DIFFERENCES IN LOW BACK PAIN KNOWLEDGE BETWEEN CULTURES: THE INSTANCE OF CHINESE AND HUNGARIANS

Zhe W[1], Yinyao X[2], Makai A[2], Tumpek N[2], Molics B[2], Boncz I[3], Járomi M[2]

1. Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary
2. Institute of Physiotherapy and Sports Science, Faculty of Health Sciences, University of Pécs, Pécs, Hungary
3. Institute for Health Insurance, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

OBJECTIVES

Self-efficacy of people with LBP is important in prevention and rehabilitation, which affects mobility and prognosis. Studying people's knowledge of LBP in different cultures can help physiotherapists to develop individualized treatment when dealing with different populations..

METHODS

A cross-sectional controlled study was carried out in 262 people (136 Chinese, 126 Hungarian) in 2021. Their demographic data were collected. The LBPKQ and Roland-Morris Disability Questionnaire were used as the measurements in Hungarian and Chinese language. The statistical analysis was performed using IBM SPSS 28.0 software, the level of significance was set at $p<0.05$.

RESULTS

Mean age of the participants was 25 (Chinese: 25.63±7.06, Hungarian: 25.06±6.057) years. More than twice as many of all Hungarian participants had a medical education than those without. The mean score of LBPKQ in Chinese was 10.46±4.363, Hungarians was 14.17±4.441 which was significantly higher than Chinese ($p<0.001$). In questions related to basic definition of LBP, Hungarians answered correctly more than Chinese. On the question about prevention and treatment of LBP, the Chinese scored higher than the Hungarians. Among Roland-Morris Disability Questionnaire, the score of two groups (Chinese: 6.139±4.614, Hungarian: 6.5±5.818) did not show a significant difference ($x^2=1.809$, $p=0.179>0.5$).

CONCLUSIONS

The degree of knowledge about LBP varies between cultures exist, and may affect the incidence and prognosis of LBP.

		Chinese (n=136)	%	Hungarian (n=126)	%
Sex	Female	81	59.56	102	80.95
	Male	55	40.44	24	19.05
Education	middle school	1	0.74	60	47.62
	high school	16	11.76	4	3.17
	college	3	2.21	5	3.97
	bachelor	80	58.82	49	38.89
	master	28	20.59	6	4.76
	PhD	8	5.88	2	1.59
Medical background	No	77	56.62	40	31.75
	Yes	59	43.38	86	68.25

Table 1.
Demographic data between Chinese in Hungary and Hungarian people in all participants

Category	Chinese	%	Hungarians	%	χ^2	p
No	90	66.18	93	73.81	1.809	0.179
Yes	46	33.82	33	26.19		

Table 2.
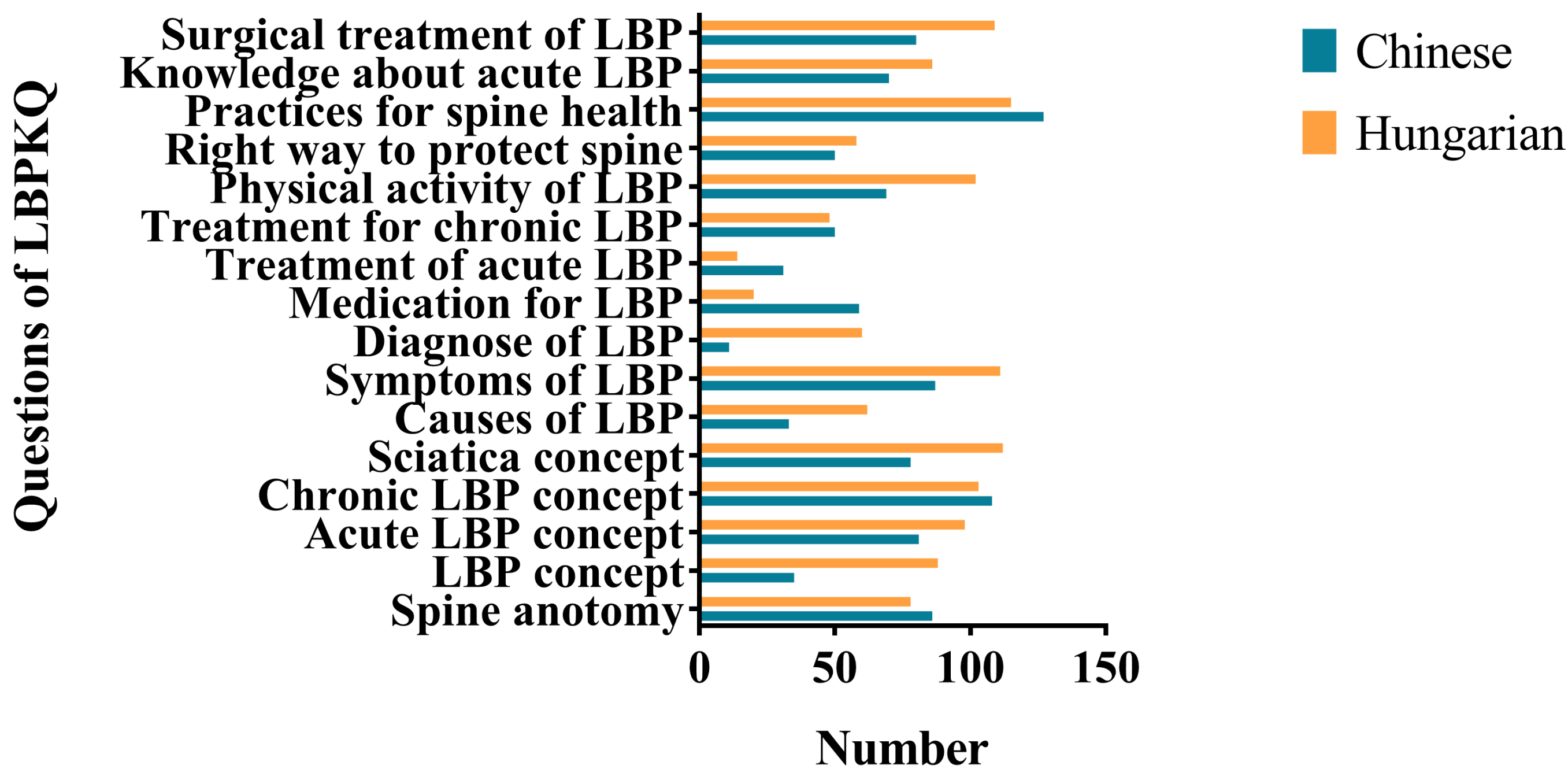*Comparison of responses to whether participants have low back pain in the past 24 hours between the two countries*

Figure 1.
Scores of LBPKQ in Chinese and Hungarian

	Countries	N	Mean	Std. Deviation	Std. Error Mean
Participants without medical education background	Chinese	77	8.61	4.159	0.47
	Hungarians	40	11.33	3.785	0.60
Participants with medical education background	Chinese	59	12.86	3.350	0.44
	Hungarians	86	15.49	4.107	0.44

Table 3.
Comparison of lower back pain knowledge questionnaire scores between Hungarian and Chinese individuals based on the presence or absence of a medical education

ISPOR Europe 2022
6-9 November 2022

PÉCSI TUDOMÁNYEGYETEM
UNIVERSITY OF PÉCS

SA 57

SZÉCHENYI 2020

HUNGARIAN GOVERNMENT

European Union
European Social Fund

INVESTING IN YOUR FUTURE

Corresponding author:
Dr. Bálint MOLICS, PhD, Habil
University of Pécs, Faculty of Health Sciences, Hungary
Institute of Physiotherapy and Sports Science
E-mail: molics.balint@etk.pte.hu