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Spine specialist's clinical instinct not sufficient when assessing a patient's psychological distress

TORONTO — Psychological distress, which affects many patients with spine disorders, often predicts poor surgical outcomes. Identifying the at-risk patients could improve surgical results. The problem is that as a group, spine specialists do a poor job clinically assessing patients' psychological distress, according to research being presented here at the 23rd Annual Meeting of the North American Spine Society.

Instead of using a patient-reported questionnaire to detect patients' psychological distress, many spine surgeons rely on their clinical instincts, said Michael D. Daubs, MD, assistant professor, Department of Orthopaedics, University of Utah, Salt Lake City.

"It's time that surgeons become aware of the psychosocial issues that are involved in treating patients, specifically when evaluating them for surgery," Daubs said. "We need to use some instrument to detect those issues and really integrate it into our surgical decision-making process."

Daubs and colleagues performed a prospective, blinded study to determine how accurately spine specialists detected patients with psychological distress. The study included 400 patients who presented to a university spine center for a spine disorder evaluation and eight physicians (four spine surgeons and four physiatrists).

New patients completed the Distress Risk Assessment Method (DRAM), a two-page, validated patient-response questionnaire that assesses psychological distress levels. The physicians, who were blinded from the DRAM results, then performed their routine clinical evaluation. They classified the patients' level of psychological distress according to the DRAM categories: N, normal; AR, at risk; DD, distressed depressive; and DS, distressed somatic.

The researchers compared assessment accuracy between surgeons, nonoperative spine specialists, less experienced surgeons (less than two years) and more experienced surgeons (more than 10 years).

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According to the DRAM classifications, 37% of the new patients were normal, 42% were at risk, 13% were distressed depressed and 9% were distressed somatic. As a group, physicians accurately evaluated patients 44% of the time (kappa 0.15), according to Daubs and colleagues. Spine surgeons were right 40% of the time and nonoperative spine specialists were correct 49% of the time (P=.08). Nonoperative spine specialists were more accurate in detecting at risk (P=.004) and distressed somatic patients (P=.006) than were surgeons. Surgeon experience was not a significant factor in evaluating psychological distress (P>.05).

When the researchers combined the normal and at-risk groups and the distressed-depressed and distressed somatic groups, as a group physicians were correct 77% of the time (kappa 0.23), surgeons were right 76% of the time and nonoperative specialists were accurate 80% of the time (P=.30). Nonoperative specialists were more accurate in assessing patients in the more distressed categories (DD-DS). Nonoperative specialists were correct 42% of the time compared to a 20% rate for surgeons (P=.03).

"I hope this study highlights this: We really can't detect as many patients as we think we can," Daubs said. "We need to use these questionnaires. We need to examine the results and consider whether these patients are indeed surgical candidates. Do these patients need treatment before surgery, such as psychological counseling or different modes of therapy that may help improve their eventual outcome?"

"We're going to need more studies that show that these things definitely impact the outcome," Daubs continued. "The next study would be if patients get treatment, does it make it better? Does [psychological counseling] improve the outcome?"

About NASS

The North American Spine Society (NASS) is a multidisciplinary organization that advances quality spine care through education, research and advocacy. NASS members are MDs, DOs and PhDs in 24 spine-related specialties including orthopedics, neurosurgery, physiatry, pain management and other disciplines. Nurse practitioners, physician's assistants, chiropractors, physical therapists, practice administrators and other allied health care professionals involved in spine care are also represented in NASS as affiliate members. For more information on spine care or to find a spine specialist in your area, please contact 1-877-SPINE-DR or visit www.spine.org.