

# Myriad of Back Pain Management Options Can Be Overwhelming

## Massage Beneficial for Select Patients with Chronic Lower Back Pain

Chronic lower back pain (CLBP) is increasingly common in the Western world. With the commonality of the back pain and the multitude of pain relief options - so many that it can be confusing and difficult for patients to be properly informed of the options, it is often impossible to make informed decisions. The issue reaches beyond the patient to the treating physicians and the third-party payers who try to find the best and most economical way of treating their patients.

Unlike other areas in medicine, such as cardiology or neurology, treatment options for chronic LBP do not always have the research to back up claims of effectiveness.

The authors of this article have compared the myriad of available treatment and management options to a supermarket. The authors write that this is a good comparison, considering that it often seems as if they are shopping when attending spine meetings, along with their promotional material.

The market for LBP management treatments is large; it is estimated that 85 percent of people will experience LBP at some point in their lives. The cost of LBP is high, both directly and indirectly. People with LBP often cannot work (indirect cost) and their treatment costs (direct cost). The authors refer to a review that states direct costs of LBP, in the US, are estimated to be at 12.2 billion dollars annually - about 45 to 335 dollars per person per year.

The treatments, as the authors explain, can be divided into 10 different supermarket aisles, with each aisle chock full of options. Aisle 1, for example, contains pharmacological treatments, including nonsteroidal anti-inflammatories (NSAIDs), muscle relaxants, and pain medications to manage pain. Aisle 2 contains the manual treatments, such as manipulation and massage. Other aisles contain lifestyle therapies, and even alternative or complementary treatments.

An important issue that comes to light is the difficulty in choosing between the different options. Seeing as there are so many options, it is not a simple thing for a clinician to keep track of them all - keeping in mind that new treatments become available all the time. Not only must the physicians be aware of the different options, they must be aware of all aspects of the treatments, including risks and benefits for each individual patient.

Often, when patients develop chronic LBP, they try to treat themselves first or they do research to see what treatments are available. To do this, they have to choose which healthcare professional would best manage their care. According to the authors, there are many different groups of professionals: anesthesiologists, occupational medicine specialists, orthopedic surgeons, neurologists, pain management specialists, osteopathic physicians, physical medicine and rehabilitation specialists, interventional pain physicians (doctors); massage therapists, occupational therapists, pharmacists, Physical Therapists, psychologists and psychiatrists; acupuncturist, chiropractors, faith healers, homeopaths, napropaths, and naturopaths (alternative medicine practitioners). However, just knowing the available practitioners may not be any help if the patients don't understand the educational background behind each group. Usually, they must take the professionals' word of experience at face value.

Now, taking all the different types of healthcare providers who may be able to treat chronic LBP and throw in that each one may - and do - have a different approach to treatment. The example in the article refers to how one surgeon may favor surgery to another, while another surgeon may only use the other approach. Different analgesics in different combinations may be used with manual treatments, or other types of specialties.

Looking at just the amount and combinations of treatments available is overwhelming, but then there is the aspect of "branding." Some practitioners feel that their way is the best and only way to treat chronic LBP and they may belittle the effectiveness of the patients who may want to seek alternate therapies. Instead of working with each other, the practitioners work against each other, best evidenced by how many doctors feel about chiropractics or some alternative medicines. This causes patients to be confused, and even deceitful in a way, because they may seek other types of help but not want to mention this to their primary care provider.

Another concern is the commercialization of treatment for LBP. The authors use the example of patients who look for Internet and are directed to commercially sponsored sites or discussion groups. This type of activity may keep patients from seeing their doctors who may offer more objective and effective interventions.

The authors conclude that articles reviewing treatment for chronic LBP should follow a specific format for professional journals. The articles "should clearly define and describe a particular intervention, explain the treatment's efficacy and viability. The articles should clearly define and describe a particular intervention, explain the evidence regarding efficacy, discuss potential or known harms, and summarize this evidence for nonexperts."

Scott Haldeman, DC, MD, PhD, FRCPC(C) and Simon Dagenais, DC, PhD. A supermarket approach to the evidence-informed management of chronic low back pain. In *The Spine Journal*. February 2008. Vol. 8. Issue 1. Pp. 1-7.