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}