

DMP chronic back pain: Guideline recommendations cover all important health-care aspects

January 22 2016

On 14 January 2016 the German Institute for Quality and Efficiency in Health Care (IQWiG) published the results of a search for evidence-based guidelines on the treatment of people with chronic back pain. The aim of the report is to identify those recommendations from current guidelines of high methodological quality that may be relevant for the potential new disease management programme (DMP) "Chronic back pain". According to the results of the report the recommendations cover all important health care aspects and are largely consistent.

A total of 6 guidelines included

The 6 guidelines that IQWiG could include and analyse cover all important aspects of diagnosis, treatment, and relapse prevention.

In the diagnosis of patients with back pain it is primarily important to identify those [risk factors](#) that could lead to chronic disease. The guidelines address the standardized documentation of symptoms and [psychosocial risk factors](#), as well as imaging procedures, blood tests, and the use of diagnostic nerve blocks.

Recommendations are largely consistent

Besides drug and invasive therapy (e.g. injections in joints), many non-drug interventions are mentioned. In addition to massages, manual

therapy, physical activity, physiotherapy, and yoga, these also include behavioural therapy. It is noticeable that the guideline authors commonly advise against certain interventions. This concerns, for example, massages, bed rest, transcutaneous electrical nerve stimulation (TENS) or therapeutic ultrasound.

The [recommendations](#) are largely consistent. Inconsistencies only exist with regard to drug therapy (with paracetamol and phytotherapeutics), acupuncture, and discography (a radiographic diagnostic procedure to depict the intervertebral disc).

Specific recommendations for certain subgroups of patients

Finally, the guidelines also contain specific recommendations for several subgroups of patients, such as patients with radiculopathy, disc-related back pain, spinal canal stenosis, post-nucleotomy syndrome, lumbar facet joint pain or sacroiliac joint pain.

Not all recommendations sufficiently supported by evidence

The standards for guidelines stipulate that it should be clear what evidence, i.e. what underlying data, the recommendations are based on. However, this is not always the case for the analysed guidelines on [chronic back pain](#). This particularly applies to many non-drug interventions and the recommendations on rehabilitation measures.

More information: [www.iqwig.de/en/projects-resul ... -back-pain.6255.html](http://www.iqwig.de/en/projects-resul...-back-pain.6255.html)

Provided by Institute for Quality and Efficiency in Health Care

Citation: DMP chronic back pain: Guideline recommendations cover all important health-care aspects (2016, January 22) retrieved 2 May 2024 from

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