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BMJ Study Dispels Back Pain Medical Myth

By Editorial Staff

For many years, the medical profession and most of the scientific community have held the belief that "80-90% of attacks of low-back pain recover in about six weeks, irrespective of the administration or type of treatment."¹ Now a new study published in the British Medical Journal dispels this myth.²

The authors prospectively followed 463 adult low-back pain patients from their first visit to a general practitioner through the following 12 months. Their goal was to "investigate the claim that 90% of episodes of low back pain that present to general practice have resolved within one month."

After the first consultation with their medical provider, the patients were divided into three groups:

1. those who had no further consultations about low back pain -- 59 percent;
2. those who consulted again with back pain within three months, but not subsequently -- 32 percent;
3. those whose further consultations about their low-back pain extended beyond three months -- 8 percent;

Based on these figures, the 90 percent myth appears to be true, but this aspect of the study only showed the percentage of patients who sought further consultation after three months, not the percentage that were pain and disability free. Furthermore, these figures only look at patients based on the MDs' appointment book.

The authors next interviewed a representative sample (47%) of the patients three and 12 months after the initial consultation. Their results tell the real story:

Patient's Condition Three Months After Consultation

No Pain & No Disability	21%
Pain or Disability	29%
Pain and Disability	50%

Patient's Condition 12 Months After Consultation

No Pain & No Disability	25%
Pain or Disability	25%
Pain and Disability	50%

After seeing these results, the authors made some important comments:

"By three months after the index consultation with their general practitioner, only a minority of patients with low- back pain had recovered. There was little increase in the proportion who reported recovery by 12 months, emphasizing the recurrent and persistent nature of this problem. However most patients with low-back pain did not return to their doctor about their pain within three months of their initial consultation, and only 8% continued to consult for more than three months."

While this study will likely be challenged and new studies will attempt to verify these findings, the message is clear: When patients go to the MD for low-back pain and the treatment does not effectively address the problem, the patients do not return to the MD for their back pain. The authors conclude that perhaps the medical model of back pain misses the essence of the problem:

"Our study has shown that consulting a doctor is not a direct measure of the presence of pain and disability. Many patients seeing their general practitioner for the first time in an episode of back pain will have had symptoms for a month or more. Although their symptoms will improve, most will still have some pain or disability 12 months later but not be consulting their doctor about it.

"We should stop characterizing low-back pain in terms of a multiplicity of acute problems, most of which get better, and a small number of chronic long term problems. Low back pain should be viewed as a chronic problem with an untidy pattern of grumbling symptoms and periods of relative freedom from pain and disability interspersed with acute episodes, exacerbations, and recurrences. This takes account of two consistent observations about low-back pain: firstly, a previous episode of low-back pain is the strongest risk factor for a new episode, and, secondly, by the age of 30 years almost half the

population will have experienced a substantive episode of low-back pain. These figures simply do not fit with claims that 90% of episodes of low back pain end in complete recovery."

The characteristics of back pain as described by these researchers are not cured by a pill, muscle relaxants or most single-visit interventions. Back pain will eventually touch virtually everyone, probably more than once. As such, the spine (like teeth, muscles and many other highly functional parts of the human body) require care in maintenance form rather than just reacting to acute episodes.

For a complete copy of this important paper, go to "Important Chiropractic Papers" in the Links section of ChiroWeb at www.chiroweb.com, or go to the BMJ site at www.bmj.com/cgi/content/full/316/7141/1356.

References

1. Waddell G. A new clinical model for the treatment of low-back pain. *Spine* 1987;12:632-44.
2. Croft PR, Macfarlane GJ, Papageogiou AC, Thomas E, Silman AJ. Outcome of low back pain in general practice: a prospective study. *BMJ* 1998;316:1356-9.



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