

Chiropractic treatment and exercise superior to drugs for neck pain: study

January 4 2012, by Deborah Braconnier

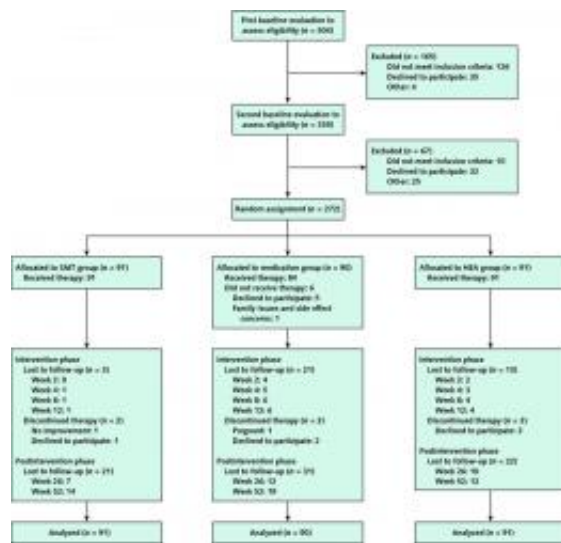


Figure. Study flow diagram. Participants were lost to follow-up if they did not provide data at each time point. Patients who discontinued treatment had the opportunity to provide follow-up data. HEA = home exercise with advice; SMT = spinal manipulation therapy. Image: [i]The Annals of Internal Medicine[/i]

(Medical Xpress) -- A new study published in *The Annals of Internal Medicine* shows that when it comes to neck pain, visiting a chiropractor or performing regular neck exercises reduces neck pain better than pain medications.

Neck pain is something that affects as many as three quarters of Americans throughout their life and this study is one of the few to

compare the different treatment options.

Led by Dr. Gert Bronfort from Northwestern Health Sciences University in Minnesota, the study looked at 272 adults suffering from neck pain with no specific cause. The participants were divided into three groups and followed for a total of three months.

The first group attended 15 20-minute chiropractic sessions throughout the three month period. The second group were given over-the-counter pain relievers such as [acetaminophen](#) or were prescribed [narcotics](#) or muscle relaxants by their physician. The third group attended two different sessions with a physical therapist who instructed them on neck exercises that could be done at home throughout the day.

The results showed that those in the non-medication groups had a significant reduction in [neck pain](#) compared to the medication group. Close to 57 percent of those in the chiropractic group reported at least a 75 percent reduction in pain, while those in the [exercise group](#) reported 48 percent. The medication group only saw 33 percent with at least a 75 percent reduction of pain.

The researchers then went back one year later to question the participants again on their pain relief. The chiropractic and exercise participants were reporting at least 53 percent still with a reduction in pain compared to only 38 percent of those on medications.

The medication patients followed in the study needed to increase medication dosages and frequency to effectively manage pain. Taking medications for the long term can lead to [gastrointestinal complications](#).

Dr. Bronfort was surprised that the exercise and chiropractic groups were so similar but thinks this is good news for patients. By becoming active in your own care and moving away from simple medications

actually provided better pain relief and less risk of other complications associated with medications.

More information: Spinal Manipulation, Medication, or Home Exercise With Advice for Acute and Subacute Neck Pain, January 3, 2012

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Abstract

Background: Mechanical neck pain is a common condition that affects an estimated 70% of persons at some point in their lives. Little research exists to guide the choice of therapy for acute and subacute neck pain.

Objective: To determine the relative efficacy of spinal manipulation therapy (SMT), medication, and home exercise with advice (HEA) for acute and subacute neck pain in both the short and long term.

Design: Randomized, controlled trial. (ClinicalTrials.gov registration number: NCT00029770)

Setting: 1 university research center and 1 pain management clinic in Minnesota.

Participants: 272 persons aged 18 to 65 years who had nonspecific neck pain for 2 to 12 weeks.

Intervention: 12 weeks of SMT, medication, or HEA.

Measurements: The primary outcome was participant-rated pain, measured at 2, 4, 8, 12, 26, and 52 weeks after randomization.

Secondary measures were self-reported disability, global improvement, medication use, satisfaction, general health status (Short Form-36 Health Survey physical and mental health scales), and adverse events. Blinded evaluation of neck motion was performed at 4 and 12 weeks.

Results: For pain, SMT had a statistically significant advantage over medication after 8, 12, 26, and 52 weeks ($P \leq 0.010$), and HEA was superior to medication at 26 weeks ($P = 0.02$). No important differences in pain were found between SMT and HEA at any time point. Results for

most of the secondary outcomes were similar to those of the primary outcome.

Limitations: Participants and providers could not be blinded. No specific criteria for defining clinically important group differences were prespecified or available from the literature.

Conclusion: For participants with acute and subacute neck pain, SMT was more effective than medication in both the short and long term. However, a few instructional sessions of HEA resulted in similar outcomes at most time points.

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