19464967

Author(s): Agustine MM

Language: English

Publication Type: journal article

Subject Headings:
Emergency Medical Services
Emergency Patients
Immobilization
Prehospital Care
Treatment Refusal
Accidents, Traffic
Adult
Back Pain
Decision Making, Clinical
Female
Immobilization
Outpatients
Patient History Taking
Physical Examination
Protocols
Tears and Lacerations

Source: CINAHL

7. Back pain amongst 8,910 young Australian women: a longitudinal analysis of the use of conventional providers, complementary and alternative medicine (CAM) practitioners and self-prescribed CAM.

Citation: Clinical Rheumatology, January 2010, vol./is. 29/1(25-32), 0770-3198;1434-9949 (2010 Jan)

Author(s): Sibbritt DW; Adams J

Institution: School of Medicine and Public Health, Faculty of Health, University of Newcastle, Callaghan, Newcastle, NSW, 2308, Australia. david.sibbritt@newcastle.edu.au

Language: English

Abstract: Back problems and back pain are amongst the most prevalent conditions afflicting Australians and carry high direct and indirect costs for the health care systems of all developed countries. A major gap in the research literature on this topic is the longitudinal analysis of health seeking behaviour for people with back pain. All studies to date have been cross-sectional and it is important that the use of different providers (both conventional and complementary and alternative medicine, CAM) is examined over time. This study analysed data from a longitudinal study conducted over a 3-year period on 8,910 young Australian women. Information on health service use, self-prescribed treatments, and health status was obtained from two questionnaires mailed to study participants in 2003 and 2006. We found that there is little difference in the consultation practises or use of self-prescribed CAM between women who recently sought help for back pain and women who had longer-term back pain; the only difference being that women with longer-term back pain consulted more with chiropractors. We conclude that women who seek help for their back pain are frequent visitors to a range of conventional and CAM practitioners and are also high users of self-prescribed CAM treatments. The frequent use of a range of conventional providers and practitioner-based and self-prescribed CAM amongst women with back pain warrants further investigation.

Country of Publication: Germany

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Adolescent
Adult
Aged
Australia
*Back Pain/th [Therapy]
Chiropractic/ut [Utilization]
Complementary Therapies/sn [Statistics & Numerical Data]
*Complementary Therapies/ut [Utilization]
Female
Health Behavior
Health Care Surveys
*Health Knowledge, Attitudes, Practice
Humans
Longitudinal Studies
Middle Aged
*Phytotherapy/ut [Utilization]
Population Surveillance
Quality of Life
Questionnaires
*Self Medication/ut [Utilization]
Young Adult

Source: MEDLINE

8. Case of the month. If patients came with instructions.

Citation: JEMS: Journal of Emergency Medical Services, 01 May 2002, vol./is. 27/5(32-32), 01972510

Author(s): Werfel P

Language: English

Publication Type: journal article

Subject Headings:
Aortic Rupture
Prehospital Care
Patient Assessment
Emergency Medical Services
Accidents, Traffic
Physical Examination
Chest Pain
Back Pain

Male
Adult

Source: CINAHL

9. Re: Doctors with a special interest in back pain have poorer knowledge about how to treat back pain.

Citation: Spine, December 2009, vol./is. 34/25(2833; author reply 2833-4), 0362-2436;1528-1159 (2009 Dec 1)

Author(s): Wilk V; Watt J; Yelland MJ; Masters S

Language: English

Country of Publication: United States

Publication Type: Comment; Letter

Subject Headings:
Australia
*Back Pain/th [Therapy]
Bed Rest
*Data Collection
*Health Knowledge, Attitudes, Practice
Humans
Physician's Practice Patterns

Source: MEDLINE

Full Text: Available in *fulltext* at *Ovid*

10. Beliefs about back pain predict the recovery rate over 52 consecutive weeks.

Citation: Scandinavian Journal of Work, Environment & Health, November 2009, vol./is. 35/6(437-45), 0355-3140;0355-3140 (2009 Nov)

Author(s): Elfering A; Mannion AF; Jacobshagen N; Tamcan O; Muller U

Institution: Department of Psychology, University of Bern, Bern, Switzerland. achim.elfering@psy.unibe.ch

Language: English

Abstract: OBJECTIVES: This study examined the course of low-back pain over 52 weeks following current pain at baseline. Initial beliefs about the inevitability of the pain's negative consequences and fear avoidance beliefs were examined as potential risk factors for persistent low-back pain. METHODS: On a weekly basis over a period of one year, 264 participants reported both the intensity and frequency of their low-back pain and the degree to which it impaired their work performance. In a multilevel regression analysis, predictor variables included initial low-back pain intensity, age, gender, body mass index, anxiety/depression, participation in sport, heavy workload, time (1-52 weeks), and scores on the "back beliefs" and "fear-avoidance beliefs" questionnaires. RESULTS: The group mean values for both the intensity and frequency of weekly low-back pain, and the impairment of work performance due to such pain showed a recovery within the first 12 weeks. In a multilevel regression of 9497 weekly measurements, greater weekly low-back pain and impairment were predicted by higher levels of work-related fear avoidance beliefs. A significant interaction between time and the scores on both the work-related fear-avoidance and back beliefs questionnaires indicated faster recovery and pain relief over time in those who reported less fear-avoidance and fewer negative beliefs. CONCLUSIONS: Negative beliefs about the inevitability of adverse consequences of low-back pain and work-related, fear-avoidance beliefs are independent risk factors for poor recovery from low-back pain.

Country of Publication: Finland

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:
Aged
*Back Pain/rh [Rehabilitation]
Cross-Sectional Studies

Fear
Female
*Health Knowledge, Attitudes, Practice
Humans
Male
Middle Aged
Pain Measurement
Questionnaires
Recovery of Function

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*

11. Physical self-efficacy and alexithymia in women with chronic intractable back pain.

Citation: Pain Management Nursing, September 2009, vol./is. 10/3(116-23), 1524-9042;1532-8635 (2009 Sep)

Author(s): Pecukonis EV

Institution: University of Maryland, Baltimore, Maryland 21201, USA. epecukonis@ssw.umaryland.edu

Language: English

Abstract: This study explores the relationship between chronic intractable back pain and physical self-efficacy and alexithymia in 112 women sampled from a large university-based health center. Fifty-nine women suffering from chronic back pain were compared with 53 control subjects. Results note that women with chronic intractable back pain had significantly higher scores on the measure of alexithymia and lower scores on the measure of physical self-efficacy compared with control subjects. The predictive model was useful in correctly classifying 81.4% of back pain subjects. Perceived self-presentation confidence was protective, and being married and increased age were associated with the risk of having chronic back pain.

Country of Publication: United States

Publication Type: Journal Article

Subject Headings:
Adult
Affective Symptoms/co [Complications]
Affective Symptoms/di [Diagnosis]
*Affective Symptoms/px [Psychology]
Age Factors
Analysis of Variance
*Attitude to Health
Back Pain/co [Complications]
Back Pain/di [Diagnosis]
*Back Pain/px [Psychology]
Case-Control Studies
Chi-Square Distribution
Chronic Disease
Female
Humans
Logistic Models
Marital Status
Middle Aged
Nursing Methodology Research
Pain Measurement
Pain, Intractable/co [Complications]
Pain, Intractable/di [Diagnosis]
*Pain, Intractable/px [Psychology]
Questionnaires
Risk Factors
*Self Efficacy

Severity of Illness Index
*Women/px [Psychology]

Source: MEDLINE

12. Back care and beyond--a guide.

Citation: Practising Midwife, June 2009, vol./is. 12/6(50), 1461-3123;1461-3123 (2009 Jun)

Author(s): Jones C

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings:
*Back Pain/pc [Prevention & Control]
Back Pain/rh [Rehabilitation]
Exercise
Female
*Health Knowledge, Attitudes, Practice
Humans
*Mothers/ed [Education]
*Postnatal Care/mt [Methods]
Posture
Practice Guidelines as Topic
*Puerperal Disorders/pc [Prevention & Control]
*Self Care/mt [Methods]
*Urinary Incontinence, Stress/pc [Prevention & Control]

Source: MEDLINE

13. Rehospitalizations: packaging discharge and transition services to prevent "bounce backs".

Citation: Geriatrics, May 2009, vol./is. 64/5(8-9), 0016-867X;1936-5764 (2009 May)

Author(s): Sherman FT

Language: English

Abstract: There are many factors that can reduce the rates of rehospitalization, including transition or discharge coaches who work with the patient before, during, and after the discharge; better collaboration between hospitals and physicians to improve promptness and reliability of follow-up care; and earlier medical follow-up after surgical procedures.

Country of Publication: United States

Publication Type: Editorial

Subject Headings:
Aged
Back Pain/ep [Epidemiology]
*Back Pain/rh [Rehabilitation]
Clostridium Infections/ep [Epidemiology]
Clostridium difficile/ip [Isolation & Purification]
Hospitalization
Humans
*Patient Admission/sn [Statistics & Numerical Data]

Source: MEDLINE

Full Text: Available in *fulltext* at *EBSCO Host*

14. A lot of nerve: how to perform a full neurological assessment for medical & trauma patients.

Citation: JEMS: Journal of Emergency Medical Services, 01 March 2009, vol./is. 34/3(72-), 01972510

Author(s): Brocato C

Language: English

Publication Type: journal article

Subject Headings:
Emergency Medical Services
Hematoma, Epidural
Neurologic Examination
Prehospital Care
Seizures
Spinal Cord Injuries
Stroke
Accidental Falls
Adult
Aged
Back Pain
Child
Cognition
Female
Head Injuries
Male
Mental Status
Monitoring, Physiologic
Nervous System Physiology
Nervous System
Neuropsychological Tests
Patient History Taking
Sensation
Wounds, Stab

Source: CINAHL

15. Reducing the incidence of back pain: student nurses' recommendations

Citation: British Journal of Nursing, 2009, vol./is. 18/21(1334-1338), 0966-0461 (Nov 26 2009)

Author(s): Franklin Barnes, Abbie

Publication Type: Article

Subject Headings:
NURSES
STUDENTS
BACK PAIN
OCCUPATIONAL HEALTH AND SAFETY
PATIENT HANDLING
OPINIONS

Source: HMIC

Full Text: Available in *fulltext* at *EBSCO Host*

16. Back pain, a communicable disease?.

Citation: International Journal of Epidemiology, February 2008, vol./is. 37/1(69-74), 0300-5771;1464-3685 (2008 Feb)

Author(s): Raspe H; Hueppe A; Neuhauser H

Institution: Institute for Social Medicine, University of Luebeck, D Luebeck, Germany. heiner.raspe@uk-sh.de

Language: English

Abstract: BACKGROUND: Back pain (BP) is a frequent disorder affecting currently up to 40% of adults in Western Europe. Most of it is said to be 'non-specific', i.e. lacking an obvious patho-anatomical explanation. It is seldom the consequence of a contagious disease caused by microorganisms. This does not exclude it from being communicable if 'communicable' is to refer to something being transmitted by sharing or exchanging

information. AIM: To propose the hypothesis of BP being a communicable disease. METHODS AND RESULTS: We base our hypothesis on a reanalysis of five German health surveys. They show a wide gap in BP prevalence between West and East Germany early after reunification. The gap consistently decreased to nearly zero in 2003. Work disability data followed a comparable course. DISCUSSION: Various processes may have contributed to the observed changes. Our hypothesis is corroborated by experimental research showing that BP-related beliefs, attitudes and behaviour could positively be influenced by media campaigns and by insights from another recent epidemic.

Country of Publication: England

Publication Type: Journal Article

Subject Headings:

Adolescent
Adult
Age Distribution
Aged
*Back Pain/di [Diagnosis]
*Back Pain/ep [Epidemiology]
Causality
Communicable Diseases/di [Diagnosis]
*Communicable Diseases/ep [Epidemiology]
Comorbidity
Disability Evaluation
*Disabled Persons/sn [Statistics & Numerical Data]
Female
Germany, East/ep [Epidemiology]
Germany, West/ep [Epidemiology]
*Health Knowledge, Attitudes, Practice
Health Surveys
Humans
Male
Middle Aged
Pain Measurement
Pain Threshold
Prevalence
Retrospective Studies
Severity of Illness Index
Sex Distribution

Source: MEDLINE

Full Text: Available in *fulltext* at *Highwire Press*
Available in *fulltext* at *ProQuest*