

# Low Back Pain Clinical Care Standard Public Consultation

**April 2021**

Dietitians Australia is the national association of the dietetic profession with over 7500 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities. Dietitians Australia appreciates the opportunity to provide feedback to the Australian Commission on Safety and Quality in Health Care regarding the Low Back Pain Clinical Care Standards.

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## Dietitians Australia interest in this consultation

As the leading organisation of nutrition and dietetic professionals in Australia, Dietitians Australia supports the development of comprehensive clinical care standards that aim to improve the quality and safety of health care standards for Australians.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation for the dietetic profession in Australia. APDs have an important role to play in pain management and commonly related mental and physical comorbidities.

This submission was prepared by Dietitians Australia staff in consultation with members with expertise in pain management following the Conflict of Interest Management Policy and process approved by the Board of Dietitians Australia. This policy can be viewed on the [Dietitians Australia website](#).

## Recommendations

1. Dietitians Australia recommends that the Low Back Pain Clinical Care Standard include:
  - acknowledgment of the important role of nutrition in low back pain management
  - support for the provision of high-quality nutrition-related evidence-based care in low back pain management
  - recognition that APDs are the professionals qualified to provide clinical dietary interventions to assist patients to improve their nutrition-related health and pain experiences.
2. Dietitians Australia also recommends collaboration with APDs to assist in guiding the further development of the Low Back Pain Clinical Care Standard.

## Discussion

Dietitians Australia notes that the overall aim of the clinical care standard is *'To improve healthcare outcomes by describing key components of appropriate care'*.

Nutrition is a key component of appropriate care, especially in the context of low back pain. Optimising nutrition can improve pain experiences by reducing inflammation, oxidative stress, and improving weight management.

The goals of low back clinical care standard are noted as:

- *Improve early assessment and management of low back pain based on best available evidence*
- *Reduce use of investigations and treatment options that may be ineffective or unnecessary*

There is strong evidence to support the role of nutrition in the management of low back pain, as outlined below. Inclusion of nutrition in the standard will contribute to meeting these goals.

The low back clinical care standard includes eight quality statements. Nutrition is relevant in five of these statements, as listed:

2. Initial psychosocial assessment
4. Patient education and advice
5. Encourage self-management and physical activity

7. Judicious use of pain medications
8. Review and referral

## Rationale and evidence for the inclusion of nutrition in these five quality standards

1. The National Strategic Action Plan for Pain Management (2019)<sup>1</sup> acknowledges the importance of interdisciplinary pain management and specifically identifies physical, psychological, social engagement and nutrition as areas of focus.
2. A study published in 2018 by Holliday et al<sup>2</sup> states: *Even in acute pain, standard care is enhanced by 'whole person' assessment, that includes psychological assessment and the social context of the presenting problems e.g. worker's compensation, family issues. Additional components incorporate physical activity, sleep patterns, nutrition and past and current use of addictive substances.*
3. Low back pain is associated with increased inflammation and high levels of oxidative stress which can be modulated through optimising nutrition. A study published in 2019 by Brain et al<sup>3</sup> showed that participants experiencing pain, including low back pain, who received personalised dietary advice had clinically meaningful improvements in pain interference and pain self-efficacy.
4. This is supported by a recent systematic review which found that altering overall dietary patterns had a significant impact on pain scores, as measured on a visual analogue scale<sup>4</sup>.
5. Nutrition-related comorbidities such as overweight and obesity, cardiovascular disease, type 2 diabetes, high blood pressure and depression are highly prevalent in this population. The presence of these conditions reduces quality of life and further burdens the health system. Dietitians are trained and qualified to provide medical nutrition therapy to consumers to reduce the risk and/or severity of these comorbidities.
  - a. The prevalence of overweight and obesity is higher in those with pain (70-80%) compared to the general population (63%)<sup>5-7</sup>.
  - b. Depression is highly prevalent in those who experience pain (approx. 40-60% of those who experience pain also experience depression)<sup>5,8</sup>. This further contributes to issues such as a person's ability to work and function in society<sup>9</sup>. It also adds to the burden and cost to the health care system. Evidence shows that specific dietary patterns have a significant effect on depression<sup>10,11</sup>. Poor mental health is also associated with increased risk of cardiovascular and metabolic diseases<sup>12</sup>. As such, it is important to intervene early to prevent the development of comorbidities.
6. Globally, dietary intake is the top modifiable risk factor for morbidity<sup>13</sup>. This, in combination with the prevalence and burden of low back pain as outlined in the clinical standards, suggests that nutrition education and referral to APDs should be considered as part of core business.
7. Low back pain affects people's ability to consume a healthy diet<sup>14</sup>. The following examples highlight the need for nutrition-related education and support to overcome these barriers to healthy eating. Further, by addressing these barriers, consumers' overall health will improve

and the development of other comorbidities such as cardiovascular disease will be prevented.

- a. consumers' mobility is affected, therefore reducing the ability to go to the shops or stand in the kitchen to prepare a meal
  - b. convenience and take-away foods are perceived as easier to prepare and less likely to cause a flare-up.
  - c. Emotional eating is common, and consumers may turn to 'comfort' foods to help them cope.
8. A recent clinical audit<sup>6</sup> at a pain service in NSW found that 34% of consumers were selecting nutrition-related goals (eg, eat more vegetables). This was second to physical activity (57%). This highlights that consumers want to focus on their dietary intake as part of their pain management. However, there is little dietetic support to help them do this.

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