

Back Pain

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Having accepted that chronic pain problems arising from soft tissue injuries are not determined entirely by biological factors, many research groups have studied the interaction between psychological issues and injury. Findings have been collated and summarised in the form of guidance .g. FOM guidelines on occupational back pain and tSO guidelines on whiplash neck injury.

The work reported here describes a randomised control trial of a locally developed book on the self-management of back pain. Interestingly, the book is in our view fundamentally founded on the outdated injury model of back pain, but includes some elements of appropriate self-management.

311 patients attending 8 GP practices were recruited. Main inclusion criterion was the occurrence of a new episode of back pain.

Cases were randomised into one of four treatment groups; either 1) detailed self-management book 2) advice to take regular exercises 3) both 4) neither.

All were advised to mobilise and take analgesia.

Outcome measures: Pain and activity (self-report) by phone and a Qr. by post.

77% of recruits completed the survey in all parts.

Reductions in pain and disability were found during week one in the booklet group and in the advice to exercise group but not in the "both" group.

There was no detectable difference at all in pain/function scores at week three.

58% were back to normal at wk 3.

The authors consider that providing two lots of advice (group 3) was confusing, some studies have shown it is useful to give two lots if they are identical in content.

Comment

The advice book used here was of no demonstrable value.

RCTs of more holistic guidance books are still awaited.

58% having a complete recovery by 3 weeks sets a useful benchmark and suggests that there would be little value in providing general interventions before that time, unless there were clear indications of poor prognosis.

