# Article information:

Common Clinical Practice for Low Back Pain Treatment: A Modified Delphi Study | SpringerLink
<https://link.springer.com/article/10.1007/s40122-021-00249-w>

# Article summary:

1. Low back pain (LBP) is a common condition that affects one in two adults at some point during their lifetime and is the leading cause of disability worldwide.

2. A modified Delphi study was conducted to analyze the management of LBP in Italy and compare it with guideline recommendations, with physicians strongly agreeing with the use of multidisciplinary-multimodal approaches to provide comprehensive therapy that not only addresses pain but also improves function.

3. The study highlighted the role of "personalized medicine" in patient management based on pain intensity, pain characteristics, specific pain generators, function, and quality of life.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article "Common Clinical Practice for Low Back Pain Treatment: A Modified Delphi Study" provides insights into the management of low back pain (LBP) in Italy and compares it with guideline recommendations. The study utilized a modified Delphi study design and involved 89 physicians who treat LBP in different care settings. The survey consisted of 19 statements addressing pain generators, individual risk factors, LBP diagnosis, and treatment goals, pharmacological and non-pharmacological approaches, surgical interventions, and multidisciplinary/multimodal approaches.

The study found that physicians strongly agree with the use of multidisciplinary-multimodal approaches to provide comprehensive therapy that not only addresses pain but also improves function. The study highlighted the role of "personalized medicine" in patient management based on pain intensity, pain characteristics, specific pain generators, function, and quality of life. However, the article does not provide any information about potential biases or their sources.

One-sided reporting is evident in some statements where there is a lack of evidence to support them. For example, S3 states that imaging is not recommended for LBP within the first 6 weeks unless there are red flags. However, some physicians stated that imaging was necessary to proceed with treatment or as part of routine care; others indicated that 6 weeks was too long to wait and proposed shorter wait periods before imaging; and in one case a physician proposed extending the wait period to 8-12 weeks. This statement lacks evidence-based support and may lead to inappropriate imaging practices.

The article also lacks information about missing points of consideration or unexplored counterarguments. For instance, while the study highlights the importance of psychosocial factors for the subjective experience of pain (S2), it does not explore how these factors can be addressed in clinical practice effectively.

Moreover, some statements lack evidence for the claims made. For example, S11 states that NSAIDs/paracetamol are the first-choice pharmacological treatment in patients with LBP. However, some respondents who disagreed with this statement qualified in their comments that the first-choice treatment depended on pain type/location and severity, and some highlighted the questionable efficacy of paracetamol for LBP in clinical studies. This statement lacks evidence-based support and may lead to inappropriate prescribing practices.

The article does not provide information about possible risks associated with certain treatments or interventions. For example, while S13 suggests using opioids in combination with NSAIDs/paracetamol in patients with moderate to severe refractory LBP, respondents noted that there was a low level of evidence for opioid use in chronic LBP and that opioids should be avoided, especially as long-term therapy, and only considered when all other therapies fail. The article does not explore the potential risks associated with opioid use or how to mitigate them effectively.

In conclusion, while the study provides valuable insights into the management of LBP in Italy, it lacks information about potential biases or their sources, missing points of consideration or unexplored counterarguments, unsupported claims, and possible risks associated with certain treatments or interventions. Future studies should address these limitations to provide more comprehensive recommendations for managing LBP effectively.

# Topics for further research:

* Effective management of psychosocial factors in low back pain treatment
* Risks associated with long-term opioid use for chronic low back pain
* Evidence-based alternatives to NSAIDs/paracetamol for low back pain treatment
* Imaging practices for low back pain diagnosis and treatment
* Multidisciplinary-multimodal approaches for low back pain management
* Personalized medicine in low back pain treatment based on pain characteristics and risk factors

# Report location:

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