The right treatment to the right patient at the right time

E M H Haldorsen

A multitude of variables have been presumed to influence and predict return to work. Extensive multidisciplinary treatment for these patients seemed to be superior both from the patient’s point of view, as well as from an economic perspective. The patients classified as having a good prognosis had no additional treatment effect measured by return to work by participating in an extensive multidisciplinary treatment programme.

The results of prognostic studies give evidence for a better utilisation of the resources by performing an easy screening of the patients before treatment, and allocating the patients to adequate treatment. We found that mostly men (61%) were classified as having a good prognosis, while women (71%) were classified as having a medium or poor prognosis. In addition, we found that older patients were found to a greater extent to have poor prognosis, compared with younger patients. These findings are not supported by the study by Hogg-Johnson and Cole.

Hogg-Johnson and Cole found that workplace offers of arrangements for return to work were predictive of time on benefits. Another study by Haldorsen et al showed that follow up meetings between supervisors and employees seemed to be important in enhancing work environmental changes and increasing the number of employees returning to work.

Patients with low back pain constitute a heterogeneous group and I believe that there never will be a single test or a single question that will work for all patients. Used in the right way a simple screening instrument can help health professionals better identify patients who may have poor prognosis for return to work, but we have to be flexible in the use of such an instrument. We must be aware of what and how we communicate to the patient, and what treatment we offer. Besides information and fear reduction, increasing activity despite pain, and frequent follow up seem to be important factors in handling chronic low back pain.

The results of the study by Hogg-Johnson and Cole are interesting (also because of the statistical methods used) and need to be investigated further. A short screening instrument for identification of patients with different prognosis for return to work will also be of great value in the clinical guidelines for patients with low back pain.

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LETTER FROM AUSTRALIA

As an ex-hippy and child of the 60s I had, in keeping with Bill Clinton and many Labour MPs, an early interest in plant pharmacology. I was, therefore, destined to become either a botanist or a pharmacologist, but instead, ended up as a clinical pharmacologist and latterly as a cardiologist. My interest in drugs is now, therefore, evidence based and ongoing, and until now has been on the right side of the law. Like my peers I took MRCP part I as part of my right of passage to higher things so you would have thought that I was used to ticking the right box. Evidently not!

I recently travelled to Australia, as part of an ongoing collaboration with the Institute of Biomedical Engineering at the University of New South Wales Australia, and as such was carrying a number of pharmaceutical grade drugs. It is a trip I have made a number of times before without incident. I guess I should have been forewarned that this trip may be different when I arrived at check in to find my electronic visa was no longer valid. After a few phone calls this was rectified and I was on my way. The drugs I was carrying were not for human use but were destined to be administered to sheep. I know what you must already be thinking, why was someone from Wales travelling to Australia to experiment in sheep? That’s another story.

Anyway, shortly before the plane landed in Sydney we were issued with landing cards with a number of boxes to tick. Any of you who tick these boxes on autopilot, as I did, beware. Question 2 asked whether I was bringing any drugs or medicines into Australia. The long flight had obviously numbed my brain and I took it to mean illicit drugs or medications for human use. Never for a moment did I think that the Australian customs would be excited by the drugs I was bringing with me to administer to sheep. I was half right. After x-raying the container I was asked about the drugs by the customs officials, who were polite and courteous throughout. I duly explained that they were not for human use and was allowed entry to Australia.

I was to discover that the ministry of Agriculture, Fisheries and Forestry Australia (AFFA) did not take quite the same view. There is not surprisingly much concern in Australia about foot and mouth disease, and when AFFA were informed by the customs officials they swung into action. Two days later I was about to give a lecture in Melbourne when I had a phone call to my room from a friend who had kindly booked my accommodation in Sydney before my arrival. He told me that I was about to get a call from a senior compliance officer from AFFA, about drug smuggling into Australia and not ticking the right box on my entry form. He assured me that this was not a joke, and anyway 1 April was still two weeks off. AFFA had turned up at my accommodation in Sydney while I was in Melbourne and also at the offices of my friend. They were apparently very anxious to speak to me!

On my return from Melbourne, my colleagues and I were interviewed not only by the compliance officers but also by a ministry vet. The major concern of AFFA being that the drugs may contain animal products and sheep are not classed as laboratory animals. Photographs were taken, both of the animal facilities and also the offending drugs. At this stage I felt destined to feature in the News of the World. Fortunately all the Australian officials were extremely professional and polite and the situation was resolved to everyone’s satisfaction without the necessity of my having to serve a jail sentence. However, my colleagues and I had to give full and frank explanations, via e-mail, to the ministry offices in Canberra. Interestingly, the next day a colleague informed me that one of my recent papers was number 33 out of the top 50 papers visited on the Journal of the American College of Cardiology website. I have a feeling that my current position on the AFFA most wanted list was somewhat higher!

Apart from the reminder that travel for work purposes is stressful, with papers on this topic appearing in OEM in recent months, this story illustrates the increased concerns these days about transporting animal and plant materials across borders. These concerns are justified. Uncontrolled importing of such materials can mean that infectious agents or pests are transferred between countries, with potentially very serious consequences, as in the case of the recent foot and mouth epidemic in the UK, probably related to unauthorised importing animal and plant materials.

The spectre of bioterrorism looms, particularly after the attack on the World Trade Center in September 2001 and the recent deliberate spread of anthrax in the US postal system.

My own story has a happy ending. Our studies went well and the day before I left I received official notification of my alleged breach of section 137.1 of the Criminal Code Act 1995, which in case you were wondering carries a maximum penalty of 12 months imprisonment. I remain deeply grateful for the kindness and professionalism shown to me throughout by the officials from AFFA, and you can rest assured that next time I return to Australia I will tick the right box!

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