10.5005/jp-journals-10039-1196

LETTER TO THE EDITOR

Evidence for the Treatment of Low Back Pain and Radicular Pain

Philip Sell

How to cite this article: Sell P. Evidence for the Treatment of Low Back Pain and Radicular Pain. J Spinal Surg 2018;5(4):181

Source of support: Nil

Conflict of interest: None

Effective and economic delivery of healthcare is a societal goal. Low back pain causes more disability, worldwide than any other condition. Prevalence and burden increase with age until around the sixth decade and worldwide prevalence has been reported to be highest in western Europe. High levels of psychological distress have been associated with back pain onset as has lifestyle factors. The persistence of an episode of back pain is related to clinical factors, lifestyle, and psychosocial factors -including distress and fear-avoidance beliefs.

Getting it right the first time may reduce patients 'churning' around in health care systems. The challenge is that many treatments have very small effect sizes. The effectiveness of treatments can be evaluated with systematic reviews involving meta-analysis of the evidence. The National Institute of Clinical Excellence has recently updated guidance on Non-specific low back pain and sciatica. They evaluate what treatments may be effective and what treatments may require further research https://www.nice.org.uk/guidance/ng59.

Multimodal treatment may be more effective than single modality approaches. Certain treatments such as acupuncture are no longer recommended. Ultrasound, transcutaneous electrical nerve stimulation (TENS) and PENS are not recommended. Injection therapy for back pain is not recommended.

There is evidence for the use of exercise therapy in the form of yoga andpilates. The evidence for manipulation therapy is as part of multi-modal therapy. Clinicians should consider a combined physical and psychological programme for people with persistent non-specific low back pain or sciatica when they have significant psychosocial obstacles to recovery,orwhen previous treatments have not helped enough. Radiofrequency denervation may have a role in selected patients. Disc replacement is not recommended. Spinal fusion for back pain is only recommended in the context of a randomized controlled trial.

Noneffective therapy should be dis-invested in to provide funds for effective treatments.

Consultant and Spine Surgeon

Department of Orthopaedics, University Hospitals of Leicester, Leicester, Leicestershir, United Kingdom

Corresponding Author: Philip Sell, Consultant and Spine Surgeon, Department of Orthopaedics, University Hospitals of Leicester, Leicester, Leicestershir, United Kingdom, e-mail: Philip.sell@uhl-tr.nhs.uk