

GLA:D Back – A programme assisting clinicians in engaging patients in self-management of back pain

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What is GLA:D?

Good Life with osteoArthritis in Denmark, GLA:D, was initiated from the University of Southern Denmark in 2013 with the aim of helping clinicians implement recommendations from new Danish National Clinical Guidelines for people with knee and hip pain. GLA:D consists of

- 1) education of clinicians in delivering an evidence-based intervention
- 2) a ready-to-use intervention with patient education materials and structured exercise programmes
- 3) a clinical registry for monitoring outcomes of the intervention

GLA:D has been very well-received, and more than 40,000 Danes out of a total population of 5.7 million were registered with GLA:D by January 2019.

Building on the success of GLA:D for knee and hip, we introduced GLA:D Back in 2018 to support the implementation of National Clinical Guidelines for back pain. Since then, around 600 Danish clinicians (approximately 10% chiropractors and 90% physiotherapists) have been trained in the programme, and >3000 patients are in the register.

What is GLA:D Back?

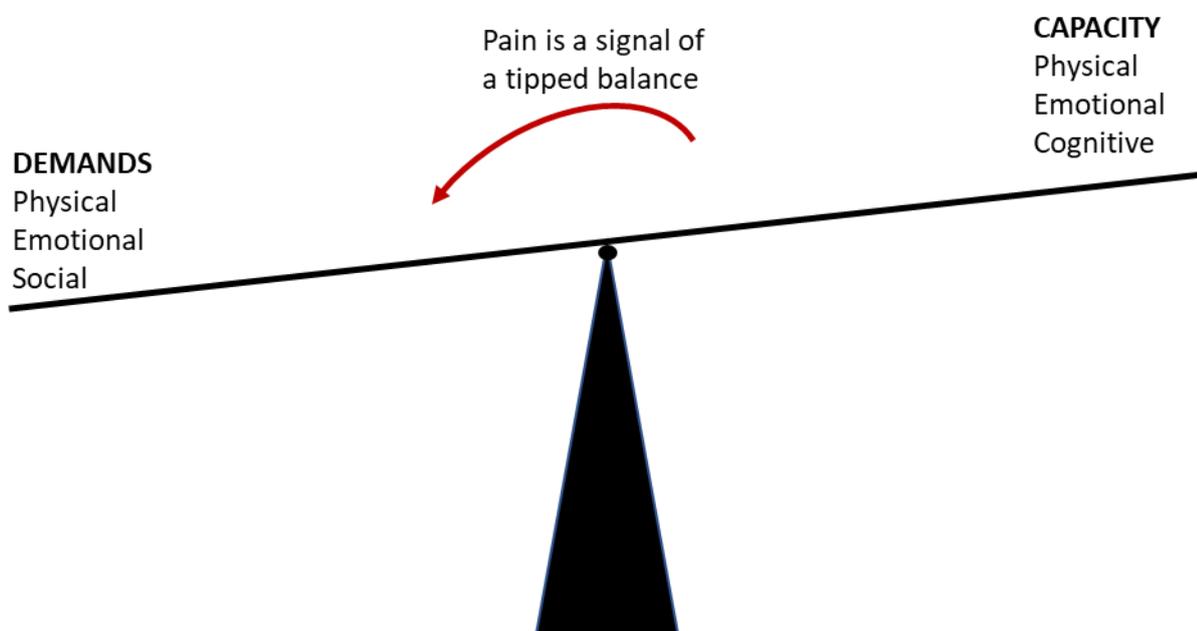
GLA:D Back consists of the same core elements as GLA:D for knee and hip, but the content of the intervention is tailored to people with persistent back pain. It consists of two individual sessions that initiate and end the programme, two sessions of group education, and a course of eight weeks of group exercises. A thorough description of the intervention and the underlying principles was published in 2018.

The overarching goal of GLA:D Back is to improve people's ability to self-manage back pain. Most people with back pain have a long-lasting condition of persistent or episodic pain, and feeling capable of managing this is important for avoiding disability and for good quality of life. GLA:D Back therefore focuses on understanding pain and on ways to cope with or control pain.

In GLA:D Back we teach people that back pain is a signal of imbalance between demands and capacity, rather than a signal of harm or tissue damage (Figure 1). We discuss how the individual patient may reduce his/her physical, emotional and social demands and increase physical, cognitive and mental capacity. The structured exercise programme aims at achieving natural variation in movement and confidence in the spine as strong and resilient. People with back pain often have altered and tense movements that have become an unconscious habit. Such behaviour can, in itself, provoke or augment pain. Unfortunately, supervised exercises do not always support natural and relaxed movements but have traditionally focused a lot on correcting posture and

keeping the back in a 'neutral' or 'correct' position. Importantly, well-meaning clinicians who want to help people get rid of pain are often uncomfortable with pain provocation during exercising and tell people to be careful if the back hurts. Consequently, we tell patients that pain does not equal harm, while at the same time telling patients to stop an activity when it provokes pain. The result is confused and frustrated patients. The GLA:D Back education therefore focuses on teaching clinicians how to prescribe and supervise exercises in a way that is consistent with the key messages in the patient education so that people are encouraged to explore different ways of moving rather than 'moving correctly'.

Figure 1. Illustration from the patient education explaining that pain is a result of your demands (physical, emotional and social) exceeding your capacity (physical, emotional, and cognitive).



Why GLA:D Back?

Clinical guidelines from around the world consistently recommend active care for people with back pain - first and foremost, reassuring patient education and advice to stay active. In addition, supervised exercise therapy, manual therapy alone or in combination with exercises, and acupuncture are often recommended. There are consistent recommendations that people with back pain should not be routinely referred to imaging, that back pain should not be treated with opioids, and that invasive treatments are only relevant for a small minority with very specific indications. However, although there is agreement about the approach to back pain, clinical guidelines do not inform clinicians about *how* to deliver these interventions. This is one reason why implementation of guidelines in clinical practice is a challenge. GLA:D Back takes the recommendations and translates them into a structured programme that has been shown to be

implementable in primary care settings. At the same time 'the package' is transparent so that patients and payers know what to expect and outcomes of care are routinely documented to individual patients, clinicians, and to the public. GLA:D Back is not-for-profit and all surplus from clinician courses is channelled into research.

Who is GLA:D Back for?

Around 50% of people with back pain do not seek care, so obviously not everybody with back pain needs treatment. Among those who do seek care, GLA:D Back is intended for people with long-lasting or recurrent back pain who need some support to achieve adequate self-management skills. It may be people who have developed activity limitations from back pain over an extended period, or people who are increasingly anxious because their back pain keeps coming back and is perceived to be 'out of control'.

GLA:D Back going international.

Outside of Denmark, the GLA:D programme for knee/hip has been implemented in Canada, Australia, China, New Zealand and Switzerland. At each site this is led by an academic institution that can ensure the quality of training of clinicians and an ongoing data collection to monitor the programme.

We are also testing the potential for GLA:D Back internationally. Alberta University in Canada started pilot testing of the programme in February 2018 and Macquarie University in Sydney trained a group of clinicians in November 2018 to begin feasibility testing in 2020. At both sites this is conducted as research projects involving a limited number of clinicians. In 2020, work is being initiated to prepare for implementation of GLA:D Back in Switzerland.

The GLA:D Back registry and research activities

Patients contributing data to the GLA:D Back registry consent to take part in research. The registry contains information on physical tests, the patient's personal goals, and a number of patient-reported outcomes. This will be a rich source for describing the outcomes of care, describing who benefits from GLA:D Back and who don't, and for understanding what it takes for patients to be able to self-manage back pain. Furthermore, the registry gives us the option to run embedded trials that investigate effects of altering elements of the clinician training or the GLA:D Back intervention.

The first line of research in Denmark is focused on evaluating how clinicians receive the programme, how it affects their management of people with back pain, and how patients receive the programme. In addition, we are investigating the effect on clinician confidence in providing evidence-based care and how GLA:D Back alters the care-seeking behaviour in Danish primary care.

The activities of GLA:D Back can be followed at our website <https://gladryg.sdu.dk/?lang=en> where links to relevant scientific papers are available.

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