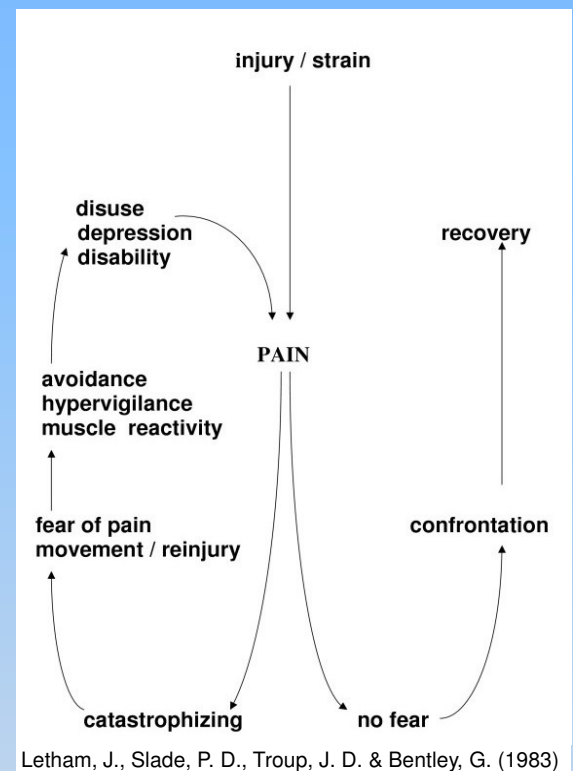




Objectives: Fear-avoidance beliefs have been proposed as a risk factor for poor outcomes in chronic low back pain (CLBP). This study aimed to investigate if CLBP patients with avoidant and confrontational styles differed in self-reports of pain, disability and depression prior to and following chiropractic treatment. It was hypothesised that “Confronters” would improve more than “Avoiders” on all measures following treatment.

Methods: 22 (11 M, 11 F) new chiropractic patients with CLBP were recruited from a clinic in Essex. The *Fear-Avoidance Beliefs Questionnaire* was used to categorise participants into two groups, Confronters (N=13) and Avoiders (N=9), according to their fears and beliefs regarding back pain (based on the Fear-Avoidance Model, see figure). Both groups were asked to complete a set of questionnaires prior to and then following an initial course of chiropractic treatment. Self-reports of pain were taken using the *Short Form of the McGill Pain Questionnaire*, disability was measured using the *Roland-Morris Disability Questionnaire*, and the *Beck Depression Inventory-II* was used to measure depression levels.



Results: In comparison with Avoiders, Confronters improved more on all pain and disability measures but not on depression scores, following a course of chiropractic treatment. Table below shows the summary of significant improvements in post-treatment scores for Confronters compared to Avoiders.

Variable	t	df	Significance (1-tailed)
Sensory pain	-2.70	20	.001
Affective pain	-2.56	20	.001
Pain intensity	-2.85	20	.001
Disability	-4.99	20	.001

Conclusions: The results suggest that a CLBP patient’s fear-avoidance beliefs influence their prognosis and support the argument that CLBP treatment should be augmented with psychological intervention to address fear-avoidance beliefs.

