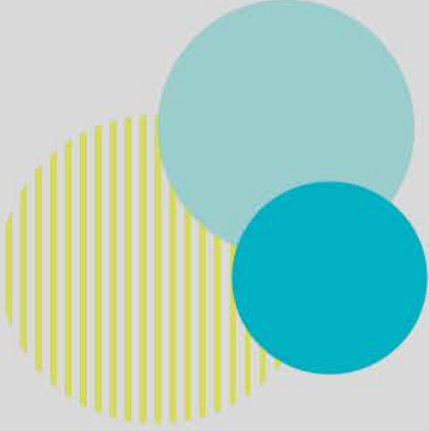




LUMBALGIE: VERRASSEND BIOPSYCHOSOCIAAL? ... ZELFS IN NATURE!

Johan W.S. Vlaeyen

KU Leuven, Leuven, Belgium

Maastricht University, Maastricht, Netherlands



 Ziekenhuis
Oost-Limburg

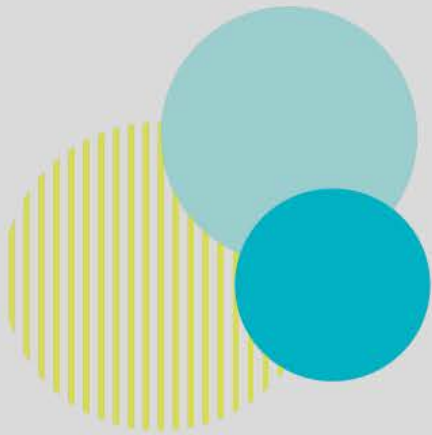


LUMBALGIE: VERRASSEND BIOPSYCHOSOCIAAL? ... ZELFS IN NATURE!

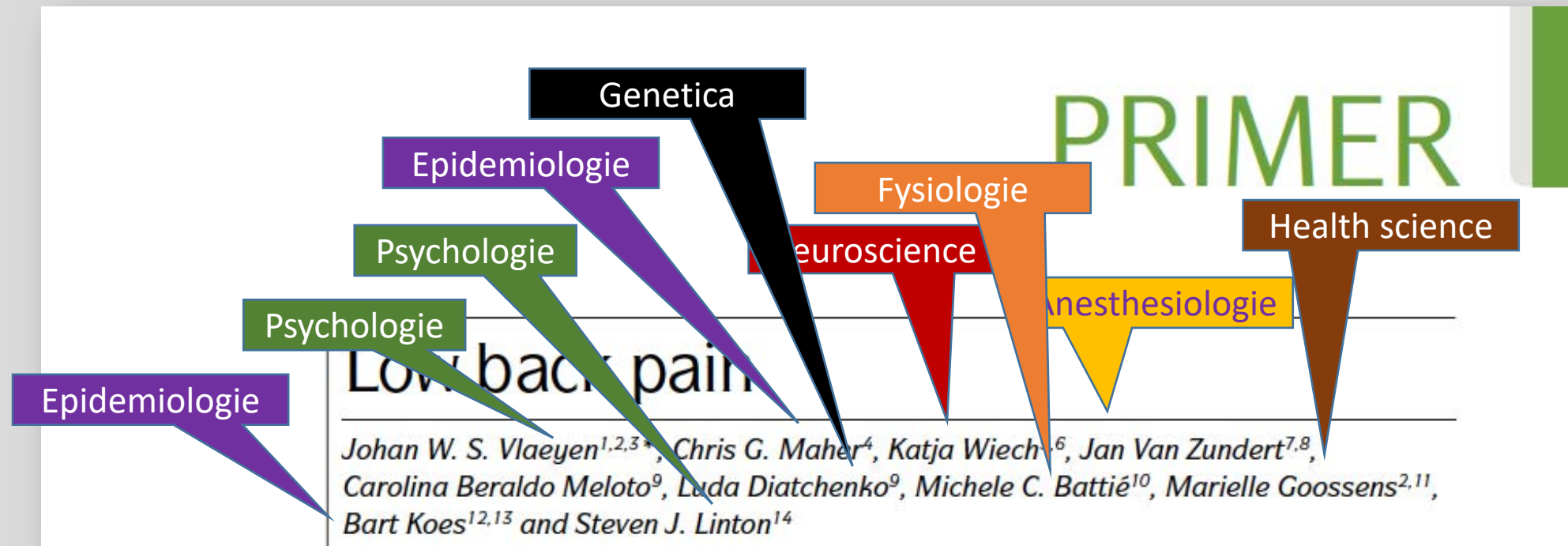
PRIMER

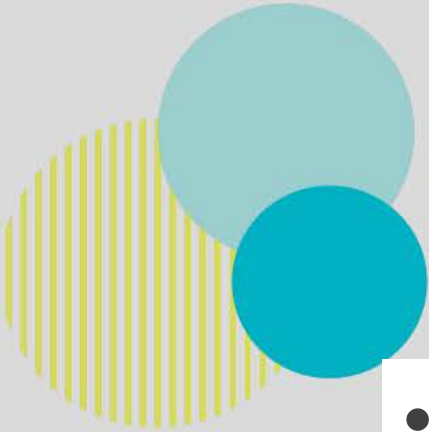
Low back pain

Johan W. S. Vlaeyen^{1,2,3}, Chris G. Maher⁴, Katja Wiech^{5,6}, Jan Van Zundert^{7,8},
Carolina Beraldo Meloto⁹, Luda Diatchenko⁹, Michele C. Battié¹⁰, Marielle Goossens^{2,11},
Bart Koes^{12,13} and Steven J. Linton¹⁴*



LUMBALGIE: VERRASSEND BIOPSYCHOSOCIAAL? ... ZELFS IN NATURE!





CHRONISCHE PIJN

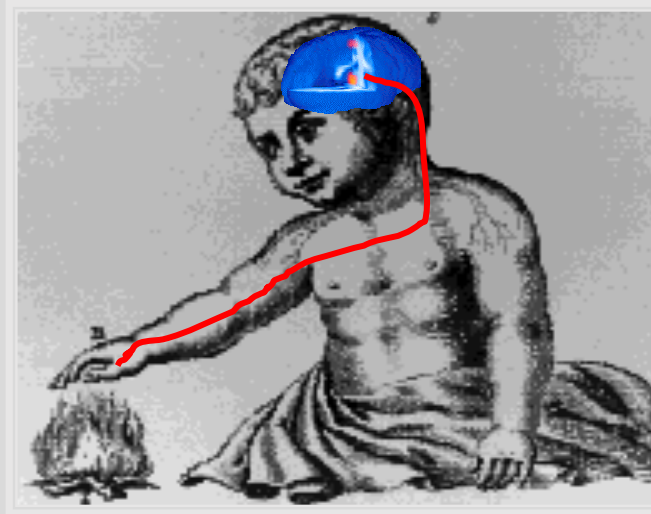
-  **19% of Europeanen**, 50% geen adequate behandeling (*Breivik et al. 2006*)
- : **100 million adults** = méér dan het totaal van mensen met cardiovasculaire klachten + kanker + , diabetes
- : \$560-635 miljard jaarlijks = **\$2,000 per US burger** (*Institute of Medicine, 2011*)

TRADITIONELE ZIEKTEMODEL



Traditionele ziektemodel

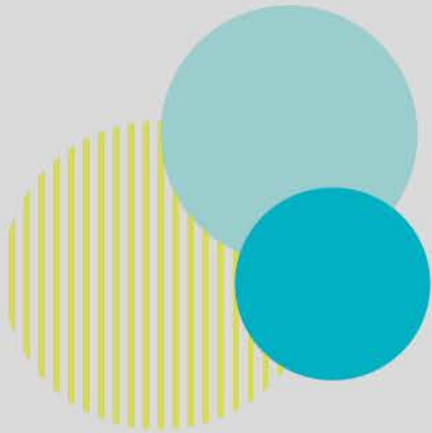
Kabel model



Stimuli



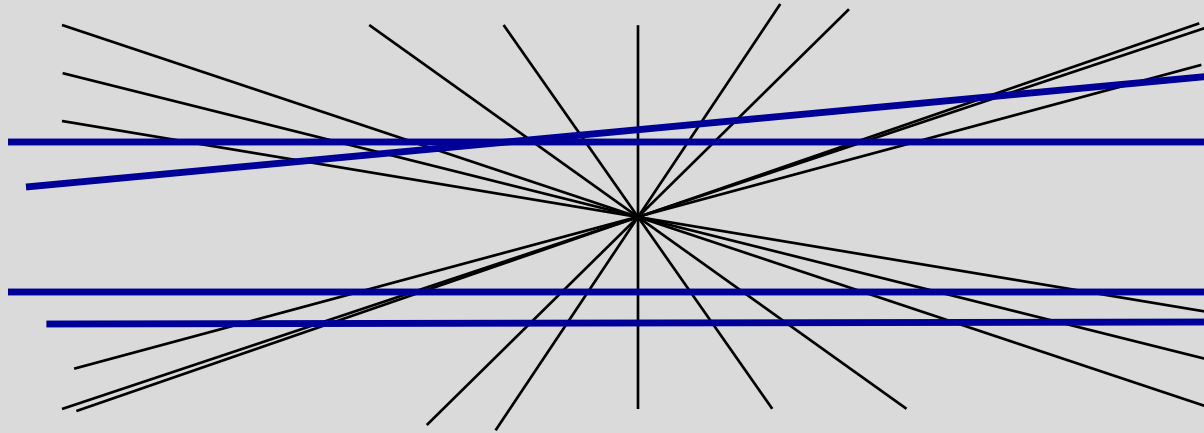
Gedrag



Niet zó eenvoudig



Een eenvoudig experiment



Bright illusions reduce the eye's pupil

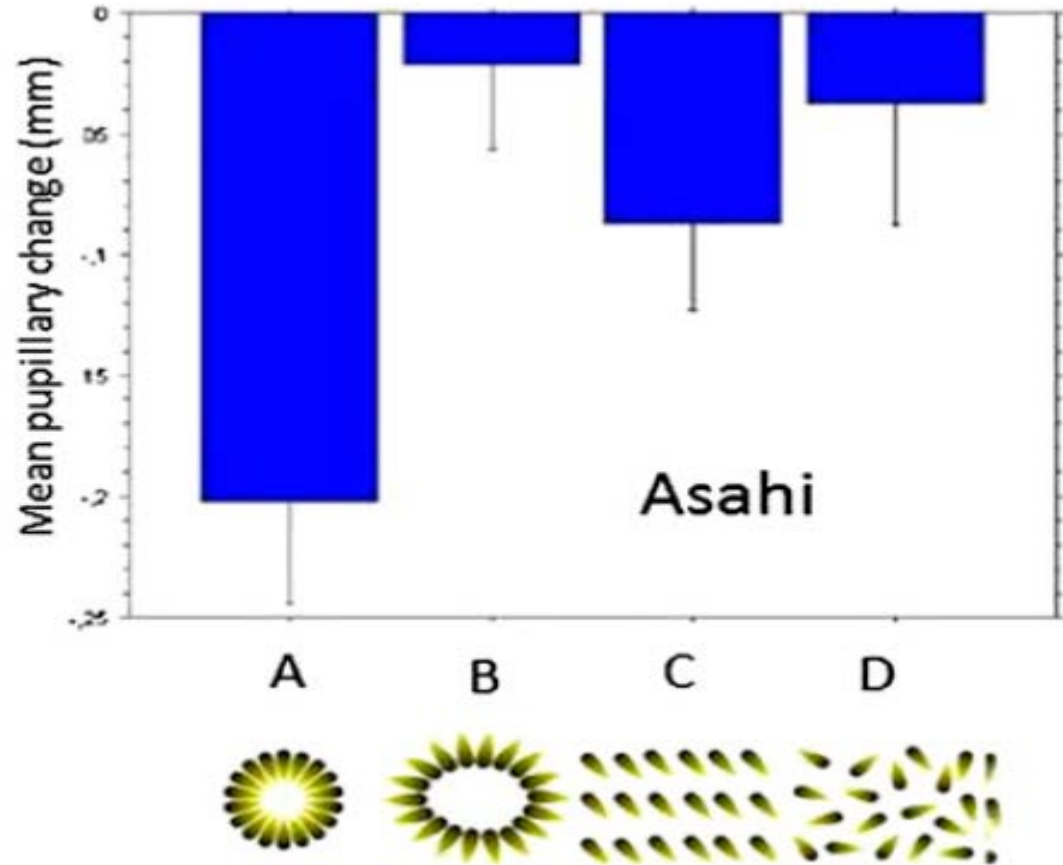
Bruno Laeng¹ and Tor Endestad

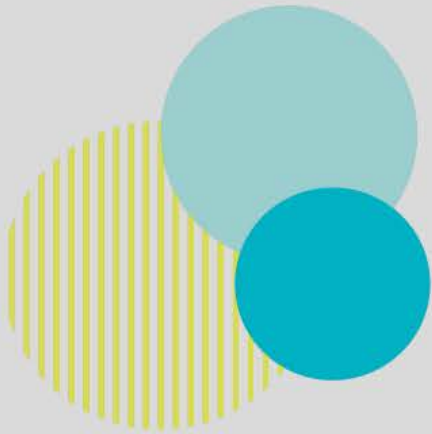
Department of Psychology, University of Oslo, 0317 Oslo, Norway

A



B





- 25°

A

Koud

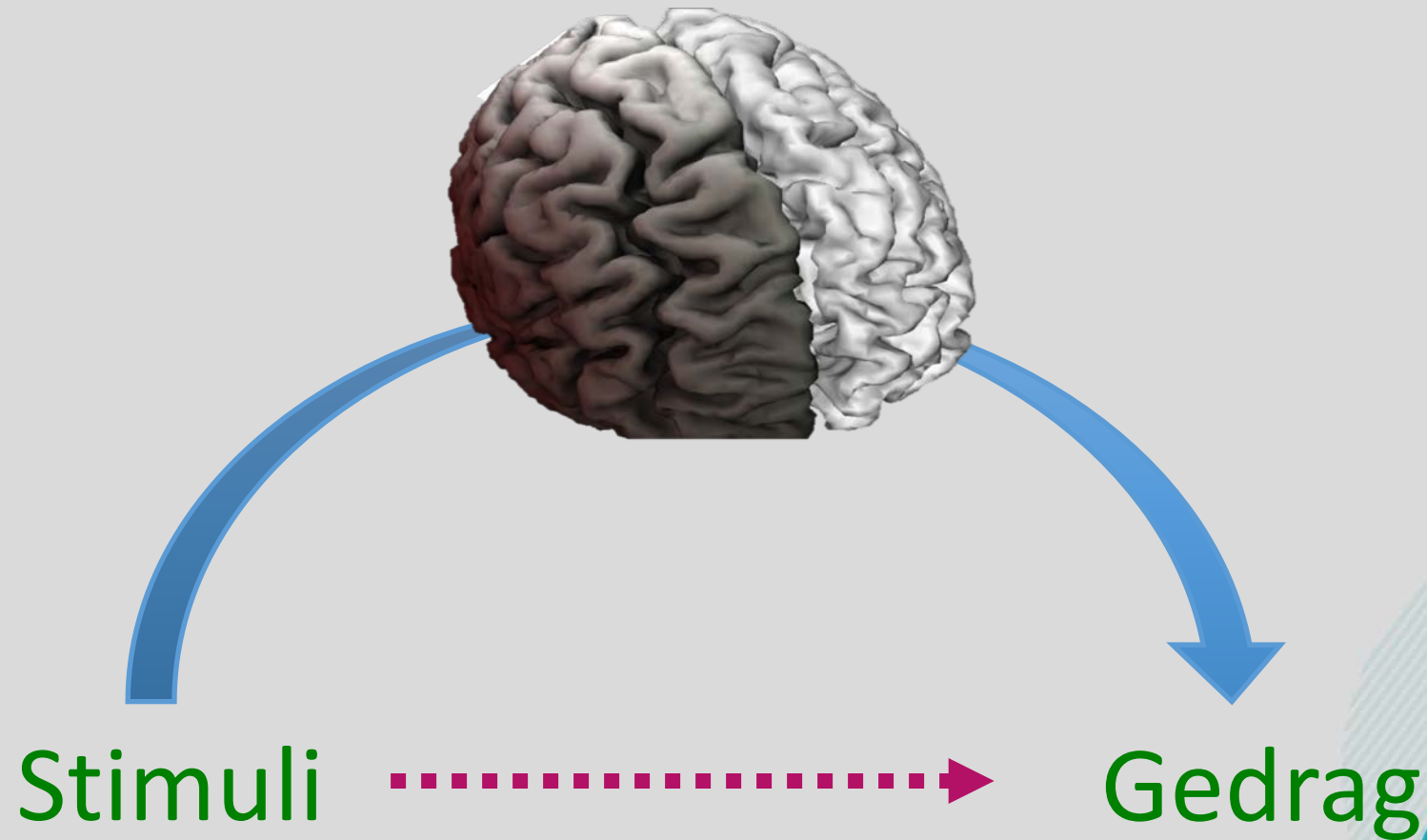
Pijn: ++

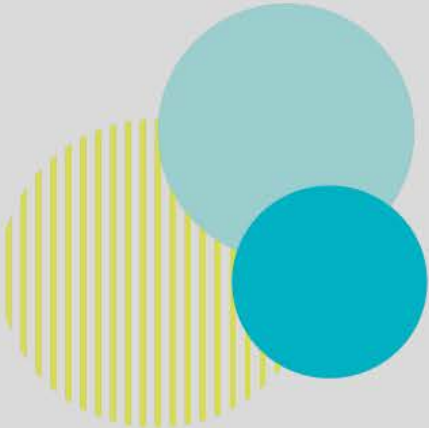
B

Warm

Pijn: ++++

Mentale representatie





PIJN $\neq$ SCHADE

The New England
Journal of Medicine

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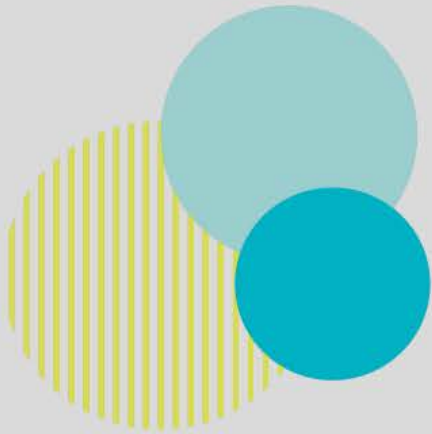
Volume 331

JULY 14, 1994

Number 2

**MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE
IN PEOPLE WITHOUT BACK PAIN**

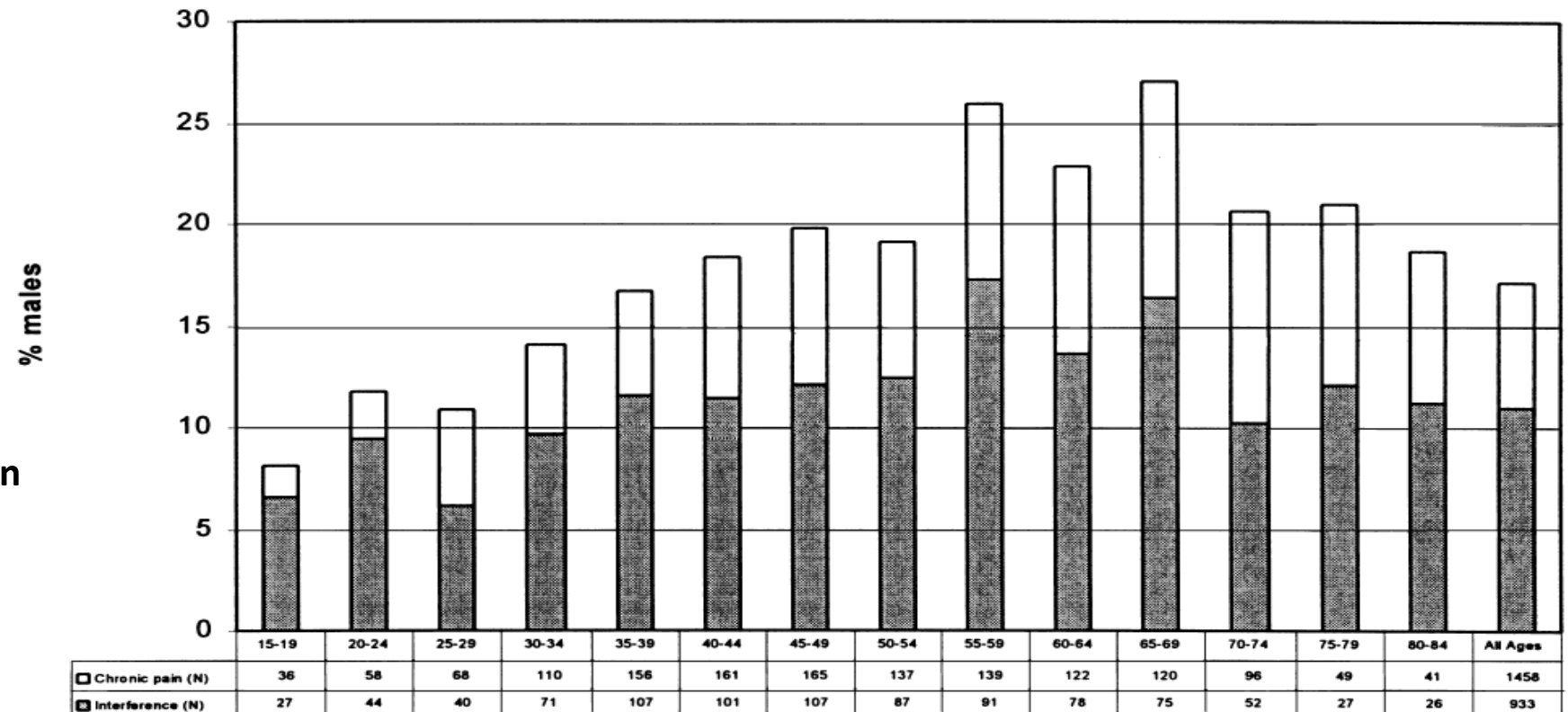
MAUREEN C. JENSEN, M.D., MICHAEL N. BRANT-ZAWADZKI, M.D., NANCY OBUCHOWSKI, PH.D.,
MICHAEL T. MODIC, M.D., DENNIS MALKASIAN, M.D., PH.D., AND JEFFREY S. ROSS, M.D.



PIJN $\neq$ BEPERKINGEN

Pijn dagelijks ervaren voor minsten 3 maanden in de afgelopen 6 maanden

Totaal
Met beperkingen





BIO-PSYCHO-SOCIALE MODEL

Spheres of Influence

The Biopsychosocial Model in Context



Gebaseerd op Engel, 1986

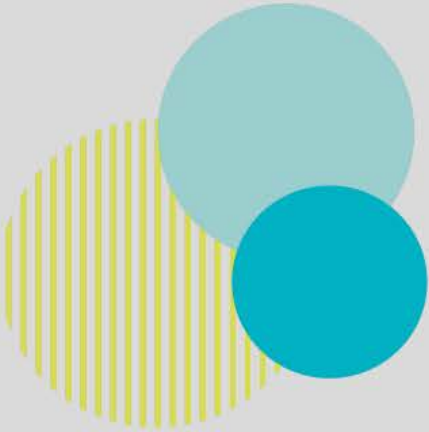
Joana Kompa 2012



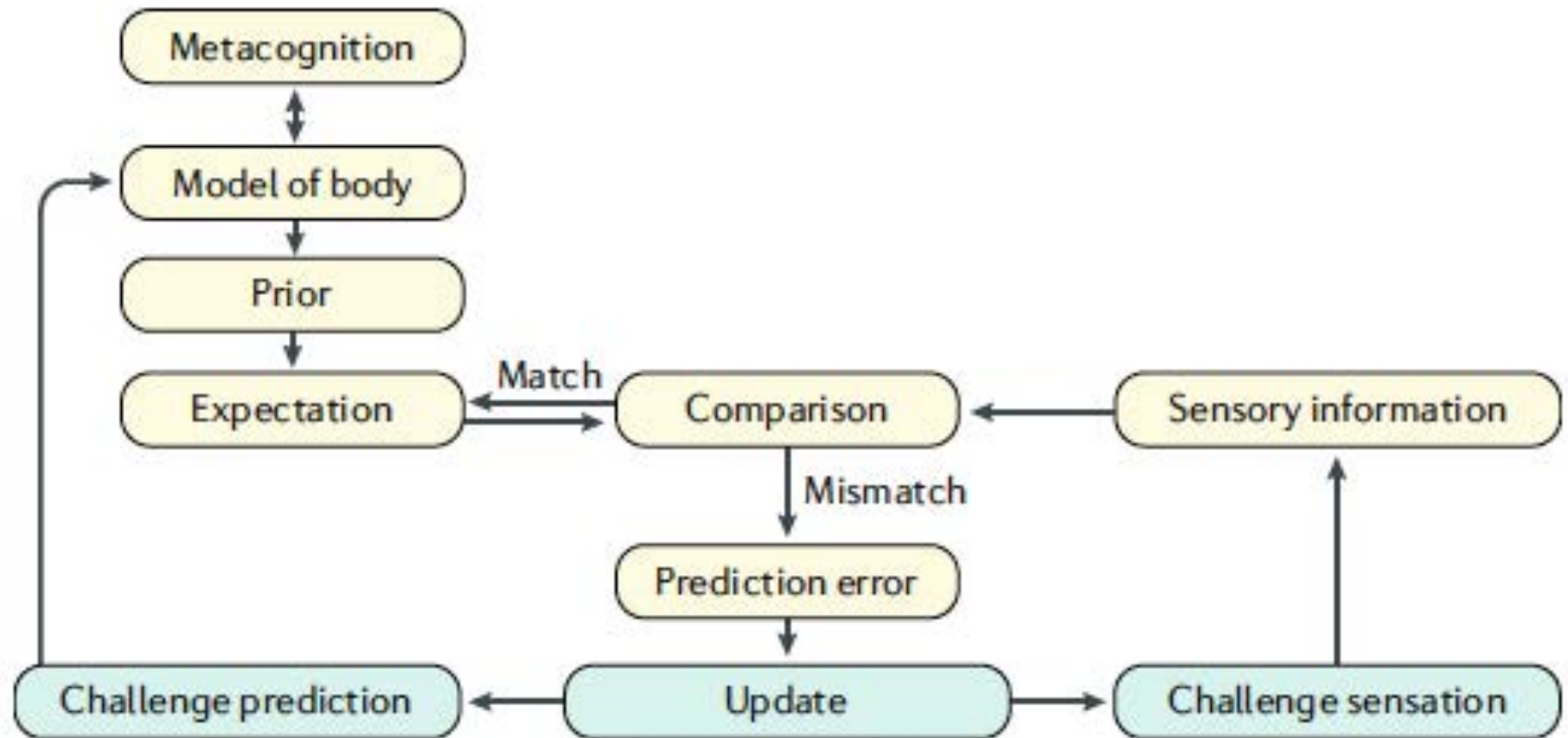
DEFINITIE VAN PIJN

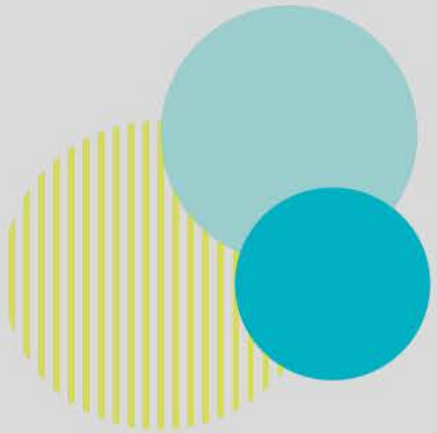
IASP, Subcommittee on pain terms, 1986

An unpleasant sensory and ***emotional experience*** associated with actual or potential tissue damage, or described in terms of such damage

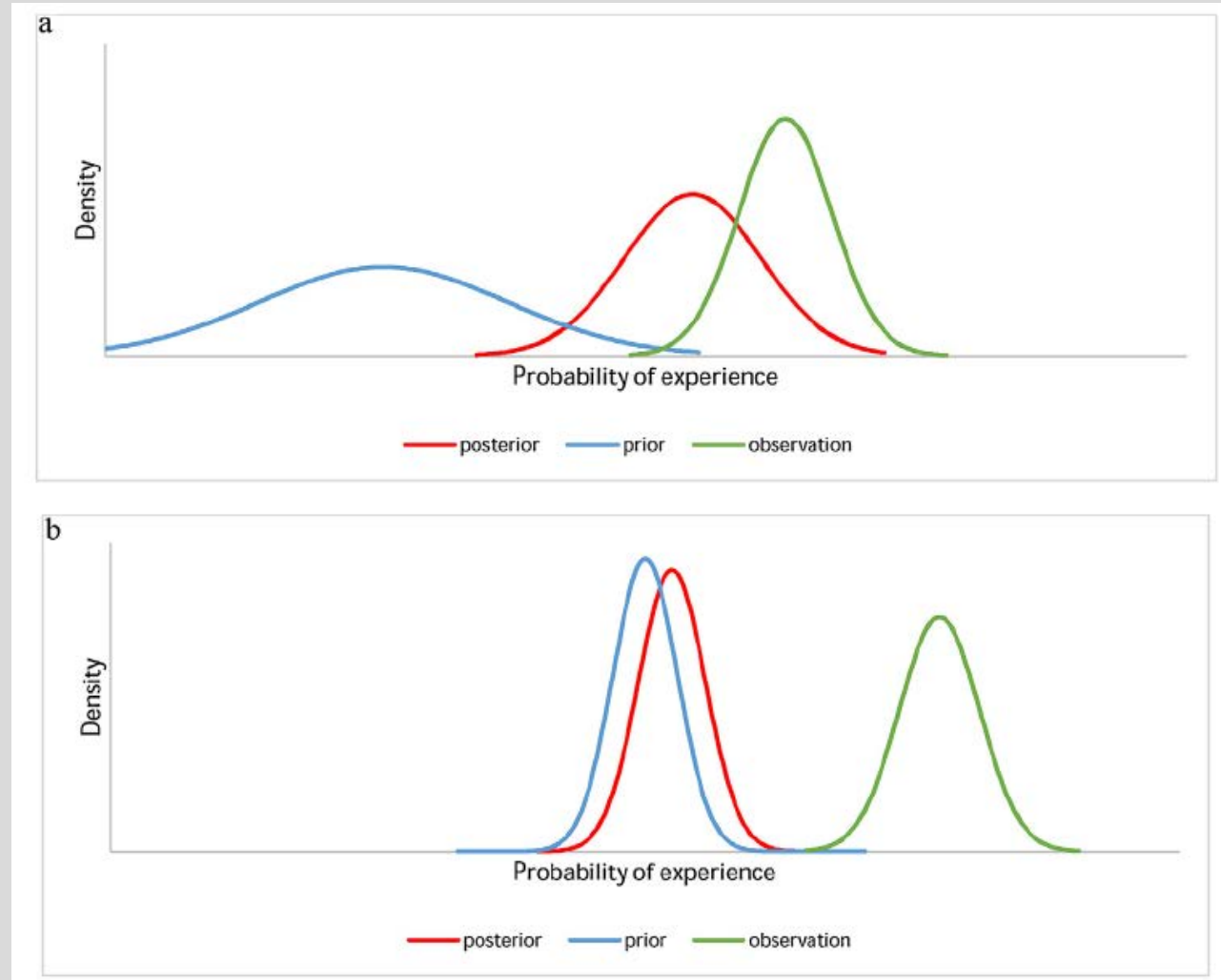


DE ROL VAN VERWACHTINGEN



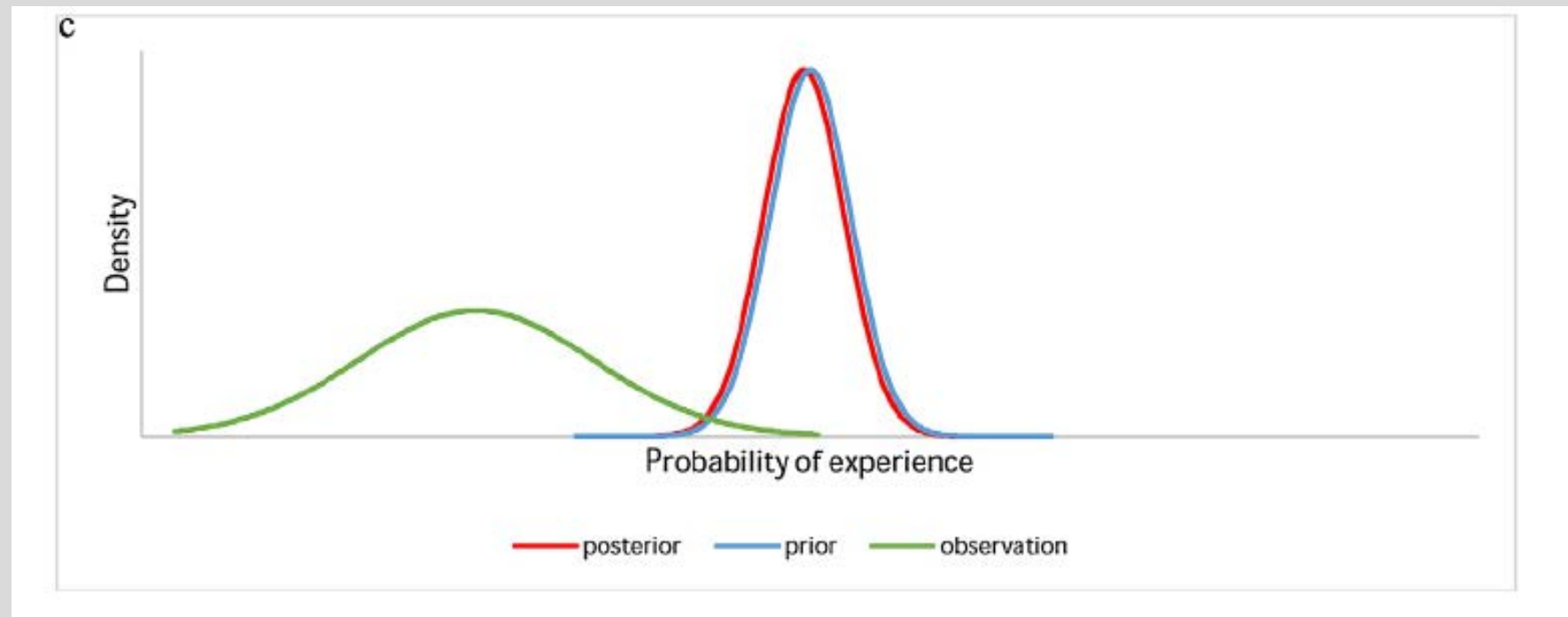


DE ROL VAN VERWACHTINGEN





DE ROL VAN VERWACHTINGEN





“FLAG” MODEL VAN RUGPIJN

Ernstige pathologie

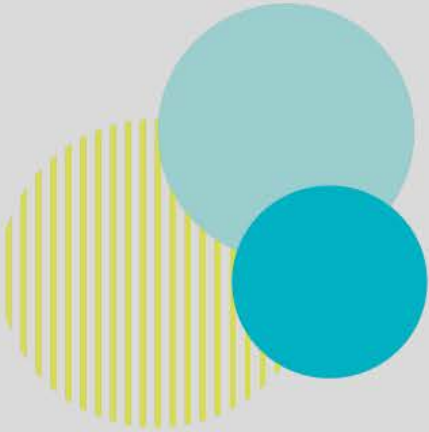
Psychiatrisch

Psychologisch

Werkgerelateerd

Sociaal-maatschap.

Flag	Nature	Examples
Red	Alerting features that when present raise suspicion of serious pathology	• New bladder or bowel dysfunction (possible cauda equina syndrome) • Intravenous drug use, fever or recent infection (possible spinal infection) • Previous history of cancer (possible vertebral metastases)
Orange	Psychiatric symptoms	• Clinical depression • Personality disorder
Yellow	Beliefs, appraisals and judgements	• Unhelpful beliefs about pain: indication of injury as uncontrollable or likely to worsen • Expectations of poor treatment outcome • Delayed return to work
	Emotional responses	• Distress not meeting criteria for diagnosis of mental disorder • Worry • Fears • Anxiety
	Pain behaviour (including pain coping strategies)	• Avoidance of activities due to expectations of pain and possible re-injury • Over-reliance on passive treatments, such as hot packs, cold packs and analgesics
Blue	Perceptions about the relationship between work and health	• Belief that work is too onerous and likely to cause further injury • Belief that workplace supervisor and workmates are unsupportive
Black	System or contextual obstacles	• Legislation restricting options for return to work • Conflict with insurance staff over injury claim • Overly solicitous family and health-care providers • Heavy work, with little opportunity to modify duties

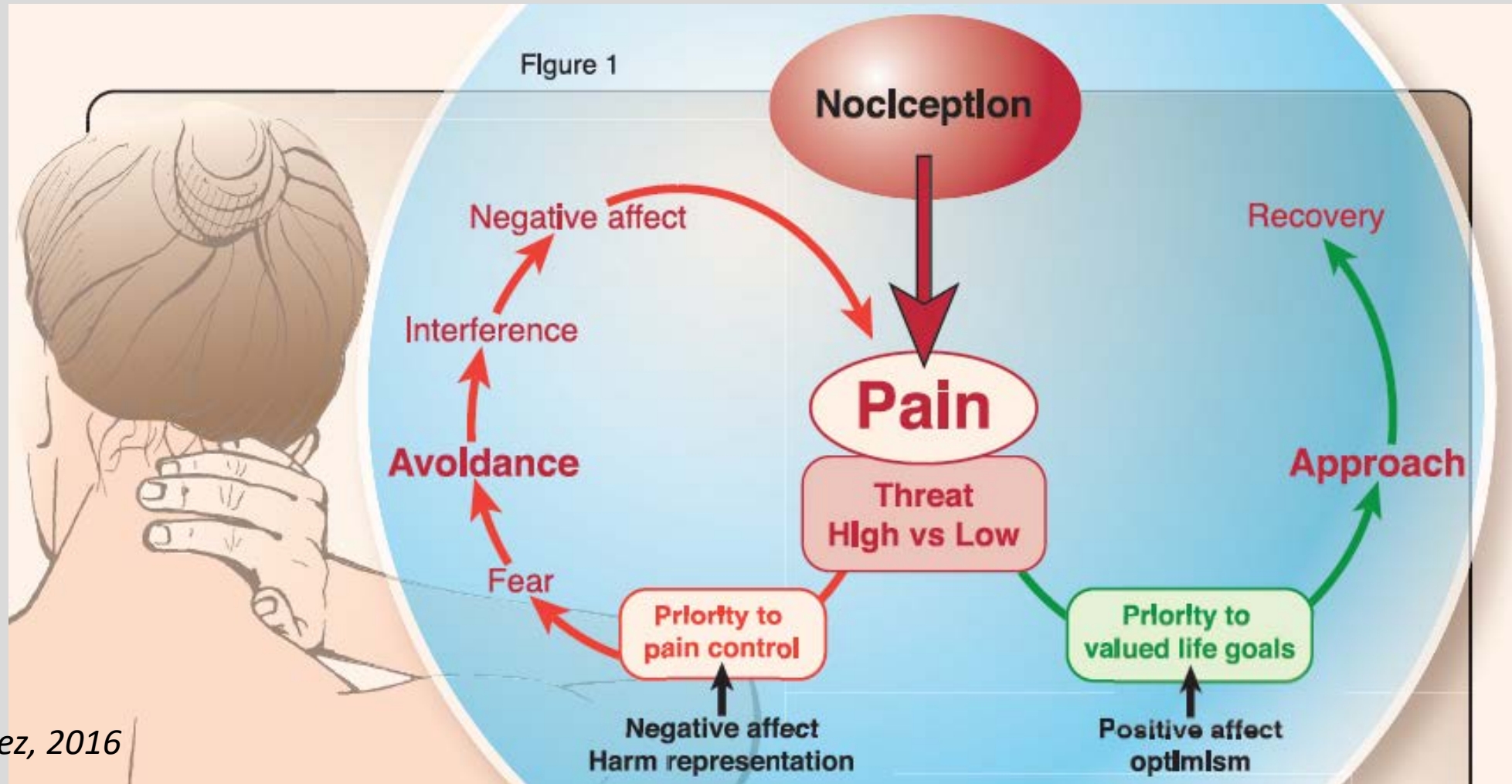


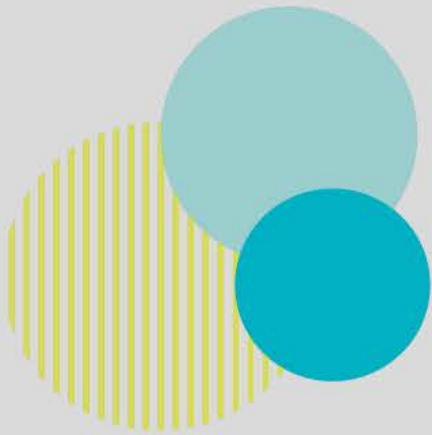
OVERTUIGINGEN

Tampa Schaal voor Kinesiofobie

	Helemaal mee oneens	Enigszins mee oneens	Enigszins mee eens	Helemaal mee eens
1. Ik ben bang om bij het doen van lichaamsoefeningen letsel op te lopen.	☐	☐	☐	☐
2. Als ik me over de pijn heen zou zetten, dan zou hij erger worden.	☐	☐	☐	☐
3. Mijn lichaam zegt me dat er iets gevaarlijk mis mee is.	☐	☐	☐	☐

FEAR-AVOIDANCE MODEL





ÖREBRO SCREENING QUESTIONNAIRE

11. Hoe groot is volgens u het risico dat uw huidige pijn blijft bestaan? Omcirkel een cijfer.

0 1 2 3 4 5 6 7 8 9 10

Geen risico *Zeer groot risico*

12. Hoe groot is volgens u de kans dat u binnen zes maanden weer aan het werk bent? Omcirkel een cijfer.

0 1 2 3 4 5 6 7 8 9 10 10-x

Geen kans *Zeer grote kans*

13. Als u rekening houdt met uw werkzaamheden, de leiding, salaris, promotiekansen en collega's, hoe tevreden bent u dan met uw werk? Omcirkel een cijfer.

0 1 2 3 4 5 6 7 8 9 10 10-x

Helemaal niet tevreden *Volledig tevreden*



WHITE FLAGS

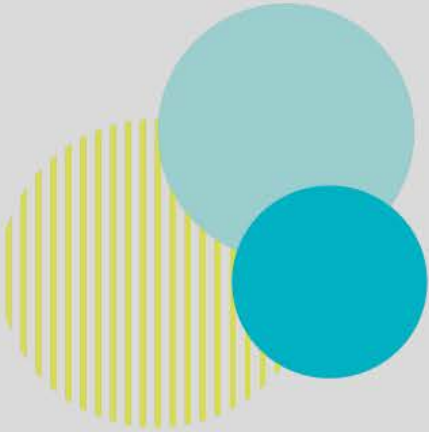
latrogeen

Uw rug verslijt met de leeftijd

U zal tot aan het einde van uw leven met het probleem kampen

Het zou me niet verwonderen dat u in een rolstoel terechtkomt



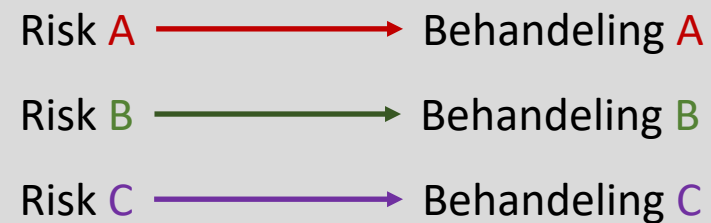


MANAGEMENT

Stepped care



Stratified Care



First-line care

Advice, reassurance, self-management, return to work and encouraging physical activity should be provided for all patients

Stepped approach

Stratify by symptom duration: acute, subacute or chronic

Acute or subacute
(<12 weeks)

- Superficial heat
- Massage
- Spinal manipulation
- Acupuncture

Chronic (>12 weeks)

- Structured exercises
- Spinal manipulation
- Psychological therapies (such as CBT)

Risk stratification approach

Stratify by risk assessment using the STarTBack tool or the ÖMPSQ: low, medium or high risk

Low risk: simpler and less-intensive support

- Manual therapy (spinal manipulation or massage)
- Group exercises

Medium or high risk: more complex and intensive support

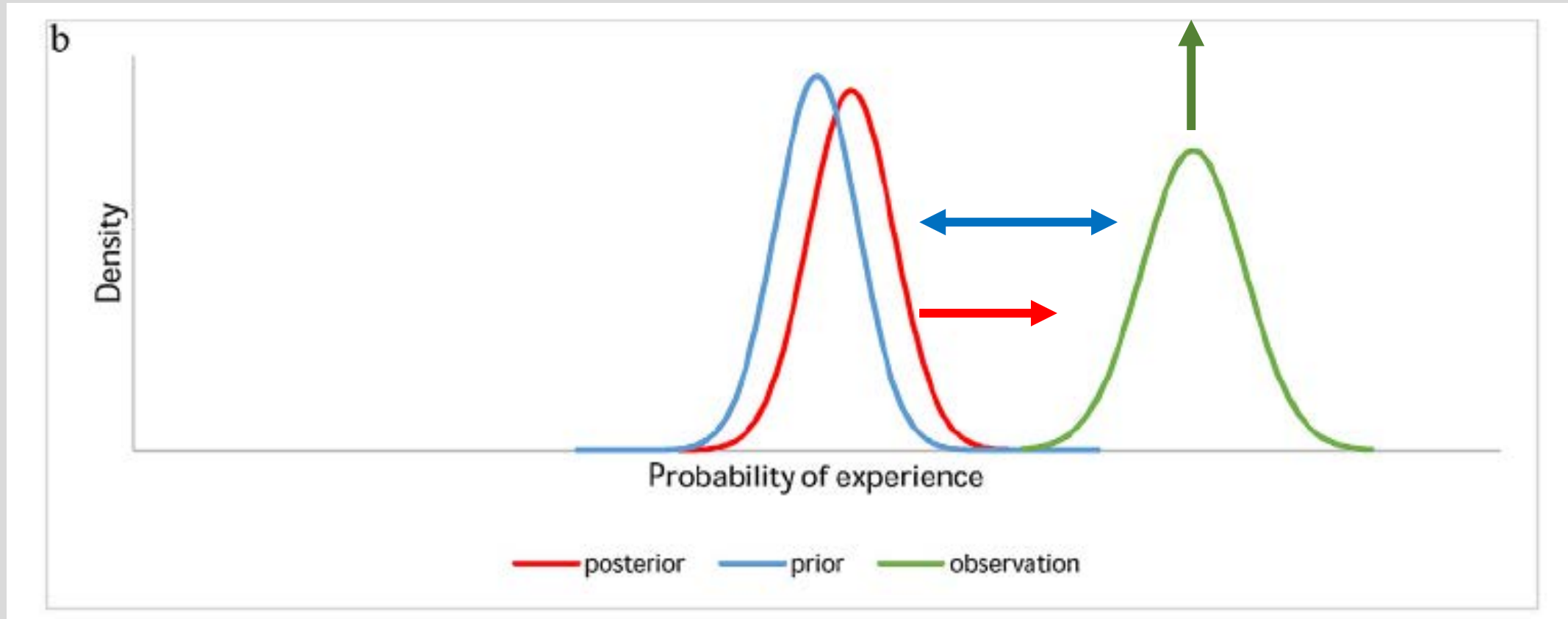
- Structured exercises
- CBT, graded activity or exposure therapy
- Multidisciplinary treatment (combining physical and psychological therapies)

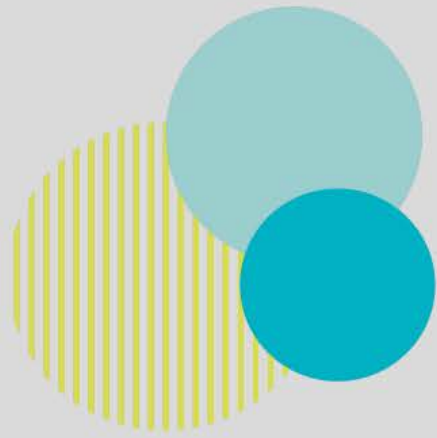
Consider pharmacological therapies if non-pharmacological options are unsuccessful

- NSAIDs
- Skeletal muscle relaxants (for acute pain only)
- Opioids
 - Only use when other medicines are contradicted, not tolerated or are ineffective
 - Their use requires careful risk-benefit assessment and is discouraged for chronic low back pain
- Paracetamol is not recommended



THE NEW CBT: EXPECTANCY VIOLATION





THE NEW CBT: EXPECTANCY VIOLATION

Expectation-Focused Psychotherapy to Improve Clinical Outcomes

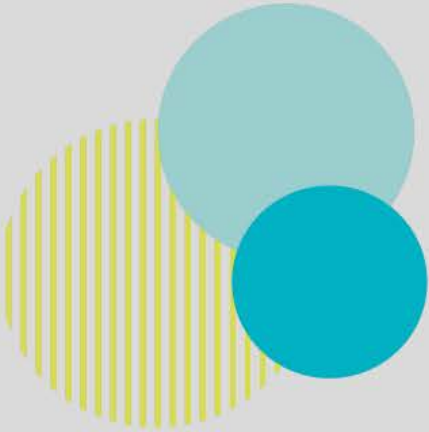
Bettina K. Doering^{*}, Julia A. Glombiewski[†], Winfried Rief^{‡,1}

^{*}Catholic University Eichstätt-Ingolstadt, Eichstätt, Germany

[†]University of Koblenz–Landau, Landau, Germany

[‡]Philipps-University Marburg, Marburg, Germany

¹Corresponding author: e-mail address: rief@staff.uni-marburg.de



THE NEW CBT: EXPECTANCY VIOLATION

VIA:

1. INFORMATIE
2. OBSERVATIE
3. EIGEN ERVARING

Altijd binnen de context van eigen doelen

DANK VOOR UW AANDACHT

