

Spanish registry IDs predictors of low back pain improvement

20 December 2012



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For patients with acute or chronic low back pain (LBP), predictors have been identified for clinically relevant improvements in LBP, pain down the leg, and disability at three months, according to research published in the November issue of *The Spine Journal*.

(HealthDay)—For patients with acute or chronic low back pain (LBP), predictors have been identified for clinically relevant improvements in LBP, pain down the leg (LP), and disability at three months, according to research published in the November issue of *The Spine Journal*.

Francisco M. Kovacs, M.D., Ph.D., of the Fundación Kovacs in Palma de Mallorca, Spain, and colleagues used data from the Spanish [National Health Service](#) (SNHS) registry for 4,261 patients with acute and chronic LBP in 17 centers across the SNHS. Patients were assessed at baseline and three months later to examine predictors of clinically relevant improvement in LBP, LP, and disability.

The researchers found that calibration was reasonable for all models, with an area under the receiver operating characteristic curve of 0.640. Factors linked to an elevated likelihood of improvement at three months included not having undergone lumbar surgery; higher baseline scores for the corresponding variable; and neuroreflexotherapy treatment. In addition, shorter pain duration predicted improvements in LBP,

while not undergoing electromyography predicted improvement in LP. Predictors of improvement in disability included shorter duration of pain, not being diagnosed with disc degeneration, and treatment with muscle relaxants not opioids.

"These results show that it is feasible to implement a registry for LBP patients treated in routine clinical practice," the authors write. "Data from this registry made it possible to develop predictive models and nomograms to show the likelihood of improvement, factoring in patients' characteristics and [clinical decisions](#)."

More information: [Abstract](#)
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APA citation: Spanish registry IDs predictors of low back pain improvement (2012, December 20)
retrieved 18 October 2021 from <https://medicalxpress.com/news/2012-12-spanish-registry-ids-predictors-pain.html>

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