

HALF A DOZEN THINGS TO KNOW ABOUT LOW BACK PAIN: EARLY MANAGEMENT OF PERSISTENT NON-SPECIFIC LOW BACK PAIN

CEM SUMMARY OF NICE CLINICAL GUIDELINE CG88 (2009)

<http://guidance.nice.org.uk/CG88>

1. Introduction

This guideline covers the early treatment and management of persistent or recurrent low back pain, defined as non-specific low back pain that has lasted for more than 6 weeks, but for less than 12 months. It does not address the management of severe disabling low back pain that has lasted over 12 months, or radicular pain. There is a generally accepted approach to the management of back pain of less than 6 weeks' duration.

[For example <http://www.sheffieldbackpain.com/professional-resources>,
http://www.backpaineurope.org/web/files/WG1_Guidelines.pdf]

2. Imaging

Do not offer X-ray of the lumbar spine for the management of non-specific low back pain. {1.1.2}

Consider MRI (magnetic resonance imaging) when a diagnosis of spinal malignancy, infection, fracture, cauda equina syndrome or ankylosing spondylitis or another inflammatory disorder is suspected. {1.1.3}

3. Education

Provide people with advice and information to promote self-management of their low back pain. {1.2.1}

Offer educational advice that:

- includes information on the nature of non-specific low back pain
- encourages the person to be physically active and continue with normal activities as far as possible. {1.2.2}

Advise people with low back pain that staying physically active is likely to be beneficial. {1.3.1}

Advise people with low back pain to exercise. {1.3.2}

4. Treatment

Offer exercise programme {1.3.3}, consider offering manual therapy {1.4.1} or acupuncture {1.6.1}.

Do not offer traction, TENS machine, supports, or electrotherapy/USS {1.5}.

5. Pharmacological treatment

Advise the person to take regular paracetamol as the first medication option. {1.8.1}

When paracetamol alone provides insufficient pain relief, offer:

- non-steroidal anti-inflammatory drugs (NSAIDs) **and/or**
- weak opioids

Take into account the individual risk of side effects and patient preference. {1.8.2}

Consider offering strong opioids for short-term use to people in severe pain. {1.8.6}

6. Cautions for recommended drugs.

Give due consideration to the risk of side effects from NSAIDs, especially in:

- older people
- other people at increased risk of experiencing side effects. {1.8.3}

When offering treatment with an oral NSAID/COX-2 (cyclooxygenase 2) inhibitor, the first choice should be either a standard NSAID or a COX-2 inhibitor. In either case, for people over 45 these should be co-prescribed with a PPI (proton pump inhibitor), choosing the one with the lowest acquisition cost. [This recommendation is adapted from 'Osteoarthritis: the care and management of osteoarthritis in adults' (NICE clinical guideline 59).] {1.8.4}

Consider offering tricyclic antidepressants if other medications provide insufficient pain relief. {1.8.5}