

Back pain improves in first six weeks but lingering effects at one year

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For people receiving health care for acute and persistent low-back pain, symptoms will improve significantly in the first six weeks, but pain and disability may linger even after one year, states a large study published in *CMAJ (Canadian Medical Association Journal)*.

Low-back pain is a common condition that results in significant [health care costs](#), disability and [absenteeism](#) in [workplaces](#). However, there are differing views on how quickly and completely people recover from this condition.

Researchers from Australia and Brazil examined data from 33 studies (11 166 participants) to understand the clinical course of pain and disability in people receiving care for low-back pain. The study looked at more studies than previous reviews, which allowed more precise estimates of the clinical course of acute low-back pain as well as persistent low-back pain.

"Our review confirms the broad finding of previous reviews that the typical course of acute low-back pain is initially favourable: there is a marked reduction in mean pain and disability in the first six weeks," comments Dr. Christopher Maher, Director, Musculoskeletal Division, The George Institute for [Global Health](#), The University of Sydney, Australia. "Beyond six weeks, improvement slows and thereafter only small reductions in mean pain and disability are apparent up to one year."

At one year, the patients who initially presented with acute low-back pain still experienced some pain and disability but it was minimal; the typical improvement in [pain intensity](#) was about 90%. In contrast, those who initially presented with persistent low-back pain experienced moderate levels of pain and disability at one year; the typical improvement in their pain was only about 50%.

Maher notes, "There is both good and bad news in our review. It is great that people improve with care, but arguably there is room to do better, particularly for people with persistent low-back pain. Generally, when people see results like this they want to blame the clinician, but I think that is short-sighted. One of the principal reasons we have not made more progress in the back pain field is that research agencies do not take back pain research seriously. Around the world, back [pain](#) research is hugely underfunded relative to the burden of the disease. It's time for that to change."

More information: Research:

www.cmaj.ca/lookup/doi/10.1503/cmaj.111271

Commentary: www.cmaj.ca/lookup/doi/10.1503/cmaj.120627

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