

## Evidence-informed management of chronic low back pain with watchful waiting

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### Abstract

**EDITORS' PREFACE:** The management of chronic low back pain (CLBP) has proven very challenging in North America, as evidenced by its mounting socioeconomic burden. Choosing among available nonsurgical therapies can be overwhelming for many stakeholders, including patients, health providers, policy makers, and third-party payers. Although all parties share a common goal and wish to use limited health-care resources to support interventions most likely to result in clinically meaningful improvements, there is often uncertainty about the most appropriate intervention for a particular patient. To help understand and evaluate the various commonly used nonsurgical approaches to CLBP, the North American Spine Society has sponsored this special focus issue of *The Spine Journal*, titled Evidence-Informed Management of Chronic Low Back Pain Without Surgery. Articles in this special focus issue were contributed by leading spine practitioners and researchers, who were invited to summarize the best available evidence for a particular intervention and encouraged to make this information accessible to nonexperts. Each of the articles contains five sections (description, theory, evidence of efficacy, harms, and summary) with common subheadings to facilitate comparison across the 24 different interventions profiled in this special focus issue, blending narrative and systematic review methodology as deemed appropriate by the authors. It is hoped that articles in this special focus issue will be informative and aid in decision making for the many stakeholders evaluating nonsurgical interventions for CLBP. © 2008 Elsevier Inc. All rights reserved.

### Keywords:

Chronic low back pain; Recurrent LBP; Nonoperative treatment; Activity modification; Patient education; Passive nonintervention

### Description

#### Terminology

Chronic low back pain (CLBP) by definition implies that the acute low back pain (LBP) has not resolved. This is not to be confused with recurrent LBP, which refers to episodes of acute LBP separated by periods without any symptoms. The point at which “acute” or “recurrent” LBP becomes “chronic” LBP is a subjective matter. Many authors and guidelines have used the 6- to 12-week point after incidence as a chronological landmark (6 wk of back pain or resulting

functional limitation for 12 wk), after which some form of operative or nonoperative treatment is indicated [1]. The US Food and Drug Administration and many clinical scientists generally recommend a minimum of 6 months of nonoperative treatment before surgical consideration for axial or radicular CLBP because of degenerative disc disease.

Watchful waiting, in the context of this article, is defined as minimal care through rest, activity modification, education, or avoidance of inciting or aggravating factors. Watchful waiting is a passive nonintervention and does not include any active intervention (eg, medications, home exercises, stretching, etc), although it can include noninvasive forms of patient-initiated comfort measures such as icing or heat packs. The decision to initiate watchful waiting may be made by a health-care provider after an initial consultation or by the patient without seeking medical attention. The latter represents an educated decision made by patients who have contemplated available options and have chosen to try watchful waiting for a period.

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## History

After the common cold and other upper respiratory issues, LBP is the most common reason why medical attention is sought in the United States. The lifetime prevalence of LBP is estimated at 60% to 80% in industrialized nations. However, the presence of LBP does not necessarily require medical attention. Most cases occur without an obvious or diagnosable cause, and are self-limiting. Absent certain red flags indicative of serious pathology, care for LBP should generally begin with the least invasive option, as there is no evidence that more invasive approaches are more effective for nonspecific LBP.

In the early 1990s, the US Department of Health and Human Services (presently known as the Agency for Healthcare Research and Quality [AHRQ]) developed and published clinical practice guidelines on the management of acute LBP, which was grouped into three categories: 1) potentially serious spinal conditions (eg, fractures, infections, tumors, and cauda equina syndrome), 2) sciatica (radiculopathy), and 3) nonspecific back symptoms. Sciatica implies nerve root compression or irritation, whereas nonspecific back pain symptoms imply neither any serious underlying spinal condition nor nerve root involvement. Both sciatica and nonspecific back symptoms are self-limiting in most cases, and improve without medical attention or non-surgical therapy.

## Subtypes

Watchful waiting as a treatment philosophy in dealing with acute LBP does not imply a total lack of care and does not mean that if someone develops back pain you simply do nothing and see what happens. What watchful waiting can mean, however, is that if acute LBP is incurred, the patient is given a chance to improve with conservative and self-care methods. And even if recurrent LBP or CLBP exists, active self-care is encouraged to determine if the patient can reduce his or her own symptoms before arriving at the conclusion that a more aggressive or invasive approach is warranted. Most people are able to deal with low-level, nagging, or even annoying LBP using self-care, activity or living modifications, and other coping mechanisms. They may not need any higher level of treatment unless the pain interferes with their work, leisure, or sleep.

To specifically address acute LBP, and especially if the episodes are recurrent, many patients, well informed or not, may foray into self-treatment first. Many have found that simple treatments such as ice massage or heat of various kinds can be helpful. Others rely on over-the-counter menthol or other analgesic-base creams, or over-the-counter analgesics. Many will attempt one or more forms of complementary and alternative medicine such as massage therapy or spinal manipulation therapy, which are reviewed elsewhere in this supplement. Others still will try whole host of bracing options or ergonomic aids.

Patients with CLBP often find that their symptoms will wax and wane over time, and many of them will have devised strategies for treating their symptoms when the need arises. In the event that their usual strategies for pain are no longer effective and their pain is worsening, that indicates it is a reasonable time to see their physician, particularly if their quality of life has significantly changed because of that increased pain. For instance, those with LBP may choose to seek care only if they are no longer able to work or recreate, if their sleep is now disrupted, if they are no longer able to do the things they like with their family or in the greater community, or if symptoms seem worse than in the past.

The following may be considered subcategories of “watchful waiting”; most are tried before seeking more active treatment, so they may in fact be considered progressive steps in watchful waiting. There may be other treatments that one can argue fall into the category of “watchful waiting” but which are discussed elsewhere in this supplement. The majority of the following recommendations are adapted from the AHRQ. Specific details about guidelines resulting from a multitude of clinical studies are available from the National Guideline Clearinghouse, an initiative of the AHRQ. The mission of the National Guideline Clearinghouse is to provide physicians, nurses, and other health professionals, health-care providers, health plans, integrated delivery systems, purchasers and others an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and to further their dissemination, implementation, and use. This is true for LBP or any number of other medical conditions. On-line access is available at <http://www.ngc.gov>.

## General description

### Watchfulness

Waiting for symptoms to resolve does not mean ignoring telltale signs of something more serious—thus the term “watchful” waiting. If a health-care provider is recommending watchful waiting for someone with acute LBP, a detailed medical history is critical. Certain conditions require urgent diagnosis and treatment (such as tumors, which fortunately usually causes slow progressive pain, unless there is a pathologic fracture). Acute pain, in the back or leg, may be caused by disc herniation. Paraspinal symptoms are usually muscular in origin. Most LBP is mechanical in nature (worse when loading or moving the back). Nonmechanical back pain, or pain during rest, usually indicates an inflammatory, infectious, or oncologic origin. There are certain conditions that exhibit “red flags,” which can be detected with careful screening (history taking and physical examination) and need urgent diagnosis and appropriate treatment (Table 1).

### Waiting

It has been observed in several reports that the vast majority of acute LBP episodes will resolve spontaneously

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