Objectives.— Chronic low back pain management is constantly evolving. We made a systematic review over the 5 past years to assess therapeutic advances in this area.


Results.— Eighty-six articles have been extracted and analysed. In a first attempt, non opioid analgesics should be used, associated with non steroid anti-inflammatory drugs. A brief patients’ education about the problem and advice to stay active are recommended, using if possible a back book or a visual support. Exercise therapy of any sort is recommended, as it improves function and return to work. Steroids injections have not proved any efficacy for chronic low back pain without radicular involvement. Spinal manipulations have a short-term efficacy regarding pain and function, but are not better than previous therapies. Acupuncture, massages, yoga, and postural therapies are more effective than usual care on short-term pain and function improvement. Secondary recommendations include multidisciplinary rehabilitation, whatever symptoms duration. They improve functional status, reduce occupational disability and the number of sick leave days. Adjunctive cognitive behavioural therapy is interesting and may have a long-term effect. An integrated care program with a workplace-directed intervention, and a stratified approach, by use of prognostic screening, were both effective and cost-effective. Phase 2 trials showed encouraging results regarding the effect of TNF alpha inhibitor on pain.

Conclusions.— Integrated care program and stratified approach by use of prognostic screening are promising non pharmacologic treatments. Regarding pharmacologic treatments, biological therapies to target pain should be the next step.

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Chronic low back pain: Economic impact in the patient perspective (LombEco1)
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Keywords: Chronic low back pain; Economic impact; Work disability; Patient perspective

Aim.— The aim of the study is to assess the economic impact of chronic low back pain in the patient perspective using income change due to work disability as criterion.

Method.— Patients selected for functional restoration for chronic low back pain were prospectively included in the study. They were at work, unemployed or in sick leave because of low back pain. Included patients were systematically assessed. Work disability corresponded to sick leave or unemployment after termination because of low back pain. Loss of income due to low back pain induced work disability was the difference between the income before work disability and the income at the time of inclusion. Factors associated with the loss of income were investigated using multivariate analysis.

Results.— Two hundred and forty-four patients were included: age 43 ± 9 years, ratio F/M 57/43. Occupational categories were as follows: 101 employees, 87 workers, 46 intermediate professions, 10 frameworks. 199 patients were in situation of work disability for 12 ± 9 months in mean. Patients with work disability were more painful, had higher scores using Quebec and Dallas questionnaires, and had lower income than the others (P < 0.05). Loss of income due to low back pain induced work disability was 14% (interquartile 27) in the total disabled population: 6% (9) for compensation by work injury insurance, 22% (36) by health insurance and 42% (35) by unemployment insurance. The income became lower than SMIC in 18% of cases. The loss of income was only associated with the occupational category. The risk of income loss due to low back pain induced disability was 2 folds higher in workers and employees than in other occupational categories: OR 2.16 [95%CI 1.10–4.24], P = 0.025.

Discussion.— Low back pain induced work disability was associated with an income decrease, which varied according to the type compensation system. The probability of income loss due to low back pain induced work disability was higher in employees and workers than in other occupational categories.

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Search of predictive factors for return to work after a functional restoration program in chronic low back pain
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Keywords: Chronic low back pain; Functional restoration program

Objective.— Low back pain is a stake in public health. It is medico-economically important to better know which inclusion criteria are predictive of working ability after a 4-weeks functional restoration program in chronic low back pain.

Patients and methods.— Seventy-nine patients were included, 43 (54.4%) men, and 36 (45.6%) women. Mean sick leave prior to inclusion was 146 days. They performed a 4-weeks restoration program. Evaluation criteria were: Sick leave time, the Paris Task, the finger to floor distance, the heel-buttock distance, the visual analogue scale of pain, the Sorensen Test and the PILE test. They were noted at inclusion time, at the end of the program and at 6 months after the end of the program. Statistical analysis was performed by binary logistic regression.

Results.— At 6 months, 36 patients (45.6%) return to work at full or part-time. The predictive factors of return to work were the sick leave time prior to inclusion and the PILE test at the end of the program. These factors were not correlated (r = 0.27) which means each influence the return to work for their own way.

Conclusion.— Reduce the inclusion waiting period and so the duration of the sick leave is a priority. In our program, this period is still too long. We need a better communication with general practitioners and medical advisers. Pain, flexibility and muscular strength are not predictive of program success.

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Chronic low back pain: Effect of a program mixing ambulatory physethiotherapy in the community and multidisciplinary coordination in a rehabilitation center
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Keywords: Chronic low back pain; Physical therapy; Coordination; Pluridisciplinary; Mixed program

Objective.— Low back pain induces physical limitations, anxiety and depression and reduction of activity and social participation. The objective of this study is to assess the short-term effects of a program mixing ambulatory physethiotherapy, provided in the community by private practice physethiotherapists and multidisciplinary coordination.