

# Narcotics and diagnostics overused in treatment of chronic neck pain

October 27 2010

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Duke University and University of North Carolina (UNC) researchers report in the November issue of *Arthritis Care & Research* that narcotics and diagnostic testing are overused in treating chronic neck pain. Their findings indicate clinicians may overlook more effective treatments for neck pain, such as therapeutic exercise. According to reviews cited in the study, evidence to support the effectiveness of therapeutic exercise in treating chronic neck pain is good, yet only 53% of subjects were prescribed such exercise. This information was based upon reported data from a representative sample of North Carolina residents.

Prior studies point out that neck pain affects 30%-50% of adults in the general population in any given year, and roughly 50%-85% of those patients do not find their symptoms completely resolve, with some experiencing chronic, impairing pain. Chronic neck pain, like lower back pain, often does not respond to the treatment provided and can have similar economic impact in terms of lost work time and higher healthcare costs.

For the current study, Adam Goode, PT, DPT, and colleagues from the UNC Cecil G. Sheps Center for Health Services Research used data from a 2006 telephone survey of 5,357 North Carolina households. The researchers analyzed responses from 135 non-institutionalized adults over 21 years of age who had chronic neck pain, which was defined as pain and activity limitations nearly every day for the prior three months, or greater than 24 episodes of pain the previous year that limited activity for one or more days. More than half the participants were women

(56%) and most were non-Hispanic white (81%).

Results indicate that the prevalence of chronic, impairing neck pain weighted to the North Carolina population was 2.2%. The researchers reported the average duration of chronic pain was 6.9 years, with subjects seeing roughly five different types of healthcare providers and 21 ambulatory care visits.

The study reported that participants received 1.6 diagnostic tests such as spinal radiographs (45%), magnetic resonance imaging (MRI-30%), and computed tomography (CT-24%) scans. In the prior year, subjects who received X-rays of the spine had an average of two different sets taken which the authors noted to be inconsistent with clinical decision-making guidelines for diagnostic imaging. "For patients with such a long disease duration, the likelihood that imaging techniques would offer clinically important inferences may decrease," explained Dr. Goode.

More than 56% of subjects in the study used over-the-counter medications (non-steroidal anti-inflammatory drugs), 29% reported taking strong narcotics (MS contin, oxycodone), and 23% used weak narcotics (codeine, propoxyphene) for their chronic neck pain. The authors reported that medical evidence on the effectiveness of medications in the treatment of chronic neck pain is quite limited, based on systematic reviews published in The Cochrane Library and The Bone and Joint Decade (BJD) 2000 – 2010 Task Force on Neck Pain and Its Associated Disorders: Noninvasive Interventions for Neck Pain.

"Rehabilitation conditioning and acupuncture studies have shown to be effective treatments that were less frequently used by patients with chronic neck pain," Dr. Goode said.

The most commonly used treatments by study participants were superficial heat (57%), prescribed exercise (53%), cold (47%), spinal

manipulation (36%), and therapeutic massage (28%). "Our sample population had a high degree of disability, despite using a number of diagnostics and treatments. Based on current evidence, several treatments were over-used, and some effective treatments were under-used," concluded Dr. Goode.

**More information:** "Prevalence, Practice Patterns, and Evidence for Chronic Neck Pain." Adam P. Goode, Janet Freburger, and Timothy Carey. *Arthritis Care and Research*; Published Online: August 4, 2010 ([DOI: 10.1002/acr.20270](https://doi.org/10.1002/acr.20270)); Print Issue Date: November 2010.

Provided by Wiley

Citation: Narcotics and diagnostics overused in treatment of chronic neck pain (2010, October 27) retrieved 26 April 2024 from <https://medicalxpress.com/news/2010-10-narcotics-diagnostics-overused-treatment-chronic.html>

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