



Complementary and Alternative Therapies for Back Pain II: Evidence Report/Technology Assessment Number 194

U. S. Department of Health and Human Services, Agency for Healthcare Research and Quality

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Back and neck pain are important health problems with serious societal and economic consequences. The prevalence of back and/or neck pain in US in 2007 was estimated to be 31 percent. The costs associated with low productivity, lost-time at work, permanent disability, and healthcare are enormous. Conventional medical treatments have been shown to have limited effectiveness in the management of back and neck pain. Complementary and Alternative Medicine (CAM) therapies offer additional options for management of back and neck pain. The number of people in Western societies using CAM therapies is increasing. The most prevalent CAM therapies are spinal manipulation, acupuncture, and massage. The number of randomized controlled trials (RCTs) evaluating CAM therapies for back and neck pain has increased over the past two decades. The results of these trials are inconsistent. The University of Ottawa Evidence-based Practice Center (UO-EPC) reviewed and synthesized evidence to better understand effectiveness and safety of the most prevalent CAM therapies in the management of back, neck, and thoracic pain in adults. The current review commissioned by the Agency for Healthcare Research and Quality (AHRQ) and National Center for Complementary and Alternative Medicine (NCCAM) aimed to address the following research Key Questions (KQ): KQ1. What is the efficacy, effectiveness and cost-effectiveness of the most prevalent types of practitioner-based manual CAM therapies (e.g., spinal manipulation, spinal mobilization, massage; acupuncture) compared to other CAM therapies, conventional therapies, placebo, no treatment, or wait list in improving outcomes (e.g., QoL, Pain, Function, progression of acute to chronic/ or disabling BP) in patients with nonspecific and certain specific (e.g. disc herniation, spinal stenosis, facet joint syndrome, whiplash) types of back and neck pain. a. For any of the CAM therapies found to be effective for BP, what factors influence success of treatments? i. Patient-specific factors ii. Socio-demographics (e.g., age, gender, race, education, income) iii. Comorbidities b. Severity, specific causes (as identified in Q1), and duration of BP i. Treatment-specific factors (e.g., dose, frequency, duration) ii. Treatment provider-specific factors (e.g., training, specialization, experience) c. Does the use of any of the 3 most prevalent types of CAM for BP in adults result in a decreased or increased utilization of conventional management (diagnostic tests, number of visits & dose of medications, procedures)? KQ2. What are the contraindications and safety profile of the three most prevalent CAM therapies for BP in adults compared to that for other CAM therapies, conventional therapies, placebo or no treatment? Does the safety profile of these therapies change across subgroups of patients with comorbidities?

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