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Keywords: Chronic low back pain; Treatment; Therapies; Systematic review

Objective.– 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.

Conclusion.– 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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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.

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Chronic low back pain: Effect of a program mixing ambulatory physiotherapy in the community and multidisciplinary coordination in a rehabilitation center

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Keywords: Chronic low back pain; Private physiotherapy; Coordination; Multidisciplinary; 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 physiotherapy, provided in the community by private practice physiotherapists and multidisciplinary coordination.