AAPM: intradiscal biacuplasty improves outcomes in LBP

February 24 2016

(HealthDay)—For patients with chronic low back pain (LBP) of

discogenic origin, 12-month outcomes are superior for intradiscal biacuplasty plus conservative medical management (IDB+CMM) versus CMM alone, according to a study presented at the annual meeting of the American Academy of Pain Medicine, held from Feb. 18 to 21 in Palm Springs, Calif.

Michael Gofeld, M.D., from the University of Toronto, and colleagues examined the 12-month outcomes for patients with chronic LBP of discogenic origin treated with IDB+CMM. Sixty-three patients were randomized to receive IDB+CMM (29 patients) or CMM alone (34 patients). At six months post randomization, CMM-alone participants were allowed to cross over to IDB+CMM (25 patients).

The researchers found that for the original IDB+CMM group, the mean outcome measures were each statistically and clinically superior to baseline values at 12 months. At 12 months, a minimum of 50 percent of the IDB+CMM group reported a continued response to treatment. The IDB+CMM group experienced a mean visual analog scale change of −2.2 from baseline, 14-point decrease in Oswestry Disability Index from baseline, 1.7-point improvement in patient global impression of change, and 0.13-point improvement in quality of life index. At six months, crossover subjects responded similarly to the originally treated group.

"The results were not only statistically significant but—more importantly—clinically meaningful," Gofeld said in a statement. "Without addressing disc pathology, pain and function do not get better."

More information: Press Release
More Information