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American Pain Society's Guideline for Interventional Procedures for Low Back Pain Published in Spine

APS Issues New Guideline for Low Back Pain Interventions, Surgery
Research review conducted by investigators in the Oregon Health & Science University Evidence-based Practice Center prompts American Pain Society to issue new clinical practice guideline

GLENVIEW, IL, May 13, 2009 -- The American Pain Society (APS) has issued a new clinical practice guideline for low back pain that emphasizes the use of non-invasive treatments over interventional procedures, as well as shared decision-making between provider and patient. The findings are published in the current (May 1, 2009) issue of the journal *Spine*.

The new APS guideline, based on an extensive review of existing research, provides clinicians with eight recommendations to help determine the best way to treat patients with low back pain. It also expands its current and previously published guideline for initial evaluation and management of this chronic condition.

"These recommendations are based on a more complete body of evidence than was available even just several years ago, consequently, we believe these recommendations will give physicians more confidence when treating patients with persistent back pain," said Roger Chou, M.D., lead author, director of the APS' Clinical Practice Guideline Program, and associate professor of medicine (general internal medicine), Oregon Evidence-based Practice Center, Oregon Health & Science University. "Unfortunately, randomized trials are still limited for a number of commonly used interventional procedures to generate evidence-based recommendations, and our review also highlights the need for more research."

"We have advocated strongly in many of our recommendations for physicians to use shared decision-making because of the relatively close trade-offs between potential benefits relative to harms, costs and burdens of these various treatment options," Chou added. Shared decision-making involves a patient's full participation in medical choices after receiving comprehensive information about the impact of all options on his or her particular life situation.

Low-back pain is the fifth most common reason for doctor's visits and accounts for more than \$26 billion in direct health care costs nationwide each year. While a number of interventional diagnostic tests and therapies and surgery are available, and their use is increasing, in some cases their utility remains uncertain.

To develop the guideline in Spine, a multi-disciplinary APS panel, augmented by experts on interventional therapies, reviewed 3348 abstracts and analyzed 161 relevant clinical trials.

The panel found that the evidence for the use of these interventions was mixed, sparse, or not available.

As a result of the data they gathered, the panel, in their guideline now recommends:

1. Against the use of provocative discography (explain in short phrase for patients for patients with chronic nonradicular low back pain.
2. The consideration of intensive interdisciplinary rehabilitation with a cognitive/behavioral emphasis for patients with nonradicular low back pain who do not respond to usual, no interdisciplinary therapies.
3. Against facet joint corticosteroid injection, prolotherapy, and intradiscal corticosteroid injections for patients with patients with persistent nonradicular low back pain.
4. A discussion of risks and benefits of surgery and the use of shared decision-making with reference to rehabilitation as a similarly effective option for patients with nonradicular low back pain, common degenerative spinal changes, and persistent and disabling symptoms.
5. Against vertebral disc replacement in patients with nonradicular low back pain, common degenerative spinal changes, and persistent and disabling symptoms.
6. A discussion of the risks and benefits of epidural steroid injections and shared decision-making, including specific review of evidence of lack of long-term benefit for patients with persistent radiculopathy due to herniated lumbar disc.
7. A discussion of the risks and benefits of surgery and use of shared decision-making that references moderate benefits that decrease over time for patients with persistent and disabling radiculopathy due to herniated lumbar disc or persistent and disabling leg pain.
8. Discussion of risks and benefits of spinal cord stimulation and shared decision-making, including reference to the high rate of complications following stimulator placement for patients with persistent and disabling radicular pain following surgery for herniated disc and no evidence of a persistently compressed nerve root.

Chou and his colleagues also reaffirm their previous recommendation that all low-back pain patients stay active and talk honestly with their physicians about self-care and other interventions. "In general, non-invasive therapies supported by evidence showing benefits

should be tried before considering interventional therapies or surgery,” said Chou.

Recommendations from the first APS Clinical Practice Guideline on Low-Back Pain were intended for primary care physicians and appeared in the Oct, 2, 2007 issue of the *Annals of Internal Medicine*. For diagnosis, the first APS low-back pain guideline advises clinicians to minimize routine use of x-rays or other diagnostic tests except for patients known or believed to have underlying neurological or spinal disorders.

About the American Pain Society

Based in Glenview, Ill., the American Pain Society (APS) is a multidisciplinary community that brings together a diverse group of scientists, clinicians and other professionals to increase the knowledge of pain and transform public policy and clinical practice to reduce pain-related suffering.

APS was founded in 1978 with 510 charter members. From the outset, the group was conceived as a multidisciplinary organization. APS has enjoyed solid growth since its early days and today has approximately 3,200 members. The Board of Directors includes physicians, nurses, psychologists, basic scientists, pharmacists, policy analysts and more.

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