

SCOPE

1 **Guideline title**

Low back pain: the acute management of patients with chronic (longer than 6 weeks) non-specific low back pain

1.1 **Short title**

Low back pain

2 **Background**

- a) The National Institute for Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Primary Care to develop a clinical guideline on low back pain for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health (see appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.
- b) The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.
- c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of their individual needs and preferences, and ensuring that patients (and their carers and families, where appropriate) can make informed decisions about their care and treatment.

3 Clinical need for the guideline

a) Low back pain (LBP) is not a homogenous condition; it can present in people with different levels of severity (for example, people who work and lead active lives, as well as people who are severely disabled or unable to work). LBP is very common in working-age adults (particularly between the ages of 40 and 60 years); a UK survey reported in 1998 that 40% of adults had suffered from LBP lasting longer than 1 day in the previous 12 months. Treating all types of back pain costs the NHS more than £1000 million per year. In 1998 the direct healthcare costs of all back pain in the UK were estimated at £1623 million – approximately 35% of costs were related to services provided by the private sector. The costs of care for LBP exceed £500 million/year. Lost production as a result of LBP costs at least £3500 million/year.

b) LBP results in many problems, including impaired quality of life, mobility and daily function; long-term morbidity; a higher risk of social exclusion through inability to work; reduced income; reliance on sickness benefits; and social isolation through disability.

LBP represents a considerable burden to individuals, families, society and the economy (for example, loss of working days, and early retirement).

c) Aims of interventions and therapies are to manage disability and pain, to help people to cope with day-to-day life, to reduce distress, to enable people to remain in or return to work, and to minimise risk of recurrence.

Numerous therapeutic and rehabilitation strategies may be used to treat LBP. These include manual and manipulative therapies, pharmacological treatments, psychological treatments (for example, cognitive behavioural therapy), cognitive behavioural pain management, complementary or alternative therapies, orthotics and appliances (such as supports and traction), exercise (general

or specific), patient education and 'back schools', invasive procedures (for example, acupuncture, or facet joint or epidural injections), electrotherapy, relaxation, self management strategies, and occupational health and ergonomics. Surgery may occasionally be performed if specifically indicated.

4 The guideline

- a) The guideline development process is described in detail in two publications that are available from the NICE website (see 'Further information'). 'The guideline development process – an overview for stakeholders, the public and the NHS' describes how organisations can become involved in the development of a guideline. 'The guidelines manual' provides advice on the technical aspects of guideline development.
- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health (see appendix).
- c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

- a) People aged 18 or older presenting with symptoms of 'non-specific' (simple) LBP; specifically LBP that has not resolved within 6 weeks of initial onset, consultation, or exacerbation, up to a period of 12 months.
- b) People who present with predominant 'non-specific' LBP that may or may not radiate to the limbs, is not associated with motor neurological deficit, and has not resolved within 6 weeks of initial onset, consultation, or exacerbation, up to a period of 12 months.

- c) No relevant patient subgroups have been identified that may need special consideration with respect to clinical management (such as gender or ethnicity).

4.1.2 Groups that will not be covered

- a) Individuals who have LBP because of specific spinal pathologies, including:
- conditions with a select and uniform pathology of a mechanical nature (for example, spondylolisthesis, postoperative pain, pelvic ring pain, scoliosis, vertebral fracture or congenital diseases)
 - conditions of a non-mechanical nature (for example, ankylosing spondylitis or diseases of the viscera)
 - neurological disorders (including cauda equina syndrome)
 - serious spinal pathology (for example, neoplasms, infections or osteoporotic collapse).
- b) People with radiculopathy and/or nerve root pain (unilateral leg pain worse than the back pain, pain radiating to the foot or toes, numbness and paraesthesia in same distribution, which is associated with motor neurological deficit).
- c) Children under the age of 18 years.
- d) People with acute LBP (less than 6 weeks' duration).
- e) People with non-specific LBP of greater than 12 months duration.

4.2 *Healthcare setting*

- a) Diagnosis, treatment and management in primary and secondary care, referral to tertiary centres if appropriate.

4.3 *Clinical management*

- a) The systematic assessment approach to identifying 'non-specific' LBP and any prognostic factors that could guide management. This would include relevant clinical examination and assessment (for

example imaging, physiological testing and psychosocial assessment methods).

Advice on all treatment options will be based on the best evidence available to the Guideline Development Group.

b) Use of pharmacological treatments. For example:

- analgesics
- non-steroidal anti-inflammatory drugs
- muscle relaxants
- antidepressants.

Note that guideline recommendations for pharmacological treatments will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a drug's summary of product characteristics to inform their decisions when patients consult them about their treatment options.

c) Non-pharmacological interventions used within the primary care and secondary care setting, and the appropriate environment for the interventions. These will include but are not limited to:

- exercise therapies (for example, general exercise in the management of LBP; specific exercises for the lower back; group-based and individualised exercise programmes)
- massage, manual and manipulative therapies
- electrotherapeutic modalities
- orthotics and appliances.

- d) In some cases, the use of invasive procedures, if the intervention can be used within the primary or secondary care setting. For example:
- acupuncture
 - injection therapies.
- e) Advice and implementation of lifestyle interventions as part of clinical management. For example:
- self-management strategies
 - 'back schools'
 - patient education and advice
 - cognitive behavioural pain management
 - workplace interventions and return-to-work interventions (for example, occupational and ergonomic interventions).
- f) The Guideline Development Group will consider making recommendations on the principal complementary and alternative interventions or approaches to care relevant to the guideline topic.
- g) Consideration of indications for referral for surgery and the discharge of patients from secondary care.
- h) The guideline development group will take reasonable steps to identify ineffective interventions and approaches to care. If robust and credible recommendations for re-positioning the intervention for optimal use, or changing the approach to care to make more efficient use of resources can be made, they will be clearly stated. If the resources released are substantial, consideration will be given to listing such recommendations in the 'Key priorities for implementation' section of the guideline.

4.4 Status

4.4.1 Scope

This is the final version of the scope.

4.4.2 NICE has published the following related guidance.

NICE interventional procedures guidance.

- Interspinous distraction procedures for spinal stenosis causing neurogenic claudication in the lumbar spine. NICE interventional procedures guidance 165 (2006). Available from www.nice.org.uk/IPG165
- Non-rigid stabilisation techniques for the treatment of low back pain, NICE interventional procedures guidance 183 (2006). Available from www.nice.org.uk/IPG183
- Percutaneous disc decompression using coblation for lower back pain, NICE interventional procedures guidance 173 (2006). Available from www.nice.org.uk/IPG173
- Automated percutaneous mechanical lumbar discectomy, NICE interventional procedures guidance 141 (2005). Available from www.nice.org.uk/IPG141
- Percutaneous endoscopic laser thoracic discectomy, NICE interventional procedures guidance 61 (2004). Available from www.nice.org.uk/IPG061
- Percutaneous intradiscal electrothermal therapy for lower back pain, NICE interventional procedures guidance 81 (2004). Available from www.nice.org.uk/IPG081
- Percutaneous intradiscal radiofrequency thermocoagulation for lower back pain, NICE interventional procedures guidance 83 (2004). Available from www.nice.org.uk/IPG083
- Prosthetic intervertebral disc replacement, NICE interventional procedures guidance 100 (2004). Available from www.nice.org.uk/IPG100
- Endoscopic laser foraminoplasty, NICE interventional procedures guidance 31 (2003). Available from www.nice.org.uk/IPG031
- Laser lumbar discectomy, NICE interventional procedures guidance 27 (2003). Available from www.nice.org.uk/IPG027

Other NICE guidance:

- Audit programme for acute back pain guidelines. Developed by the Institute for Musculoskeletal Research and Clinical Implementation (2001). Available from www.nice.org.uk/page.aspx?o=audit.completedaudits.acutebackpain
- Referral advice: a guide to appropriate referral from general to specialist service (acute low back pain section; pilot version, 2001). Available from <http://www.nice.org.uk/page.aspx?o=201960>.

4.4.3 Guideline

The development of the guideline recommendations will begin in May 2007.

5 Further information

Information on the guideline development process is provided in:

- 'The guideline development process – an overview for stakeholders, the public and the NHS'
- 'The guidelines manual'.

These booklets are available as PDF files from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the website.

Appendix – Referral from the Department of Health and Welsh Assembly Government

The Department of Health asked the Institute:

To prepare a clinical guideline on the acute management of patients with chronic (longer than 6 weeks) low back pain. To include indications for referral and pathways of care.