Informative documents for patients about low back pain in everyday clinics. 
The producer counts more than information

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Introduction
Booklets for acute LBP and educative approaches of cognitive-behavioural type in chronic cases have demonstrated to be important. Informative documents are produced by many, in order to help in various different situations: our aim was to verify if some differences existed according to the publication type and the producer of the document.

Methods
In northern Italy (Lombardy and Emilia Romagna) we carried out a comprehensive research of all informative documents addressed to patients: we collected 49 documents. Each document has been classified according to its publication format and its producer. In accordance with the literature and the contents of collected documents, we identified 4 recapitulatory variables (didactic, ergonomic, behavioural, exercises): several informative elements were identified in terms of presence/absence in order to evaluate the document: produced a score indicating the completeness of provided information. In the tables we have listed: variable name (coding) and constitutive elements. We used “cluster analysis” and multidimensional scaling with Shepard's diagram and the stress value, we calculated a bidimensional solution by using the new axes “U” (mental/physical) and “V” (theoretical/practical).

1. Educational approach (appi): spine anatomy and physiology; LBP risk factors, pain causes and characteristics; main spinal pathologies.
2. Ergonomic approach (app): attitude and prevention of static & dynamic stresses; expenditure to adopt on-the-job; expedients to adopt in daily life; expenditure to adopt during sport/leisure time.
3. Behavioural approach (appb): advice on lifestyle; active behaviour of the patient; early reactivation; indications on drugs & therapies.
4. Rehabilitation approach (app):: activities aimed at relaxation; muscular stretching (paravertebral muscles, ischio-crural muscles, iliopsoas, abdominal, gluteal muscles, femoral quadriceps, paravertebral muscles); mobilization exercises (Palms and spine).

Statistical analysis
Statistics: software Excel, descriptive analysis, explorative analysis, cluster analysis, MDS. Cluster analysis: cluster analysis has been applied to the 4 variables appi, app, appc and appf (given the categorical nature of these variables, we used the agreement percentage: the rule for groups creation: “complete linkage”). Multidimensional scaling: the proximity matrix between these variables, which was created for cluster analysis, has been analyzed with Multidimensional Scaling (MDS) technique. This technique allowed us to find a configuration of vectors able to reproduce at one's best the observed distances (in this case proximities). Furthermore, the aim is to reduce the starting data, i.e., to be able to represent them in a lesser number as dimensions. We used the Shepard’s stress diagram. Given the arbitrariness of axes orientation, it is possible to have some rotations that make results more readily interpretable. The matrix of the new coordinates (rotates, if necessary) has been used to make a baseline change on the matrix of starting data, in order to be able to represent them in a new space, whose dimensions are those which resulted from MDS (post-rotation, if necessary).

Conclusion
The producer decides the type of information to be given to LBP patients, but surprisingly ASLs are less balanced than private corporations (omitting the pharmaceutical industry). The ASLs seem to give traditional information, more than modern ones. International corporations and national agencies should elaborate some standards according to the actual scientific knowledge for these informative documents in different clinical situations.