Treating Common Pain Conditions: Additional Comments on ACP Recommendations for Treating Low Back Pain

Recent guidance developed by the Institute for Clinical and Economic Review and the National Institute for Health and Care Excellence are in substantial agreement with the ACP Guidelines, with some areas of disagreement.

**Recommendation 1**

There remains some disagreement about the value of **acupuncture**.

**Recommendation 2**

Several noninvasive, nonpharmacologic therapies are available for low back pain and are associated with small to moderate mostly short term effect on pain; effects on function are generally smaller. New evidence supports use of mindfulness based stress reduction and tai chi for chronic low back pain, although there is disagreement about the strength of evidence for tai chi. These interventions include **physically-oriented** therapies such as motor control exercise, acupuncture, low level laser therapy, and superficial heat; **manipulations** (therapeutic massage, osteopathic, chiropractic), **movement therapies** (yoga, tai chi) **mind-body therapies** (mindfulness based stress reduction, biofeedback, progressive relaxation); and, **psychological** approaches (cognitive behavioral therapy, operant therapy).

With respect to other nonpharmacologic interventions for chronic low back pain:

- **Mindfulness** based stress reduction (small benefit)
- **Exercise** (small benefit)
- **Yoga** (small to moderate benefit) (noninferior to physical therapy for chronic low back pain)
- **Cognitive behavioral therapy** (moderate benefit)
- **Progressive relaxation** (moderate benefit)
- **Biofeedback** (moderate benefit)
- **Tai Chi** (moderate benefit)
- **Multidisciplinary rehabilitation** (moderate benefit)
- **Acupuncture** (moderate benefit)
- Most **passive physical modalities** continue to have little evidence to support their use

**Recommendation 3**

- For effective **pharmacologic interventions**, pain relief is small to moderate and generally short term; improvements in function were generally smaller
- **Acetaminophen** appears to be ineffective
- **Skeletal muscle relaxants** are effective for short term but cause sedation
- **Duloxetine** offers a moderate benefit, and is safer and more effective than **tricyclic antidepressants**, which appear to be no more effective than placebo
- **NSAIDs** provide a small benefit
- For people with chronic low back pain who tolerate them, **opioid analgesics** provide modest pain relief but they are not superior to **NSAIDs** and the effect is not likely to be clinically important within guideline recommended doses
- **Benzodiazepines** are ineffective for radiculopathy
- **Systemic corticosteroids** ineffective
- **Antiepileptic drugs** (gabapentin; pregabalin) (evidence insufficient)
Citations


Chou R, Shekelle P. Will this patient develop persistent disabling low back pain? JAMA 2010;303:1295-302


