The Cochrane Library
… the best single source of reliable evidence about the effects of health care

Strictly Embargoed until 00:01 hours (GMT), 23rd January 2008

This release focuses on three Cochrane Systematic Reviews on treatments for lower back pain publishing next week in The Cochrane Library, 2008, Issue 1, and their implications for practice.

To receive a full copy of the Reviews highlighted in this newsletter, or to arrange an interview with an author, contact Jennifer Beal +44 (0)1243 770633 or by email, jbeal@wiley.com.

Reviews highlighted in this newsletter:

- **No clear evidence that antidepressants assist in the management of chronic low back pain**
  Doctors commonly prescribe antidepressants for patients with low back pain for three main reasons; to relieve pain; reduce mild depression and improve a person's mood; and improve sleep. Despite this, the use of antidepressants in low back pain is controversial with different studies arriving at different conclusions.

- **NSAIDs are effective for short-term relief of low-back pain**
  Non steroidal anti-inflammatory drugs (NSAIDs; such as aspirin and ibuprofen) can help reduce symptoms of low back pain that doesn't involve sciatica, a Cochrane Systematic Review has found.

- **Intensive education can help patients with acute low back pain**
  People with low-back pain who were given an additional individual two and a half-hour education session with a trained specialist on top of their usual care did better than those given normal care alone.

No clear evidence that antidepressants assist in the management of chronic low back pain

Doctors commonly prescribe antidepressants for patients with low back pain for three main reasons; to relieve pain; reduce mild depression and improve a person's mood; and improve sleep.

Despite this, the use of antidepressants in low back pain is controversial with different studies arriving at different conclusions.

A team of Cochrane Researchers therefore set out to search for high quality evidence and use this to assess the effectiveness of antidepressants for the management of low back pain.

The review identified 10 trials that compared antidepressant treatment with placebo.

“We found no clear evidence to support the clinician’s prescription of antidepressants in reducing pain and depression for patients with chronic low back pain,” says lead author Dr Donna Urquhart who works in the Department of Epidemiology and Preventive Medicine at Monash University, Melbourne, Australia.

However, this does not mean that patients with significant depression should avoid antidepressants, as they play an important role in the treatment of clinical depression.

In addition, the review cautions that there is a need for larger and more sophisticated studies to confirm the conclusions.

Urquhart DM, Hoving JL, Assendelft WWJJ, Roland M, van Tulder MW. Antidepressants for non-specific low back pain. *Cochrane Database of Systematic Reviews* 2008, Issue 1. Art. No.: CD001703. DOI: 10.1002/14651858.CD001703.pub3.

NSAIDs are effective for short-term relief of low-back pain

Non steroidal anti-inflammatory drugs (NSAIDs; such as aspirin and ibuprofen) can help reduce symptoms of low back pain that doesn’t involve sciatica, a Cochrane Systematic Review has found.

Low back pain is a major health problem in western industrialised countries, but there is little conclusive evidence about the best ways to treat it. NSAIDs are the most frequently prescribed medication worldwide, and are commonly given to people with low back pain. The hope is that they will not only reduce pain symptoms, but also reduce any inflammation in the back that may be the cause of the pain.

To evaluate the effectiveness of these drugs, Cochrane Researchers considered data from 65 trials that met their inclusion criteria. These involved a total of 11,237 people. They found that:

- NSAIDs were more effective at reducing pain than placebos, although the effects were small and NSAIDs were associated with more adverse effects.

- Different types of NSAID appeared to be equally effective.

- Short-term use of selective COX-2 inhibitors had fewer (gastrointestinal) side effects than the other NSAIDs.

The researchers also compared the effects of NSAIDs and paracetamol, another drug used by people with low back pain. They concluded that NSAIDs and paracetamol were equally effective at relieving acute low back pain, but paracetamol had fewer side effects.

“Physicians and patients with acute low back pain therefore have a choice about whether to use a NSAID or paracetamol, and the decision should be driven by individual clinical circumstances,” says lead author Pepijn Roelofs who works in the Department of general Practice at Erasmus University Medical Centre, Rotterdam, Netherlands.

“Most of these results came from studies of people who did not have sciatica, so we now need studies that look at whether NSAIDs have a role in helping those people as well,” says Roelofs

Roelofs PDDM, Deyo RA, Koes BW, Scholten RJPM, van Tulder MW. Non-steroidal anti-inflammatory drugs for low back pain. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD000396. DOI: 10.1002/14651858.CD000396.pub3.

*****SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 23RD JANUARY 2008*****

Intensive education can help patients with acute low back pain

People with low-back pain who were given an additional individual two and a half-hour education session with a trained specialist on top of their usual care did better than those given normal care alone.

Low-back pain is very common in adults, but most people find that it goes away over time. However, it does account for considerable healthcare costs and absenteeism from work. Therefore, many people are interested in finding ways of increasing the recovery rate.

A group of Cochrane Researchers set out to establish the effectiveness of individual education programs in which patients spend time with a trained healthcare worker in order to learn about back pain and discover ways to modify their behaviour.

After drawing data from 24 studies, they concluded that patients with acute low-back pain benefited from a single two and a half-hour individual education session. In addition, data from six of the studies showed that individual education appeared to be just as effective as interventions like chiropractic manipulation and physiotherapy.

“Patient education session that last for shorter periods of time or written information on its own does not seem to be as effective,” says lead researcher Dr Arno Engers, who works in the Centre for Quality of Care Research at Radboud University Nijmegen Medical Centre, The Netherlands.

People with longer-lasting symptoms were less likely to benefit from education than non-educational treatments. The reviewers therefore highlighted the need for research on the effectiveness of education sessions for these people with chronic back pain.

Engers A, Jellema P, Wensing M, van der Windt DAWM, Grol R, van Tulder MW. Individual patient education for low back pain. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD004057. DOI: 10.1002/14651858.CD004057.pub3.

- Ends -

Notes for editors

1. The Cochrane Library contains high quality health care information, including Systematic Reviews from The Cochrane Collaboration. These Reviews bring together research on the effects of health care and are considered the gold standard for determining the relative effectiveness of different interventions. The Cochrane Collaboration (http://www.cochrane.org) is a UK registered international charity and the world's leading producer of systematic Reviews. It has been demonstrated that Cochrane Systematic Reviews are of comparable or better quality and are updated more often than the Reviews published in print journals[a].

2. The Cochrane Library can be accessed at http://www.thecochranelibrary.com. Guest users may access abstracts for all Reviews in the database, and members of the media may request full access to the contents of the Library. For further information, see contact details below.

   A number of countries have national provisions by which some or all of their residents are able to access The Cochrane Library for free. These include:

Australia	http://www.nicsl.com.au/Cochrane
England	http://www.library.nhs.uk
Finland	http://www.terveysportti.fi
India	http://www.icmr.nic.in/
Ireland	http://www.thecochranelibrary.com
Latin and Central America and Caribbean	http://cochrane.bireme.br
New Zealand	http://www.moh.govt.nz/cochranelibrary or http://www.nzgg.org.nz/ or http://www.cochrane.org.nz/
Norway	http://www.cochrane.no
Poland	http://www.aotm.gov.pl
Scotland	http://www.nes.scot.nhs.uk
Spain	http://www.update-software.com/Clibplus/ClibPlus.asp
South Africa	http://www.sahealthinfo.org/evidence/databases.htm
Sweden	http://www.sbu.se
Wales	http://www.thecochranelibrary.com
The Canadian Province of New Brunswick	http://www.gnb.ca/0003
The Canadian Northwest Territories, Nunavut, Yukon	http://www.thecochranelibrary.com
The Canadian Province of Saskatchewan	http://www.thecochranelibrary.com
The Canadian Province of Nova Scotia	http://www.library.dal.ca/kellogg/ahkp/cochrane.htm
The US State of Wyoming	http://wyld.state.wy.us/dbloginform.html

3. The Cochrane Library is available with free one-click access to all residents of countries in the World Bank's list of low-income economies (countries with a gross national income (GNI) per capita of less that $1000). Access to The Cochrane Library for low-income countries is via Wiley-Blackwell IP recognition, a system which recognises the country a user is in.

   There are also several programmes, such as the Health InterNetwork Access to Research Initiative (HINARI) and the International Network for the Availability of Scientific Publications (INASP) that provide access in developing countries. To find out whether your country is included in any of these programmes/provisions, or to learn how to get access if you don't already have it, please visit: http://www.thecochranelibrary.com.

4. A new feature from The Cochrane Library for 2008: a collection of podcasts on a selection of Cochrane Reviews by the authors will be available from http://www.cochrane.org/podcasts from Wednesday 23rd January 2008. For Issue 1, 2008, the podcast topics are:
    - Hand washing can reduce diarrhoea episodes by about one third
    - Music therapy may offer hope for people with depression
    - Non-steroidal anti-inflammatory drugs (NSAIDs) are effective for short-term relief of low-back pain
    - No high quality studies to reduce MRSA infection in nursing homes for elderly people
    - Cranberry juice may help women with recurrent urinary tract infections
    - Hawthorn extract can help the heart

If you would like to see a full list of Reviews published in the new issue of The Cochrane Library, or would like to request full access to the contents of The Library, please contact:

Contact: **Jennifer Beal**
Tel: **+44 (0)1243 770633**
Email: **jbeal@wiley.com**

[a] Jadad AR, Cook DJ, Jones A, Klassen TP, Tugwell P, Moher M, et al. Methodology and reports of systematic Reviews and meta-analysies: a comparison of Cochrane Reviews with articles published in paper-based journal.