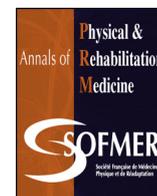




Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com



Letter to the editor

The “Back Book” translated to Arabic



Dear Editor

Low back pain (LBP) is initially a symptom. The transition to chronicity is favored by a set of factors that are currently grouped according to a biopsychosocial model. Preventing this transition requires the early identification and evaluation of chronicity risk factors. However, these factors are largely beyond the pharmacological intervention of physicians. The biopsychosocial model then takes on its full value, by patient education and information. Whether by written or oral means, physicians are required to inform the patient of the diagnosis and the therapeutic approach. LBP is a major contributor to healthcare costs; typically, indirect costs are much higher than direct costs [1].

For our Moroccan patients with LBP, the objective is to provide a simple booklet in classical Arabic advocating the early resumption of physical activity after a painful episode and to reduce costs but also resume daily life and work activity. Various documents are available, on the Internet or in printed leaflets [2–6]. However, to our knowledge, no informative booklet for non-specific LBP has been published in classical Arabic.

We aimed to develop a booklet in classical Arabic by first performing a systematic review of Pubmed for articles published from 1966 to 2015. We searched for a document containing information based on objective data from the literature dealing with the relation between physical activity and LBP, physical activity being recommended for acute [7] and chronic LBP [8]. We created a version in Arabic by using the translation/back translation method. The translated version of the booklet in classical Arabic was evaluated by 3 physicians and by 45 LBP patients who had never had much information on their pathology, to ensure its understanding and acceptance. Patients were followed in a department of physical medicine and functional rehabilitation. The patients answered a questionnaire consisting of written questions about the booklet, with 3 answers: “true”, “false” and “I do not know”. One point was given for a correct answer and no points for a wrong answer and “I do not know”. The questionnaire was given before and after reading the brochure.

We chose 2 back books, promoting physical activity for LBP. The French version is a translation and cultural adaptation of the English version of the “Back Book” [9]. We retained the English version. This booklet is also intended to encourage the maintenance of professional and sports activities and to avoid deconditioning efforts. Physical activity for LBP is recommended by several studies [10,11]. It helps fight against the negative beliefs of patients but also helps physicians, especially general practitioners, cope with the condition. The translation/back translation method allowed us to develop a version of the “Back Book” adapted to Moroccan patients. The final version was obtained by contextualizing. The following are some changes:

- we used the term “back pain” instead of LBP. Usually our patients say they have back pain;
- we eliminated sentences indicating taking paracetamol and ibuprofen to avoid the self-medication that is common in our context, but we insisted on the patient’s compliance with the dosages and durations prescribed by the physician to avoid any adverse effects. Patients should take only the drugs prescribed by their doctors;
- we changed the content of a title talking about other treatments, such as vertebral manipulation; in fact, we wanted to avoid access to certain therapies by charlatans and traditional healers. However, we retained access to other therapies, with their indication left to the treating physician. Massage, a therapy well appreciated by patients, is to be used wisely. It has no long-term effect and is to be replaced by physical activity. Specialists such as physical medicine and functional rehabilitation specialists can provide advice in this area;
- we emphasized activities that can be performed by Moroccan patients, such as walking, swimming, running, and cycling or relaxation exercises;
- we explained the lack of link between LBP and infertility or impotence or even nephropathy; some patients have mistaken beliefs about these topics;
- signs such as weight loss, nocturnal temperature increase, and sensory disturbances in the genital area or anus, numbness or any motor impairment in the lower limbs should lead to a consultation with the attending physician.
- we included certain terms commonly used in the Moroccan dialect (in parentheses) for better understanding of terms such as sciatica, osteoarthritis, radiography, MRI, cancer, disc;
- the illustrative photos were inspired by the daily life of every Moroccan.

The compliance of the translated booklet [e-component 1] with the recommendations of the authors and the editor was verified. At the semantic level, the original author (K. Burton) reread the retrotranslated version and found that it conformed to the original version. The patient who read the booklet was in total agreement with the content of the booklet. The quality of the translation was confirmed by a significant improvement in understanding ($P < 0.005$): the comprehension score increased from 8.5 (6–9) before reading to 12.5 [10,11] (10–14) after reading.

This document explains the interest of practising physical activity for treating and preventing LBP, an attitude that has been found effective for acute [7] and chronic LBP [8]. Our version was adapted to the Moroccan context; this adaptation was obligatory considering the difference between the British and Moroccan culture. Despite the contextualization of the work, the new version retained the objectives of the original version for which it was developed. The main goal was for patients with LBP to resume physical activity and never remain inactive. The “Back Book”

advocates physical activity in a population used to this kind of leisure. However, in Morocco, we do not practice physical activity as much as other cultures [e-component 2]. We insisted on physical activity, especially an activity related to our daily tasks and trades, and the practice of running, swimming, running and cycling.

This booklet is simple, easy to read and accessible and contains simple and reassuring advice on both acute and chronic LBP; it delivers very clear messages. The writing of this document is based on a biopsychosocial model, which seems likely to limit the frequency of recurrences and limit the transition to chronicity. This booklet is the first in the classical Arabic language with validated content, advocating the early resumption of activity after an LBP episode. The advantage of this booklet is to ensure a wide distribution in the Arab world. It is also intended for the public because it uses simple Arabic language and clear messages. Given the occasional difficulty in understanding the messages conveyed by the booklet, the brochure has been illustrated with photos. We tried to approach the Moroccan reality as much as possible.

This new approach, which consists of advocating physical activity with the help of an informative booklet, falls within the framework of the de-dramatization of this pathology, which some patients consider serious. We emphasized positive coping by explaining the biopsychosocial model that often escapes treatment. The use of drawings, diagrams and other visual tools reinforces the impact of the booklet, which helps the memory receive new information, identify it, save it and recall it later [12]. The illustration with images reflects the content of the text; these images show how the back should be in the activities and postures prohibited or advised. Indeed, we applied the principle of cognitive economy by establishing links between knowledge acquired and its translation to a diagram. The memory of images is stronger than that of written words. Finally, our work deals with the subject of “quack medicine”, practiced by traditional healers, whose base continues to grow with the ignorance of patients; these healers attract a large number of patients including patients from certain social ranks.

This booklet can alert patients with LBP to this new approach to treatment – physical activity. Physical activity is currently recommended for all pathologies. The book represents a first step toward the distribution of this document in the Arab world, a world that is rich in ethnic groups, and performing cross-cultural studies on the level of information of patients with LBP. This booklet should now be a scientific tool to start studies on back pain in Arab populations, evaluating the ethnic groups that constitute the Arab world.

There are 2 languages in the Arab world: classical Arabic and dialect. Throughout the Arab world, classical Arabic is understandable only by some people and is spoken only by the elite; several dialects exist in each country. The validation in the Moroccan population can be easily extrapolated to other Arabic countries; our version in classical Arabic can be translated into several dialects in relation to ethnic groups. The contextualization can be done in each country according to its culture and dialect. These types of studies in multi-ethnic communities have been successfully carried out in other countries such as the United Kingdom.

Disclosure of interest

The authors declare that they have no competing interest.

Acknowledgments

We thank Kim Burton, the original author of the English version of the “Back Book”. We acknowledge Mrs. Hanan, Dentist at the Medical–Surgery Center, Agadir, Morocco, who contributed to the translation of the manuscript.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at <https://doi.org/10.1016/j.j.rehab.2018.07.004>.

References

- [1] Maher C, Underwood M, Buchbinder R. Non-specific low back pain. *Lancet* 2017;389:736–47.
- [2] Burton AK, Waddell G, Tillotson KM, Summerton N. Information and advice to patients with back pain can have a positive effect. A randomized controlled trial of a novel educational booklet in primary care. *Spine* 1999;24:2484–91.
- [3] Tavares Figueiredo I, Dupeyron A, Tran B, Duflos C, Julia M, Herisson C, et al. Educational self-care objectives within a functional spine restoration program. Retrospective study of 104 patients. *Ann Phys Rehab Med* 2016;59:289–93.
- [4] Dupeyron A, Ribnik P, Gelis A, Genty M, Claus D, Hérisson C, et al. Education in the management of low back pain: literature review and recall of key recommendations for practice. *Ann Phys Rehab Med* 2011;54:319–35.
- [5] Coudeyre E, Tubach F, Rannou F, Baron G, Coriat F, Brin S, et al. Effect of a simple information booklet on pain persistence after an acute episode of low back pain: a non-randomized trial in a primary care setting. *PLoS One* 2007;2:e706.
- [6] Claus D, Coudeyre E, Chazal J, Irthum B, Mulliez A, Givron P, et al. An evidence-based information booklet helps reduce fear-avoidance beliefs after first-time discectomy for disc prolapse. *Ann Phys Rehab Med* 2017;60:68–73.
- [7] Hagen KB, Hilde G, Jamtvedt G, Winnem MF. The Cochrane Review of bed rest for acute and low back pain and sciatica. *Spine* 2000;25:2932–9.
- [8] Anaes. Diagnostic prise en charge et suivi des malades atteints de lombalgie chronique. Paris, France: Service des Recommandations et Références Professionnelles; 2000.
- [9] Coudeyre E, Givron P, Gremeaux V, Combe B, Burton K, Hérisson C, et al. French translation and cultural adaptation of the “Back Book”. *Ann Readapt Med Phys* 2003;46:553–7.
- [10] Anaes. Prise en charge diagnostique et thérapeutique des lombalgies et lombosciatiques communes de moins de trois mois d'évolution. Paris, France: Service des Recommandations et Références Professionnelles; 2000.
- [11] Waddell G, Feder G, Lewis M. Systematic review of bed rest and advice to stay active for acute low back pain. *Br J Gen Pract* 1997;47:647–52.
- [12] Brookshire J, Laurene Scharff FV, Laurie Moses E. The influence of illustration on children book preferences and comprehension. *Reading Psychology* 2002;23:323–39.

H. Arabi^{a,*}, M. Ghazi^b, M. Zyani^c, A. Akhaddar^d, R. Niamane^b

^aDepartment of Physical Medicine and Functional Rehabilitation, Military Hospital Avicenne of Marrakech, Faculty of Medicine and Pharmacy of Marrakech, University of Cadi Ayyad, BP 40000 Marrakech, Morocco

^bService of Rheumatology, Military Hospital Avicenne of Marrakech, Faculty of Medicine and Pharmacy of Marrakech, University of Cadi Ayyad, BP 40000 Marrakech, Morocco

^cDepartment of Internal Medicine, Military Hospital Avicenne of Marrakech, Faculty of Medicine and Pharmacy of Marrakech, University of Cadi Ayyad, BP 40000 Marrakech, Morocco

^dDepartment of Neurosurgery, Faculty of Medicine and Pharmacy of Marrakech, University of Cadi Ayyad, Military Hospital Avicenne of Marrakech, Marrakech, Morocco

*Corresponding author. Department of Physical Medicine and Rehabilitation Service, Avicenne Military Hospital Marrakech, avenue de la Résistance, Gueliz, BP. 40000, Marrakech, Morocco
E-mail addresses: drhafidhafid1111@gmail.com, sihamnotaire@hotmail.com (H. Arabi).

Received 9 May 2018

Accepted 14 July 2018