



## Social Media Interventions in the Management of Non-Specific Low Back Pain

### ARTICLE INFO

**Article Type**  
Editorial

### Authors

SeyedeH-Somayeh Kazemi\* *PhD*

### How to cite this article

Kazemi SS. Social Media Interventions in the Management of Non-Specific Low Back Pain. *IJMPP*. 2021; 6(3): 517-518.

<sup>1</sup>Health Network, Disease Unit, Mazandaran University of Medical Sciences, Chaloos, Iran.

### \* Correspondence

Address: Health Network, Disease Unit, Mazandaran University of Medical Sciences, Chaloos, Iran.  
Tel: +981152226160  
Fax: +981152221635  
P.O.Box: 4661619373  
Email: somayeh.kazemi7@gmail.com

### Article History

Received: May 17, 2021  
Accepted: Jun 4, 2021  
ePublished: June 20, 2021

### ABSTRACT

Social media, known as the “participative Internet”<sup>[1]</sup> encompass a broad set of Internet-based communications, tools, aids, and work through several mechanisms. Social media can provide a channel for social support and facilitate a sense of connectedness among individuals. These online tools let users share information that is consumer-centric and consumer-controlled, enabling anonymity or personal connection as preferred, and can be an inexpensive way to reach large audiences over great distances <sup>[2]</sup>. Research now shows that some online communications are effective at improving knowledge and understanding of specific health topics. As well, social media can successfully encourage health improvement and behavior change <sup>[2]</sup>. Some approaches appear to be more effective than others in addressing short- or long-term goals. Evidence about social media’s impact on health knowledge, behavior, and outcomes shows these instruments can be effective in meeting individual and population health needs. One of the issues that social media has been successful at is non-specific Low Back Pain (LBP) <sup>[3-5]</sup>.

Low back pain is a common

cause of disability and is ranked as the most burdensome health condition globally <sup>[6,7]</sup>. Self-management, including components on increased knowledge, monitoring of symptoms, and physical activity, are consistently recommended in clinical guidelines as cost-effective strategies for LBP management and there is increasing interest in the potential role of social media intervention.

With the advancement of science and technology, education by traditional approach is a challenging way to provide information. It is recognized that traditional healthcare models have failed to significantly reduce care-seeking and costs associated with treatment. Conventionally, clinical management of LBP relies on face-to-face interactions between the healthcare provider and the patient. However, this approach is not affordable or accessible to a large number of individuals, particularly those living in remote locations. Social media is a tool for teaching about LBP that not only is accessible and well-received by participants but also has positive impacts on scores of knowledge and competency.

Although some face-to-face or

group session interventions to increase patient empowerment have been effective, but real opportunities for patient empowerment formed with the rise of the Internet and social media. The social media approach is more successful than the in-person intervention over the long term and might be a better way to present a program due to its ease of access and decreased implementation costs. The advantages of social media can mention access to education without time limitation, access to education without space limitation, remember and repeat the content, share information, access to a lot of educational content, low cost of education and use content over time. Therefore, the interventions for LBP (ie, patient education, behavior therapy, and exercise programs) could be delivered through one of the types of social media.

Today, the number of Internet users has increased considerably, and the Internet is being employed more frequently to locate information on health and health care delivery. Social media such as telehealth, mobile-web, e-Health, etc. is a potential approach to deliver interventions for LBP patients aimed at improving individuals' health status by providing education and services, reducing healthcare costs, and overcoming geographic barriers. Social media is an effective approach to reduce low back pain in a long time. As well, using the website where participants could access self-tailored strategies through their

smartphones, is excellent and applicable. Therefore, a growing number of interventions aimed at patient empowerment are, not surprisingly, to be presented online.

## References

1. Jones S, Fox S. Generations online in 2009. Pew research center. Washington, DC: Pew Internet & American Life Project. Retrieved from <http://www.pewinternet.org/Reports/2009/Generations-Online-in-2009.aspx> on Jun 11, 2021
2. Korda H, Itani Z. Harnessing Social Media for Health Promotion and Behavior Change. *Health Promot Pract.* 2013; 14 (1): 15-23. DOI: 10.1177/1524839911405850
3. Kazemi SS, Tavafian SS, Hiller CE, Hidarnia AR, Montazeri A. The effectiveness of social media and in-person interventions for low back pain conditions in nursing personnel (SMILE). *Nurs Open.* 2021; 8:1220-1231
4. Borges Dario A, Moreti Cabral A, Almeida L, Loureiro Ferreira M, Refshauge K, Simic M, et al. Effectiveness of telehealth-based interventions in the management of non-specific low back pain: a systematic review with meta-analysis. *Spine J.* 2017; 17 (2017): 1342-1351
5. Goode A P, Stark Taylor Sh, Hastings S N, Stanwyck C, Coffman C J, Allen K D. Effects of a Home-Based Telephone- Supported Physical Activity Program for Older Adult Veterans With Chronic Low Back Pain. *Phys Ther.* 2018; 98 (5): 369-380
6. Nicholl BI, Sandal LF, Stochkendahl MJ, McCallum M, Suresh N, Vasseljen O, et al. Digital Support Interventions for the Self-Management of Low Back Pain: A Systematic Review. *J Med Internet Res.* 2017; 19 (5): doi: 10.2196/jmir.7290.
7. Vos T. Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet* 2015; 386: 743-800.