

CONSENSUS STATEMENT OF LATVIAN CONSENSUS CONFERENCE: DIAGNOSIS AND TREATMENT OF BACK PAIN

The first (known) national consensus conference on matters of health care ever held in an east European country was conducted in Latvia in September of 2002. This conference marks one of the steps in the government's efforts to establish a sustainable mechanism for health technology assessment (HTA). The conference was organized by the agency now given the responsibility to develop HTA in Latvia.

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1. What Is Back Pain, and Why Does It Occur?

Back pain is a painful condition in the lower back, which may or may not radiate to the limbs. It is very common among both men and women and is one of the leading causes of disability.

According to statistical data, back pain is a leading cause of a sick leave among adults younger than fifty-five years of age. It is the most common reason for unconventional therapy, the second most common reason to visit a physician, and the third most common reason to undergo a surgical treatment in the United States. In Europe, it is also a leading cause of sick leave (13% of the total days absent) and one of most common reasons to visit a physician (10% of the cases). There are no epidemiological data available on back pain in Latvia.

Pain is a result of a complicated process. Pain alerts a person to a possible dysfunction or disorder in the body. Back pain can be a result of an interaction of various factors, including physical (somatic), psychosomatic, social, and biomechanical. Depending on the manifestation, back pain can be divided into local and radicular (i.e., radiating to the legs or arms). Depending on the duration, back pain can be divided into acute (0–6 weeks), subacute (lasting up to 12 weeks), and chronic (more than 12 weeks). Degenerative disease of the spine is very common among people who do not experience pain, which suggests that organic changes do not necessarily always cause back pain.

There are discussions about the influence of smoking, alcohol abuse, and being overweight as risk factors for back pain; however, there is no strong scientific evidence to support these claims. It has been proven that physical inactivity and/or unfavorable working conditions can facilitate the occurrence of back pain. Accurate determination of causes and risk factors is necessary for the prevention and treatment of back pain.

2. Which Are the Most Appropriate Diagnostic Procedures and Treatment Methods for Back Pain?

The causes of most cases of back pain is nonspecific; therefore, problems regarding back pain can be managed within a primary health care setting. However, a physician's approach to acute and chronic back pain should be different. A thorough anamnesis and physical examination is usually sufficient for identifying the diagnosis of serious disease.

In the case of acute pain, an initial investigation should confirm or eliminate its association with serious disease, a lesion of the nervous system, inflammation, trauma (injury), or neoplasm. If a general practitioner cannot confirm any of the aforementioned diagnoses, he/she can continue to treat the patient without additional examination. However, in all other cases or if severe pain persists for 4–6 weeks, patients should be referred to the specialist for consultation. It is recommended that a complex approach that involves teamwork be used to manage chronic back pain, with the primary diagnosis being revised if necessary.

An x-ray examination cannot be recommended as a routine screening method for acute, nonspecific back pain, because acute pain usually is caused by pathologic conditions that cannot be detected by x-ray examination; however, this modality is valid for detection of degenerative changes in cases of chronic pain, which are common and nonspecific. Computed tomography (CT) and magnetic resonance imaging (MRI) provides a basis for more precise diagnosis. However, additional specialists should be consulted before referring the patient to CT or MRI.

3. Which Are the Most Appropriate Treatment and Rehabilitation Alternatives for Patients with Back Pain?

Sixty to 70 percent of back pain cases are resolved within 6 weeks, and 80–90% of cases, within 12 weeks. Unfortunately, for most of the other cases, treatment is long, complicated, and expensive.

Currently, there are more than 50 methods of treatment and rehabilitation for back pain, all with varying costs, methods, and effectiveness. The effectiveness of each method should be evaluated by taking into account the results of qualitative scientific clinical research as stated by a paradigm of modern medicine. Because, studies dedicated to each method differ in number and quality, assessment of results is often difficult and time-consuming.

For the present, there is strong scientific evidence to indicate that various medications and back exercises are effective treatment methods; evidence also suggests that prolonged bed-rest is not an effective treatment method. Treatment should include those methods identified as scientifically effective and low in cost. However, other treatments should not be excluded if they are safe.

Surgery is recommended for a small percentage of patients. However, surgery should only be recommended after a thorough examination that includes pathology, intensity of pain, emotional status, and psychosocial factors.

Rehabilitation has both social and medical implications, with implementation based on a biopsychosocial model. Very important in this model is the system of support professionals, employers, and family. Rehabilitation is based on a clinical and social evaluation of patients by a team of specialists.

Some physical treatment methods are often based on historical traditions, but there is no evidence on the clinical efficiency of these methods. Effective treatment of back pain is ensured by a combination of therapies, that is, individual medication and/or psychotherapy and/or surgery and rehabilitation.

Complex approaches in the treatment and prognosis of back pain are still used to a small degree. Such approaches are intended to focus on the biological, social, and emotional components of the disease. However, the largest obstacle to a cure is the detrimental acceptance of a “sick role” by the patient.

4. What Are the Guidelines for Diagnosing and Treating of Back Pain?

Clinical guidelines are systematic recommendations that assist health care professionals and patients to make determinations about the most appropriate care in specific clinical circumstances. These guidelines are the result of the overwhelming flow of new information, which is based on results of scientific studies, and help to satisfy the needs of professionals for valid data. The link between the data and the guidelines must be clearly defined, as strong scientific evidence is preferable to expert opinion. Guidelines should be established by a specific institution using a multidisciplinary approach and the guidelines should be updated and improved upon on a regular basis in accordance with clinical results and new developments of science and technologies.

5. Are the Resources Available in Latvia Appropriate for Good Medical Care of Patients with Back Pain?

There is a wide spectrum of technologies available in Latvia. However, availability of quality care for patients with back pain is limited due to lack of financial means and professional human resources, unequal distribution of these resources, deficient application of current knowledge on how to prevent back pain, and insufficient level of knowledge among the

general population. Lack of a multidisciplinary and consecutive approach in health care results in inefficient use of resources.

6. Which Are the Most Important Issues for Further Research to Improve Medical Care of Patients with Back Pain?

Medicine should be evidence based, something that is not possible without scientific research. Considering the current state of clinical research in Latvia, investigation into the epidemiology of back pain (prevalence, incidence, and consequences) and cost of care would be an appropriate first step for effective treatment. This research is not only safe for the patient and simple to perform (however, it is time- and labor-consuming) it also provides scientific data for health care participants and professionals.

7. What Kind of Information Needs Are There for Health Professionals to Improve Medical Care of Patients with Back Pain?

To improve treatment of patients with back pain, it is necessary to summarize all available information about the causes; social risk factors; primary, secondary, and tertiary prevention; consequences of back pain; and available diagnostic, treatment, and rehabilitation methods. Prevention should be based on the collaboration of patient and society. Such an approach can provide long-term, beneficial results.