

Clinical Pearls

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medication management training

Clinical Pearl 08/01/19

Each week we will aim to bring out a concise email that provides 4-5 key pieces of information addressing a specific issue in clinical therapeutics.

This week: Low Back Pain - A Reviewed Management Approach

Mary Mickael – Clinical Pharmacist

- Low back pain is the leading cause of disability worldwide with an escalating burden.
- No clear underlying cause can be identified for low back pain.
- Education, reassurance and advice to stay active is first-line therapy for all patients.
- Medicines have a limited role but can be an adjunct to support activity.
- Recent evidence shows that paracetamol, non-steroidal anti-inflammatory drugs (NSAIDs) and opioids have little or no effect on this kind of pain. They are “pain decrease-a-bit-ers”.
- Benzodiazepines, among the most commonly prescribed medicines for low back pain, are no more effective than placebo.
- Opioids may be considered for patients with severe pain that is not adequately relieved with other measures and is interfering with their ability to function.
- A systematic review and meta-analysis has demonstrated moderate-to high-quality evidence that anticonvulsants including topiramate, gabapentin, pregabalin are ineffective for the treatment of low back pain or lumbar radicular pain. There is a high-quality evidence that gabapentinoids have a higher risk of adverse effects including drowsiness, somnolence, dizziness and nausea.

Please consider these issues when preparing or interpreting RMMR reports or education sessions. Contributions of content or suggested topics are welcome and should be sent directly to natalie@wardmm.com.au