

Allmänmedicin och klinisk epidemiologi

Stefan Blomberg

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Stefan Blomberg Department of Family Medicine, University of Uppsala, Sweden, 1993

A Pragmatic Approach to Low-back Pain including Manual Therapy and Steroid Injections. A Multicenter Study in Primary Health Care.

Abstract

101 outpatients with acute or subacute low-back pain were randomly allocated to one of two treatment groups. One group was given standardised, conventional optimal activating treatment by primary health care teams. The other group received, according to a pragmatic approach, another treatment programme, including manipulation, specific mobilisation, muscke stretching, autotrraction and cortisone injections.

The two groups were similar in most of the pretrial variables, including age, sex, occupation, education, previous low-back pain problems, previous treatment, sick-leave, findings at the physical examination, quality-of-life score, presence of common symptoms, disability rating and pain score.

After one month in the study, the proportion of patients on sick-

leave was six times larger in the conventionally treated group than in the group receiving the specific manual treatment. The difference diminished over time but was still significant after eight months. Significant differences in favour of manual therapy were also shown for pain score, disability rate, recovery score, drug consumption, quality of life and prevalence of common symptoms. There was also a difference in objective findings, assessed by blinded, independent and unbiased orthopaedic surgeons, in favour of the group receiving manual treatment. The blinding procedure in the objective evaluation was proved to be successful. The outcome difference increased during the four months' follow-up for many of the efficacy measures. As expected, the trial treatment was, due to injections and muscle stretching, more painful than the conventional treatment, but only a handful of patients experienced the manipulation and specific mobilisation as painful. Rare, mild and transient side-effects and no complications were reported in the two groups. The experimental patients also had a more positive opinion of the treatment than the patients in the conventionally treated group. Parallel therapy other than the intended treatment programme in the two groups was closely supervised, and there was no such treatment in the experimental group and negligible treatment in the conventionally treated group.

In conclusion, all of the applied efficacy measures indicated that manual therapy is superior to standardised, optimised conventional activating management of patients suffering from low-back pain. Assuming that the results can be reproduced in future studies, it may also be concluded that manual therapy can reduce public costs for low-back problems, since the treatment volume, drug consumption and sick-leave were considerably less in the experimental group than in the conventionally treated group.