

PEARLS

Practical Evidence About Real Life Situations



Non-steroidal anti-inflammatory drugs have a small short term effect on low-back pain

PEARLS No. 63, May 2008, written by Brian R McAvoy

Clinical question: How effective are non-steroidal anti-inflammatory drugs (NSAIDs) in the treatment of non-specific low-back pain?

Bottom line: Compared with placebo, NSAIDs are effective for short term symptomatic relief in patients with acute and chronic low-back pain without sciatica. However, the effect may be of marginal clinical significance. In patients with sciatica, no difference in effect between NSAIDs and placebo was found. NSAIDs are no more effective than other drugs (paracetamol/acetaminophen, narcotic analgesics and muscle relaxants).

Caveat: Only 42 per cent of the studies were considered to be of high quality, and many of them had small numbers of participants. Placebo and paracetamol/acetaminophen had fewer side effects than NSAIDs, although NSAIDs had fewer side effects than muscle relaxants and narcotic analgesics. The new cox-2 NSAIDs did not seem to be any more effective than traditional NSAIDs, but were associated with fewer side effects, particularly gastric ulcers. However, other literature has shown some cox-2 NSAIDs are associated with increased cardiovascular risk.

Context: NSAIDs are the most frequently prescribed medications worldwide and are widely used for patients with low-back pain. In most international guidelines for the management of low-back pain in primary care, NSAIDs are recommended as a treatment option after paracetamol/acetaminophen has been tried.

Cochrane Systematic Review: Roelofs PDDM et al. Non-steroidal anti-inflammatory drugs for low-back pain. Cochrane Reviews 2008, Issue 1. Article No. CD000396. DOI:10.1002/14651858.CD000396.pub3.

Note: This review contains 65 trials involving 11,237 participants.

Individual patient education is effective for acute or subacute low-back pain

PEARLS No. 77, July 2008, written by Brian R McAvoy

Clinical question: How effective is individual patient education in the treatment of nonspecific low back pain?

Bottom line: People with low back pain who received an individual patient education session, lasting at least 2 hours, in addition to their usual care, had better outcomes than people who only received usual care. Shorter education sessions, or providing written information by itself without an individual education session, did not seem to be effective. People with chronic (long term) low back pain were less likely to benefit than people with acute or subacute (short term) low back pain. The outcomes measured included pain, function and return to work.

Caveat: Patient education was no more effective than other interventions, such as cognitive behavioural group therapy, work-site visits, x-rays, acupuncture, chiropractic treatment, physiotherapy, massage, manual therapy, heat-wrap therapy, interferential therapy, spinal stabilisation, yoga or Swedish back school. Studies that compared different types of individual patient education did not find clear results on which type was the most effective. Most individual treatments were only tested by one or two studies. Fifty eight per cent of the studies in the review were judged to be of high quality (ie, met at least 50 per cent of the quality criteria).

Context: Patient education may include written or oral information, may be provided as a separate intervention or as part of a group programme. It may also be provided to an individual or to groups of patients. Patient education can mean a discussion with a health professional, a special class, written information (such as a booklet to take home), or other formats such as a video.

Cochrane Systematic Review: Engers A et al. Individual patient education for low back pain. Cochrane Reviews 2008, Issue 1. Article No. CD004057. DOI: 10.1002/14651858.CD004057.pub3.

Note: This review contains 24 trials involving 7139 participants.



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PEARLS

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PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

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