



RESEARCH TO
PRACTICE 2018

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BRISBANE, QUEENSLAND

EVIDENCE-BASED MANAGEMENT OF ACUTE LOW BACK PAIN

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Background: Low back pain is very common; over 80% of people develop at least one episode of low back pain during their life. It is one of the most common reasons for people to consult primary care [1]. Our research shows that following the onset of an acute episode of low back pain, pain intensity reduces rapidly in the first few weeks and 60% of people fully recover by 3 months [3]. The outcomes for the 40% who are unrecovered at 3 months are not so favourable [4]; they develop chronic low back pain where recovery is slow and can be associated with debilitating pain and flare ups. Understanding why some people with acute low back pain develop chronic low back pain, and preventing them from doing so, have been identified as research priorities.

There is considerable uncertainty on the optimal management of acute low back pain. Our research over the last 15 years has shown in a series of randomised controlled trials that the most commonly provided primary care interventions such as exercise [5], spinal manipulation [6] and simple analgesic drugs [6] are not effective at improving pain or disability. In the last 2 years the UK NICE guideline and the Belgian national guideline for the management of low back pain have suggested a new approach, where patients are screened using a validated prognostic model and care is targeted to risk strata. This approach holds significant promise to provide more intensive interventions to those that need them most. However, until recently no validated prognostic tool has been available to identify patients at high risk of chronic low back pain, and it has not been clear how to best treat those patients.

Aim: This presentation will provide an overview of contemporary approaches for the management of acute low back pain. Data on development and validation of PICKUP [7], a 5-item prognostic tool, will be presented and the findings from a recently completed randomised controlled trial of targeted pain education [8] will be discussed. Evidence from a causal mediation analysis, nested within the trial [9], will be used to demonstrate how the future management of acute low back pain can be optimised.

[1] Williams, C.M., et al. (2010) *Archives of Internal Medicine*, 170 (3), pp. 271-277

[2] Menezes Costa, L.D.C., et al. (2012) *CMAJ*, 184 (11), pp. E613-E624

[3] Henschke, N., et al. (2008) *BMJ*, 337 (7662), pp. 154-157

[4] Menezes Costa, et al. (2009) *BMJ*, 339 (7725), p. 850

[5] Machado, L.A.C., et al. (2010) *BMC Medicine*, 8, art. no. 10

[6] Hancock, M.J et al. (2007) *Lancet*, 370 (9599), pp. 1638-1643

[7] Traeger, et al. (2016) *PLoS Medicine* 13 (5), art. no. e1002019

[8] Traeger, A.C., et al. (2014) *BMJ Open*, 4 (6), art. no. e005505

[9] Lee, H., et al. (2015) *Journal of Physiotherapy*, 61 (3), p. 156.

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Session: Breaking the Pain Barrier Through Exercise
Date: Thursday, 29 March 2018
Time: 9:00am – 10:30am
Co-Presenters: Dr John Booth; Prof Peter O’Sullivan; Prof James McAuley
Panel Practitioner: Miss Deborah Fellowes
Session Chairperson: Mr Chris Tzarimas