

# Early imaging for back pain in older adults not associated with better outcomes

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Older adults who had spine imaging within 6 weeks of a new primary care visit for back pain had pain and disability over the following year that was not different from similar patients who did not undergo early imaging, according to a study in the March 17 issue of *JAMA*.

When to image older adults with back [pain](#) remains controversial. Many guidelines recommend that older adults undergo early imaging because of the higher prevalence of serious underlying conditions. However, there is not strong evidence to support this recommendation. Adverse consequences of early imaging are more substantial in an older population because the prevalence of incidental findings on spine imaging increases with age, which may lead to a cascade of subsequent interventions that increase costs without benefits, according to background information in the article.

Jeffrey G. Jarvik, M.D., M.P.H., of the University of Washington, Seattle, and colleagues compared function and pain at the 12-month follow-up visit among older adults who received early imaging (within 6 weeks) with those who did not. The study included 5,239 [patients](#) (65 years or older) with a new primary care visit for back pain in three U.S. health care systems, who did not have radiculopathy (a condition affecting the spinal nerve roots and spinal nerves). Diagnostic imaging (plain films, computed tomography [CT], [magnetic resonance imaging](#) [MRI]) was of the lumbar or thoracic spine.

Among the patients studied, 1,174 had early radiographs and 349 had

early MRI/CT. At 12 months, neither the early radiograph group nor the early MRI/CT group differed significantly from controls on measures of back or leg pain-related disability.

In contrast, there were marked differences in 1-year resource use and costs. Estimated monetary differences in 1-year total payments (payer and patient contributions) were \$1,380 higher for patients with early radiographs and \$1,430 higher for patients with early MRI/CTs.

"Among older adults with a new [primary care](#) visit for back pain, early imaging was not associated with better 1-year outcomes. The value of early [diagnostic imaging](#) in [older adults](#) for back pain without radiculopathy is uncertain."

**More information:** [DOI: 10.1001/jama.2015.1871](https://doi.org/10.1001/jama.2015.1871)

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