

European Guidelines for the Treatment of Chronic Back Pain

A five-year research project of the European Union has developed evidence-based guidelines for the treatment of acute and chronic low back pain. The results of the study vindicate the two pillars of the DBC approach - functional restoration and cognitive-behavioural treatment. Development of evidence-based treatment guidelines is increasingly important in the medical research collaboration of the EU. University of Bergen, Norway is one of the participating institutions.

The research project was carried out in what is known as COST collaboration, enabling the participation of countries outside of the EU as well. The management committee was headed by Dr. Maurits W. van Tulder from the Vrije Universiteit of Amsterdam and members included well-known

medical scientists from Germany, the U.K., France, Italy, Spain, Belgium, Finland, Switzerland, Norway and other countries. The results of the study have been published and can be downloaded at www.dbcsm.com/downloads_and_info.htm

Recommendations concerning the treatment of chronic low back pain (pain lasting for more than 12 weeks) are of particular interest. The recommendations were developed by Working Group 2 (WG2) of the project. Starting from patient assessment and continuing to treatment methods the recommendations support the DBC approach, i.e., functional restoration and cognitive-behavioural treatment. The recommendations can be summarised as follows:

- pre-treatment assessment of prognostic factors is essential (WG2: page 6)
- brief educational interventions by a physiotherapist or a physician encouraging return to normal activities are recommended (WG2: 18)
- supervised exercise therapy is recommended (WG2: 16)
- cognitive-behavioural treatment is recommended (WG2: 18)
- multidisciplinary biopsychosocial rehabilitation with functional restoration is recommended for patients for whom monodisciplinary treatment options have failed (WG2: 19).

In contrast the following treatments are among those that are specifically not recommended in the guideline:

- surgical treatment (except as a last resort; WG2: page 25)
- laser therapy (WG2: 13)
- lumbar support (WG2: 14)
- therapeutic ultrasound (WG2: 14)
- thermotherapy/heat (WG2: 14)
- lumbar traction (WG2: 15)
- transcutaneous electrical nerve stimulation (TENS) (WG2: 15)
- massage therapy (WG2: 17)
- acupuncture (WG2: 21)
- injections (WG2: 21-22)
- radiofrequency (RF) facet denervation (WG2: 23).

The guideline notes that surgery is not recommended "unless 2 years of all other recommended conservative treatments have failed and combined programs of cognitive intervention and exercises are not available in the given geographical area." (WG2: 25.) Moreover, considering "the high complication rates of surgery, as well as the costs to society and suffering for patients with failed back surgery, we strongly recommend that only carefully selected patients with severe pain should be considered for this procedure." (WG2: 25.)



COST is a framework for European co-operation in the field of science and technology.

Continuation from March's article of "DBC Looks at Postoperative Rehabilitation"

Intensive Dynamic Back Exercises With or Without Hyperextension in Chronic Back Pain after Surgery for Lumbar Disc Protrusion: A Clinical Trial (*Spine 1993; 18: 560-567*)

Manniche, C. Asmussen, K. Lauritsen, B. Vinterberg, H. Karbo, H. Abildstrup, S. Fischer-Nielsen, K. Krebs, R., and Ibsen, K.

Sixty-two patients with chronic low back pain occurring 14-60 months after undergoing discectomy for the first time were randomized to two physical treatment groups: 24 sessions of intensive dynamic back exercises with hyperextension or 24 sessions of intensive dynamic back exercises without hyperextension. At the conclusion of therapy and at one-year follow-up, no difference was seen between the randomized group, with the regard to the combined assessments of pain, disability, and objective measurements. A difference for back exercises without hyperextension to be superior to the other treatment regimen was statistically significant at the three month follow-up. In the patients' qualitative assessment of treatment outcome there was seen no significant differences between back exercises with or without hyperextension. There was a similar and significant improvement of the isometric endurance of back muscles in both groups, but the flexibility of the spine was significantly improved only in the group using hyperextension exercises. The overall response rate of the earlier published investigation was produced. It is concluded that chronic back patients after first time discectomy may benefit from an intensive rehabilitation protocol including intensive exercises. The added use of hyperextension exercises does not confer any independent benefit. Furthermore, the training had to continue for more than 2-3 months before a statistical significant decrease in back pain was reported in the patients' pain diary.

For more detailed explanation on DBC's postoperative rehabilitation programme, please contact us or view the DBC Back Manual.

Dear Doctors, if you need more DBC prescription pads, please feel free to call us at 03 2144 1195 or email us at dbc.ampang@dbcsam.com

For the doctors who are new to DBC,

DBC stands for Documentation Based Care, a musculoskeletal research company based in Helsinki, Finland with over 80 rehabilitation centre around the world. DBC treats chronic back and neck pain and is strictly ethical when it comes to accepting patients. All patients suffering from back pain **MUST** be referred or prescribed by the doctor. DBC will then do a baseline assessment and shall forward the report to the referring doctor. DBC offers a 6-week or a 12-week rehabilitation programme depending on the severity on the problem. After the programme a report of the patients' progress will be sent to the referring doctors. Our therapists works closely with the referring doctors to ensure that these patients benefit from the programme.

Insurance/Companies that pays for the DBC rehab programme.*

ING Insurance Berhad	Pertubuhan Keselamatan Sosial - SOCSO	Pantai Medicare
Maybank	PETRONAS	British American Tobaccos
Standard Chartered Bank	Exxon Mobil	Hong Leong Assurance
Hicom Holdings	Western Digital	Shell
Bank Negara Malaysia	Cycle & Carriage Bintang Bhd	Hong Kong & Shanghai Bank
Proton Edar Sdn Bhd	Takaful Nasional Sdn Bhd	EON Finance Bhd
Perodua	Pacific Insurance	Brooks Business Consultancy
Securities Commission	Wesport Malaysia	Malaysia Oxygen
Cagamas Berhad	Bumi Highway	Dialog E&C
Fuji Xerox	Sapura Technologies	Rex Plastic

*Terms and conditions apply.

Please visit our website to view the detailed list of the corporations and Insurance companies that pays for the DBC treatment for their employees or insured persons. www.dbcsam.com