



**KNOWLEDGE, ATTITUDE, AND PRACTICE OF COMMUNITY
PHARMACISTS WITH REGARD TO SELF-MANAGEMENT OF LOW
BACK PAIN ZAWIA, LIBYA**

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ABSTRACT

Many people experience low back pain (LBP) at some point in their lives. It is a relatively prevalent disease. The study's objective was to assess community chemists' knowledge, attitudes, and practices when they provide lower back pain advice to patients. **Materials and methods:** This study was done for two months in September and October 2024. We collected data from community pharmacists in Zawia, Libya. The cross section was 100 participants from community pharmacists to assess knowledge, attitude, and practice among patients with lower back pain. **Results:** 100 participants were conducted in this study; for the target number, there was a questionnaire that was from a previous study or validated study; the questionnaire consisted of 5 parts. There, all the participants completed and answered the questionnaire. For a quicker response, the surveys were available in both Arabic and English for all participants. and using simple statistics. **Conclusion:** The community pharmacists in Zawia, Libya, approached the treatment of lower back pain with positivity. It was demonstrated that both factors were statistically dependent on work, location, jobs, and prior employment.

KEYWORDS: Knowledge, Attitude, Practice, Low back pain, Community pharmacists.

INTRODUCTION

A musculoskeletal condition known as low back pain (LBP) is thought to be brought on by a confluence of acute injury or chronic overuse, psychological influences, and other general health issues. These factors ultimately result in different levels of pain and disability. A musculoskeletal condition known as low back pain (LBP) is thought to be brought on by a confluence of acute injury or chronic overuse, psychological influences, and other general health issues. These factors ultimately result in different levels of pain and disability [1]. Especially if it persists, the most common musculoskeletal condition that lowers quality of life is low back pain (LBP). Although LBP is a symptom, it can also relate to a complex clinical condition that, depending on its intensity and duration, can negatively impact disability and job absence. Any LBP episode's one-year incidence estimates have ranged from 1.5% to 36%, whereas the one-year incidence of a first LBP episode has been reported by certain studies to be between 6.3% and 15.4% [2,3].

Many people with LBP who are looking for symptom relief will visit neighbourhood pharmacies, occasionally in order to purchase substantial amounts of analgesic medications. Although they play a significant role in patient care as primary healthcare providers, community chemists' contributions to LBP management are frequently underutilized [4]. Without a consultation, community chemists in Lebanon can be approached for assistance and support from other medical specialists. In addition, a large number of OTC medications for LBP are available from neighbourhood pharmacies without a prescription. Pharmacists are in a unique position to provide pertinent advice and back recommendations made by other medical professionals because many patients with LBP who initially visit their doctor may later visit the pharmacy with a prescription [5,6]. Pharmacists not only dispense over-the-counter drugs and provide patients with pertinent information and guidance, but they also refer patients to doctors when required. As a result, chemists are in a good position to offer patients evidence-based guidance on LBP and improve their health and quality of life [6].

Due to its widespread occurrence, LBP is one of the most often reported clinical issues to community chemists (CPs) and the sixth most prevalent cause for patients to visit their general practitioner (GP) in the United States of America (USA). In this situation, CPs can advise patients on the best method of self-medication or assist them in appropriately adhering to a doctor's prescription [7, 8]. Due to its great prevalence, LBP is one of the most common

reasons individuals contact their general practitioner (GP) (ranked as the fifth most common cause in the United States) [8] and is one of the most common clinical issues that patients report to community pharmacists (CPs) [8].

The aim of study

This study evaluated the knowledge, attitudes, and practices of community pharmacists who advise patients with lower back pain.

Materials and methods

This study was done for two months in September and October 2024. We collected data from community pharmacists in Zawia, Libya. The cross section was 100 participants from community pharmacists to assess knowledge, attitude, and practice among patients with lower back pain.

Study design and data analysis

100 participants were conducted in this study; for the target number, there was a questionnaire that was from a previous study or validated study; the questionnaire consisted of 5 parts. There, all the participants completed and answered the questionnaire. For a quicker response, the surveys were available in both Arabic and English for all participants. and using simple statistics.

Part one of the questionnaire was the demographic data participants, or Zawia community pharmacists, which included age, gender, educational level, position at the pharmacy, years of experience, and hours of practice.

Part two of the questionnaire was the knowledge of pharmacists regarding low back pain, which included If you have back pain, you should rest until it gets better, If you have back pain, you should try and stay active?, and if you have back pain, you should not return to work until you are free of pain?. There were answers with agree and disagree.

Part three of the questionnaire was the understanding of low back pain among pharmacists, which included LBP is always related to injury?, LBP can There were answers with agree be described as aching, burning, stabbing, tingling, dull or sharp?, Back pain usually gets worse before it gets better?, and Patients should avoid all painful movement?. There were answers with true or false.

Part four of the questionnaire was attitude of community pharmacists toward low back pain. Which included I often have negative feelings about advising people with back pain, Back pain is an important topic where I work, I most frequently refer people with back pain to their GP, Where I work people often ask for advice about back pain, I offer good advice about back pain, and My support staff offers good advice about back pain. There answers with agree or disagree.

Parts five of the questionnaire was practice of community pharmacists toward low back pain which included Advise on appropriate analgesic treatment, Tell the patient to be careful and not do any activities that lead to pain, Ask the patient whether they have tried to seek pain relief in the short term by applying a cold pack or local heat, Advise on the benefits of movement and regular walks to treat back pain, Alert the patient to the fact that returning to work may worsen their back pain, Recommend that the patient continues with their leisure activities, and If the patient is still experiencing pain and is struggling to return to normal activities, suggest that they see a GP or therapist. There were answers with agree or disagree.

RESULTS

Our study was shared with 100 participants in all, who responded to all of the questions posed. All the participants were aged ≥ 40 years old; 48% followed; 47% were 30-39 years old; and only 5% were ≤ 29 years old. The majority of the participants were female 78% while 22% were male. Educational level: 83% had a bachelor and 17% had a postgraduate level. For positions in pharmacy, 17% were owner and 83% were employer. Years of experience: there were 45% > 15 years, followed by 34% were 5-10 years, and then 21% were 11-15 years. Hours of practice per week: there were 51% 8-24 hours, followed by 18% 25-40%, 16% > 40 hours, and then 15% > 6 hours (table 1).

Table 1: The demographic data of community pharmacists.

Variables	N (%)
Age	
29 \leq years	5
30 -39 years	47
≥ 40 years	48
Gender	
Male	22
Female	78
Educational level	
Bachelor	83
Postgraduate	17

Position at the pharmacy	
Owner	17
Employer	83
Years of experience	
5-10 years	34
11-15years	21
>15 years	45
Hours of practice	
>6 hrs	15
8-24 hrs	51
25-40 hrs	18
>40 hrs	16

Table 2 shows pharmacists' knowledge regarding low back pain. 90% agree that if you have back pain, you should rest until it gets better. While 10% disagree. 15% agree if you have back pain you should try and stay active. While 85% disagree. Third equation: 80% agree that if you have back pain, you should not return to work until you are free of pain. While 20% disagree.

Table 2: Knowledge of pharmacists regarding low back pain.

Item	Agree (N%)	Disagree (N%)
If you have back pain you should rest until it gets better?	90	10
If you have back pain you should try and stay active?	15	85
If you have back pain you should not return to work until you are free of pain?	80	20

Table 3 showed the understanding of low back pain among pharmacists: 34% said true; LBP is always related to injury. While 66% said false. For LBP, which can be described as aching, burning, stabbing, tingling, dull, or sharp, 59% said true while 41% said false. Also, back pain usually gets worse before it gets better; 59% said true, while 41% said false. All participants 100% said true for patients should avoid all painful movement.

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Table 3: The understanding of low back pain among pharmacists.

Item	True (N%)	False (N%)
LBP is always related to injury?	34	66
LBP can be described as aching, burning, stabbing, tingling, dull or sharp?	59	41
Back pain usually gets worse before it gets better?	59	41
Patients should avoid all painful movement?	100	0

Community pharmacists' attitudes regarding low back pain were displayed in Table 4. While 85% disagree, 15% agree since I frequently feel bad about giving advice to folks who have back discomfort. Where I work, 89% of people agree that back discomfort is a significant concern, whilst 11% disagree. While 19% disagree, 81% believe that I most often send clients with back problems to their general practitioner. While 18% disagree, 82% of respondents believe that people frequently seek assistance about back discomfort at my place of employment. While 15% disagree, 85% of respondents think I provide helpful advice on back discomfort. While 18% disagree, 82% of respondents think that my support staff provides helpful suggestions regarding back pain.

Table 4: Attitude of community pharmacists toward low back pain.

Item	Agree (N%)	Disagree (N%)
I often have negative feelings about advising people with back pain	15	85
Back pain is an important topic where I work	89	11
I most frequently refer people with back pain to their GP	81	19
Where I work people often ask for advice about back pain	82	18
I offer good advice about back pain	85	15
My support staff offers good advice about back pain	82	18

Table 5 showed the practice of community pharmacists toward low back pain. 51% agree for advice on appropriate analgesic treatment, while 49% disagree. While 17% disagree, 83% believe that the patient should be advised to exercise caution and refrain from any activities that cause pain. One percent disagree with asking the patient if they have attempted to use a cold pack or local heat to relieve their discomfort in the near term. While 84% disagree, 86% believe that regular walks and movement are beneficial for treating back discomfort. While 43% disagree, 57% support warning the patient that going back to work could make their back discomfort worse. While 64% disagree, 36% concur and advise the patient to keep up their recreational activities. 93% agree that if the patient is still experiencing pain and is struggling to return to normal activities, suggest that they see a GP or therapist, while 7% disagree.

Table 5: Practice of community pharmacists toward low back pain.

item	Agree (N%)	Disagree (N%)
Advise on appropriate analgesic treatment	51	49
Advise the patient not take part in any activities that cause pain and to exercise caution.	83	17
Ask whether the patient has attempted to use a cold pack or local	99	1

heat to relieve their pain temporarily.		
Discuss the advantages of regular walks and movement in the treatment of back pain.	86	14
Inform the patient that going back to work could make their back discomfort worse.	57	43
Suggest that the patient keep up their sporting hobbies.	36	64
If the patient is still experiencing pain and is struggling to return to normal activities, suggest that they see a GP or therapist	93	7

DISCUSSION

In order to better understand the kind of advice and practices that patients with low back pain are likely to receive at the community pharmacy in Zawia, Libya, a study was done. It is a step to identify, characterize, and record pharmacists in their daily work. This improves our understanding of how Zawia pharmacists treat patients with low back pain. The majority of the study participants were female more than male, and they also had experiences > 15 years and had work per week (51% 8-24 hours), which meant they had good knowledge, attitude, and practice to advise patients with low back pain. All the participants had educational levels of bachelor pharmacy and some postgraduate; they studied about different pains in the body and low back pain. Similarly, other study most of the respondents were female, employed in independent pharmacies, had over ten years of experience, had earned a bachelor's degree, graduated from regional or foreign universities, and had a position as a pharmacist in charge. When it came to managing low back pain, the chosen community chemists demonstrated a high degree of attitude and practice. Community pharmacists have been playing more non-dispensing duties in recent years.[7,9]

Regarding pharmacists' understanding of low back pain, the majority of participants knew a lot about it. Most of them concur that you should rest till your condition improves and avoid going back to work until you are pain-free. Other studies found pharmacists must be familiar with both pharmaceutical and non-pharmacological approaches to pain management, as well as the possible risks and adverse effects of each. They ought to be able to monitor the effectiveness of treatment, inform patients and carers, and modify it as necessary [7,10].

The pharmacists of this study, they understood of low back pain, was not related to injury, similarly to other studies, a majority of pharmacists (90.9%) said that injuries are not always the cause of low back pain [6]. Community pharmacists are in a unique position to gather and analyse health status data and offer patients guidance because they frequently visit patients with mild and medium-intensity LBP[7,11]. In order to manage LBP from a

pharmacological and nonpharmacological perspective, an Australian community pharmacists play a crucial role in educating, counselling, evaluating the patient's condition, determining whether interventions are appropriate, and offering patients with LBP symptoms guidance on important therapeutic approaches [12].

For attitude of community pharmacists among low back pain, they had a good attitude with clearly agreeing with the importance of back pain and giving advice to people to go GP, ask for advice about back pain, and support staff offers good. Understanding and respecting community pharmacists' perspectives on LBP assessment and management can help to spot discrepancies from what the Australian clinical guidelines and evidence recommend, as community pharmacists are frequently the initial point of contact for primary healthcare-related questions in Australia [12,13].

For the practice of the community of pharmacists regarding low back pain, they also had good practice. In this, they almost agree to advice to use appropriate analgesic treatment and ask or give advice to patients with good or beneficial treatment of the low back pain. Given the ease of use, accessibility, and affordability of analgesic medications, it is not surprising that Australian community pharmacies are regarded as one of the most commonly used primary healthcare facilities and are frequently the initial point of contact for the majority of patients [12]. The majority of low back pain symptoms in community pharmacies are anticipated to be mild, but high-risk circumstances should always be look for an deferred. In addition to primary care clinics, community pharmacies are seen as an additional avenue for treating this prevalent condition [14]. Skeletal muscle relaxants or NSAIDs must be used as the first line of treatment if medication therapy is desired [6]. Research indicates that regular over-the-counter NSAIDs and prescription NSAIDs do not differ in their ability to relieve pain [6,15].

CONCLUSION

The community pharmacists in Zawia, Libya, approached the treatment of lower back pain with positivity. It was demonstrated that both factors were statistically dependent on work, location, jobs, and prior employment.

According to the poll, the pharmacists were both eager and able to offer patients with low back pain evidence-based recommendations.

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