European guidelines for the management of acute non-specific low back pain in primary care

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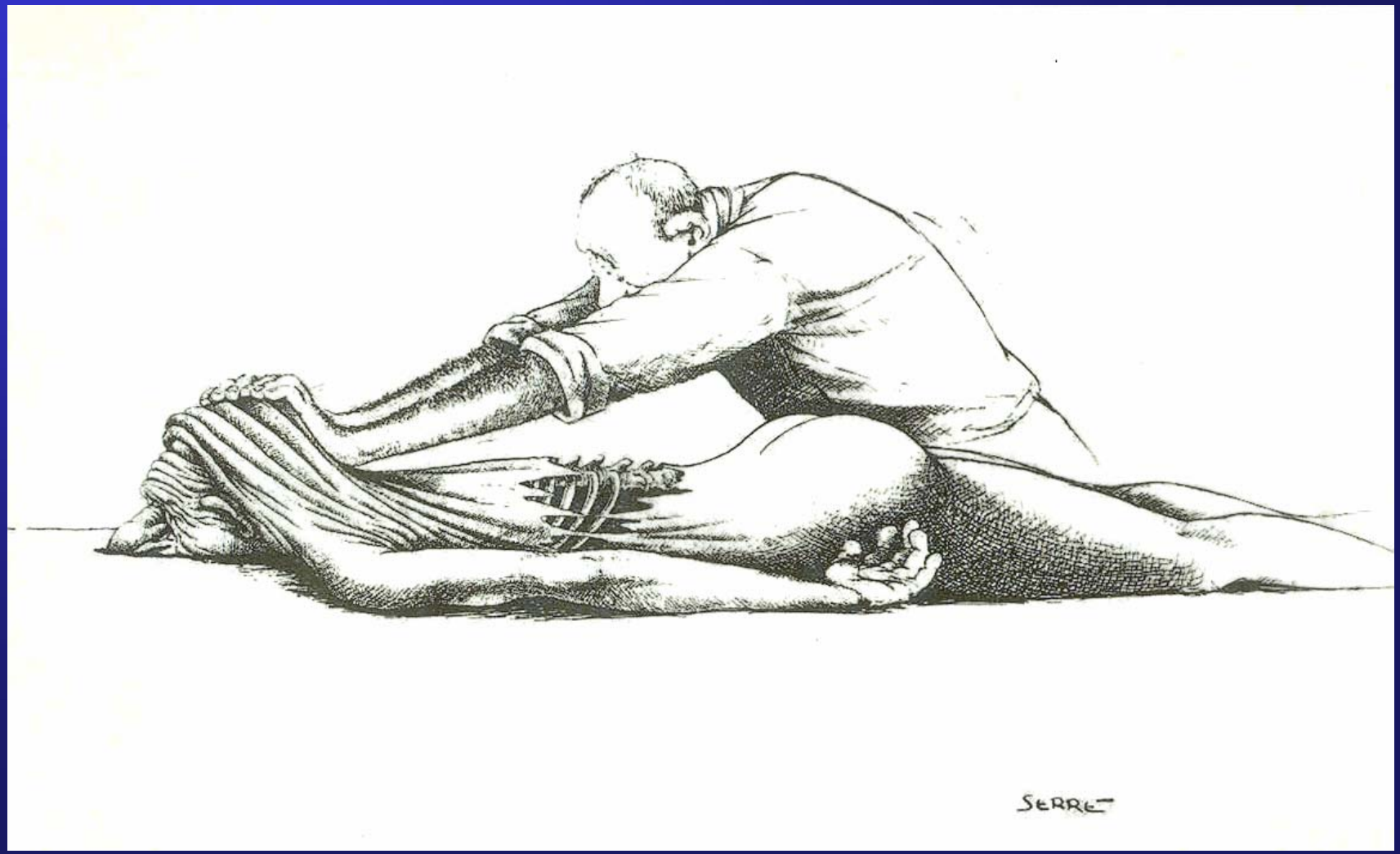
Myth or fact?



Variation in management of LBP

Evidence-based medicine

- **Sackett et al. EBM, Churchill Livingstone, 1997**
- **Conscientious, explicit and judicious use of current best evidence in making decisions about care of individual patients**
- **Integrates best external evidence with individual clinical expertise and patients' preferences and expectations**

How to practice EBM?

5 steps:

- **Ask clinical questions you can answer**
- **Search for the best evidence**
- **Critically appraise the evidence**
- **Apply the evidence in care for your patient**
- **Self-evaluation (of the above steps)**

Development of good clinical guidelines

- Systematically review the literature
- Translate evidence into recommendations
- Take into account side-effects, costs, preferences of patients and care providers, availability, ethical aspects

- www.agreecollaboration.org

Shekelle et al. BMJ 1999;318:593-6

COST B13

Guidelines for the management of low back pain

COST B13 Guidelines for low back pain

13 countries:

Austria, Belgium, Denmark, Finland, France, Germany, Italy, Netherlands, Norway, Spain, Sweden, Switzerland, United Kingdom

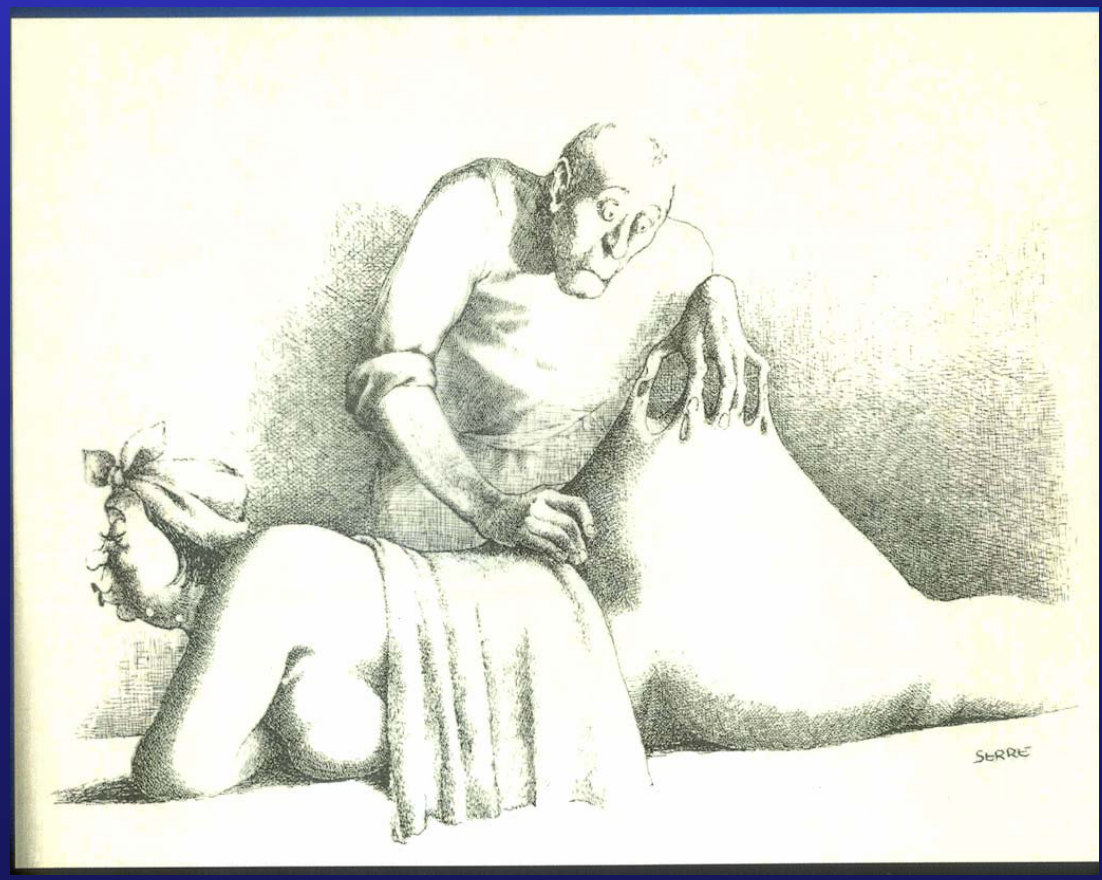
- **Scientific secretariat, management committee,**
- **4 Working groups:**
  - **Acute low back pain**
  - **Chronic low back pain**
  - **Prevention of low back pain**
  - **Pelvic pain**

COST B13 WG1 members

Annette Becker	(GER)
Trudy Bekkering	(NL)
Alan Breen	(UK)
Tim Carter	(UK)
Maria Teresa Gil del Real	(ESP)
Allen Hutchinson	(UK)
Bart Koes	(NL)
Peter Kryger-Baggesen	(DK)
Even Laerum	(NO)
Antti Malmivaara	(FIN)
Alf Nachemson	(SWE)
Wolfgang Niehus	(AUS)
Etienne Roux	(SUI)
Sylvie Rozenberg	(FR)
Maurits van Tulder	(NL)

COST B13 WG1 Aims

Improve the management of acute non-specific LBP patients in primary care in Europe



COST B13 WG1 Aims

- Providing recommendations on the clinical management of acute LBP
- Ensuring an evidence-based approach
- Providing recommendations that are generally acceptable by all health professions in all participating countries
- Enabling a multidisciplinary approach (stimulate collaboration and consistency across professions and countries)

COST B13 WG1 Target population

Direct:

- **Individuals or groups that are going to develop new guidelines or update existing guidelines (Norway)**
- **Professional associations that will disseminate and implement these guidelines**

Indirect:

- **General public**
- **Low back pain patients**
- **Care providers**
- **Policy makers**

COST B13 WG1 Methods

- Evidence from systematic reviews
- Recommendations of existing guidelines
  - Koes et al. Spine 2001; 26: 2504-13
- Quality of guidelines
  - Van Tulder et al. Spine 2004; 29: E357-62
- Discussion
  - other aspects, consistency, consensus
- Final phrasing of recommendation
- First issue April 2002, updated in 2004

COST B13 WG1 Methods

- Objectives
- Target population
- Working group and meetings
- Evidence
- Definitions
- Red flags
- Yellow flags
- Epidemiology
- Outcomes

COST B13 WG1 Structure

- Diagnosis and treatment
  - Evidence
  - Guidelines
  - Consensus
  - Recommendation
- Appendices
  - Methodological quality and levels of evidence
  - Back pain and work
  - Dissemination and implementation
  - Inclusion of non-English literature

T3 Advise to stay active

Evidence T3

A systematic review of 8 RCTs found that there is strong evidence that advise to stay active is associated with equivalent or faster symptomatic recovery, and leads to less chronic disability and less time off work than bed rest or usual care…

Adverse effects: **None reported.**

Clinical guidelines T3

Discussion / consensus T3

Recommendation T3

T3 Advise to stay active

Evidence T3

Clinical guidelines T3

Guidelines in the Netherlands, New Zealand, Finland, United Kingdom, Australia, Germany, Switzerland and Sweden recommend advise to stay active. Other guidelines made no explicit statement regarding advise to stay active.

Discussion / consensus T3

Recommendation T3

T3 Advise to stay active

Evidence T3

Clinical guidelines T3

Discussion / consensus T3

All members felt that the advise to stay at work or to return to work if possible is important. Observational studies indicate that a longer duration of work absenteeism is associated with poor recovery [see also Appendix 2 ‘Back pain and work’].

Recommendation T3

T3 Advise to stay active

Evidence T3

Clinical guidelines T3

Discussion / consensus T3

Recommendation T3

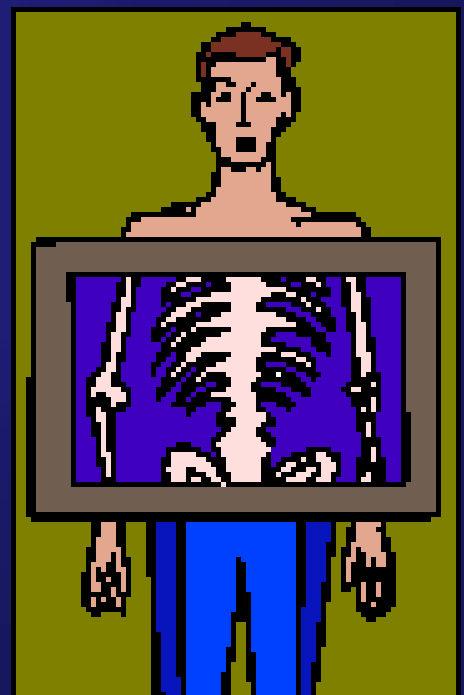
Advise patients to stay active and to continue normal daily activities including work if possible.

Recommendations diagnosis

- Case history and brief examination should be carried out
- If history taking indicates possible serious spinal pathology or nerve root syndrome, carry out more extensive physical examination including neurological screening when appropriate
- Undertake diagnostic triage at first assessment as basis for management decisions

Recommendations diagnosis

- Be aware of psychosocial factors, and review them in detail if there is no improvement
- Diagnostic imaging tests are not routinely indicated
- Reassess patients who are not resolving within a few weeks after the first visit



Recommendations treatment

- Give adequate information and reassure the patient
- Do not prescribe bed rest as a treatment
- Advise patients to stay active and continue normal daily activities including work if possible
- Prescribe medication, if necessary, for pain relief (regular intervals; paracetamol, NSAIDs)
- Consider adding a short course of muscle relaxants on its own or added to NSAIDs, if paracetamol or NSAIDs have failed to reduce pain

Recommendations treatment

- Consider (referral for) spinal manipulation for patients who are failing to return to normal activities
- Multidisciplinary treatment programmes in occupational settings may be an option for workers with sub-acute low back pain and sick leave for more than 4 – 8 weeks

Key Messages

- Systematic reviews useful summary of evidence
- Clinical guidelines evidence plus consensus
- Continuous process
- Acute guidelines consistent
- European guidelines basis for national guidelines

Dissemination and implementation?

‘www.backpaineurope.org’