



# Summary: WHO guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings



## Key points

- Low back pain (LBP) is a very common condition, experienced by most people across their life course. LBP affects young people, adults and older people. Prevalence and disability rates are greatest in older people.
- WHO provides recommendations for a range of non-surgical interventions that should be offered as part of care for adults with chronic primary LBP, including older people, as well as interventions that should not be offered as part of routine care.






## Chronic primary LBP - what is it and why is it important?

- Up to two thirds of people who experience an episode of acute LBP continue to experience symptoms that persist for more than a year, often in an up-and-down pattern. Persisting symptoms are more common in older people.
- People with persisting (chronic) symptoms commonly experience reduced physical and mental capacities, affecting their quality of life, well-being and ability to participate at work and socially.
- Chronic primary LBP, previously referred to as non-specific LBP, refers to pain experienced for more than 3 months that is not due to an underlying disease or other condition. Chronic primary LBP accounts for more than 90% of chronic LBP presentations in primary care.

## Planning and delivering care to adults with chronic primary LBP

- **Clinical assessment and timely referral.** Conduct a thorough clinical assessment from a biopsychosocial perspective by a health worker with requisite knowledge and skills to identify which interventions might be appropriate and when, and where further detailed or urgent clinical review may be indicated.
- **Personalized information and advice.** Provide accurate information about chronic primary LBP and personalized advice. Personalized advice means helping people to make sense of their pain experience from a biopsychosocial perspective and support their re-engagement in meaningful life activities.
- **Tailor a package of interventions.** Adults with chronic primary LBP may require a number of interventions to experience benefit, rather than a single intervention in isolation. The selection and sequencing of interventions should address the range of factors that contribute to that person's LBP experience (physical, psychosocial, and/or social) and address the person's context and their values and preferences. Generally, start with the least invasive and least potentially harmful intervention(s).

The following non-surgical interventions delivered in primary and community care settings are relevant to community dwelling adults, including older people, with chronic primary low back pain, with or without spine-related leg pain.

Intervention class	In most contexts, these interventions may be offered as part of care	These interventions should <b>not</b> be used as part of routine care
 <b>A. Education</b>	Structured and standardized education and/or advice <sup>c</sup>	
 <b>B. Physical interventions</b>	Structured exercise therapies or programmes <sup>b</sup> Needling therapies <sup>b</sup> Spinal manipulative therapy <sup>c</sup> Massage <sup>c</sup> Mobility assistive products <sup>d</sup>	Traction <sup>c</sup> Therapeutic ultrasound <sup>b</sup> Transcutaneous electrical nerve stimulation (TENS) <sup>c</sup> Lumbar braces, belts and/or supports <sup>c</sup>
 <b>C. Psychological interventions</b>	Operant therapy <sup>c</sup> Cognitive behavioural therapy <sup>c</sup>	
 <b>D. Medicines</b>	Non-steroidal anti-inflammatory drugs (NSAIDs) <sup>a</sup> Topical Cayenne pepper ( <i>Capsicum frutescens</i> ) <sup>b</sup>	Opioid analgesics <sup>a</sup> Serotonin and noradrenaline reuptake inhibitor (SNRI) antidepressants <sup>b</sup> Tricyclic antidepressants <sup>c</sup> Anticonvulsants <sup>c</sup> Skeletal muscle relaxants <sup>c</sup> Glucocorticoids <sup>c</sup> Injectable local anaesthetics <sup>c</sup> Devil's claw ( <i>Harpagophytum procumbens</i> ) <sup>c</sup> White willow ( <i>Salix spp.</i> ) <sup>b</sup>
 <b>E. Multicomponent interventions</b>	Multicomponent biopsychosocial care <sup>b</sup>	Pharmacological weight loss <sup>c</sup>

a: moderate certainty evidence

b: low certainty evidence

c: very low certainty evidence

d: good practice statement

This recommendation does not include older people



**World Health Organization**