

'Waiting Room Syndrome' Observations from a sub district hospital in Kashmir

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Abstract

Sir:

Low back ache is one of the commonest causes of chronic pain and hence has a substantial impact on patient suffering, earning capacity, disability and health care costs.

Even though most persons with low back ache manage their symptoms independently, a significant percentage actually seeks medical care.

Many spine specialists currently consider a degenerative etiology for most low back pain, in which progressive degeneration of the intervertebral discs and facet joints periodically produces pain in some individuals through the influence of degeneration, secondary inflammation and nociception. [1].

Conservative management of low back pain involves management of the natural history of the disorder and controlling pain while keeping the patient as functional as possible.

One of the cornerstones in the management of low back ache is the regulation of posture, with the sitting posture being especially painful for patients with degenerative symptoms of the lower back.

The Sub district hospital in the area of Kangan in the state of Jammu and Kashmir treats a lot of orthopaedic morbidity related to the low back pain stemming from degenerative spine disorders. This hospital has only one

orthopaedic specialist to cater to around a daily outdoor of 100-125 patients. Patients have to wait in a queue for up to 6 hours to get an orthopaedic consultation.

Over a period of 6 months it was observed that patients who had been treated for degenerative low back ache and had to wait for longer than 2 hours in the waiting area on follow up visits reported less improvement in symptoms than the patients seen within two hours. This trend continued even when follow up visits were controlled in terms of the waiting period. A shorter waiting period produced statistically significant difference in the improvement of symptoms. The Wong Baker pain rating scale was used for assessment.[2]

The relation of lower incidence of improvement in patients having to wait longer on follow up visits could be due to the stress produced by waiting in overcrowded conditions as well as the bad posture adopted by these patients. This variation in symptom improvement has a significant bearing on the future surgical as well as non surgical management of these cases. It is important that waiting periods for degenerative spine disorders in patients be reduced. Doctors working in overcrowded hospital outdoors should give some consideration to this 'waiting room syndrome' in low back pain patients before formulating future therapeutic plans.

References

1. Weinstein JN; A 45 year old man with low back pain and a numb left foot. JAMA 1998; 280; 730-736.
2. Wong DL, Hockenberry-Eaton M, Wilson D et al. Whaley and Wong's nursing care of infants and children ed 6 St Louis, 1999, Mosby 1153.

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