Launch of the WHO guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings

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#lowbackpain #MSKHealth #HealthyAgeing
WHO guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings.

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Why this guideline, why now?

- Low back pain is a global public health issue
- No global guideline for LBP exists with consideration of older people and considers different contexts across countries
Chronic symptoms

- Chronic pain has wide-ranging impacts on individuals, families, communities, health and social care systems.
- Despite advancements in treatments, prevalence, disability and costs continue to rise.
- Unwarranted care variation, knowledge and skills gaps, and care that is not evidence-based persist.
- Strengthening primary care systems to deliver person-centred, evidence-based care is critical to achieving Universal Health Coverage.
**Scope and target**

- **Scope**
  - Non-surgical interventions for adults, including older people, with chronic primary low back pain in primary and community care settings to improve health and wellbeing outcomes
    - Acute pain, primary prevention, and interventions delivered at the workplace or in secondary/tertiary care settings are not considered (e.g. invasive and surgical)

- **Target**
  - Health workers of all disciplines (*discipline-neutral*) working in primary or community care settings
  - Public health programme and system managers
37 non-surgical interventions across 5 classes

Education 1
Physical therapies 9
Psychological therapies 5
Medicines 19
Multi-components therapies 3
Guiding principles of care for adults with CPLBP

Plan and deliver care that is holistic and person-centred, based on a biopsychosocial approach

Communicate and deliver care in a non-stigmatizing and non-discriminatory manner

Offer care that is equitable

Co-ordinate and integrate care with attention to comorbidities
Recommendations in favour

- WHO recommends 10 non-surgical interventions that should be offered as part of care in most contexts:
  - Structured and standardized education and/or advice
  - Some physical therapies (exercise programmes, needling therapies, spinal manipulative therapy, massage)
  - Some psychological therapies (cognitive behavioural therapy, operant therapy)
  - Some medicines (non-steroidal anti-inflammatory drugs* and topical Cayenne pepper)
  - Multi-component biopsychosocial care (care that addresses at 2 or more factors that may influence a pain experience – physical, psychological, or social)

- 1 good practice statement
  - Assistive mobility products

* Recommendation does not extend to older people
Recommendations against

- WHO recommends 14 non-surgical interventions that should not be offered as part of routine care in most contexts
  - Some physical therapies (traction, ultrasound, TENs, lumbar braces/belts)
  - Some medicines (opioid analgesics, antidepressants, anticonvulsants, skeletal muscle relaxants, glucocorticoids, injectable local anaesthetics, Devil’s claw, White willow)
  - Pharmacological weight loss
Interpreting the evidence

• Trials for most interventions measured benefits and harms for limited periods and in isolation to other care
• Certainty of the evidence ranged from moderate to very low
• For 12 interventions, no recommendation was made
Translation to practice

1. Undertake a thorough clinical assessment from a biopsychosocial perspective. On-refer when indicated.

2. Offer information and advice that is personalized, not generic, to help people make sense of their pain experience and to re-engage in valued activities.

3. Some people may derive benefit from a package of care, rather than single interventions in isolation.

4. Select and sequence evidence-based interventions based on the person’s needs, context and preferences.
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