

Doctor-Patient Trust and Low Back Pain

Sandra Burge, David Schneider. Trust between doctors and patients with chronic low back pain. Society of Teachers of Family Medicine Annual Spring Conference, Baltimore, MD, May 2008.

Objective: To examine predictors of trust relationships between doctors and patients with chronic low back pain.

Design: Cross-sectional Survey.

Setting: Eight family medicine residency program clinics in the Residency Research Network of Texas.

Participants: 218 outpatients with chronic low back pain and their doctors.

Main Outcome Measures: Doctors' trust of patients; patients' trust of doctors.

Main Predictor Variables: Opioid use, general health, functional status, mental health, visit characteristics.

Results: Participants were 79% continuity patients, 65% women, and 39% Latinos. These patients had low back pain for a median duration of 7 years (range 3 months to 65 years). Mean pain severity was 6.5 on a 10-point scale. Two-thirds took opioid medications for pain; 39% used opioids daily. Overall, few doctors (8%) and patients (3%) reported "low trust" of the other. Linear regression analysis examining predictors of doctors' trust showed that doctors had lower trust toward younger men, patients who requested opioid medicines by name, and anxious patients, and higher trust toward Latinos, higher-educated people, and continuity patients. Predicting patients' trust, investigators found that younger Latino men were less trusting toward doctors, but patients who requested opioid medicines by name and continuity patients were more trusting.

Conclusions: Doctors' trust toward chronic low back pain patients was primarily associated with patients' demographics and visit characteristics. Continuity appeared to build trust on both sides of the doctor-patient relationship. These findings revealed a paradox: patients with higher levels of trust felt more comfortable asking for opioids by name; however this behavior appeared to make their doctors less trusting.