

Tassonomia, clinica e diagnostica strumentale

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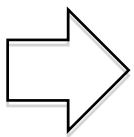
LOW BACK PAIN

- **Definition:** Pain localized in the lower back area
- **Classification:** “The taxonomy of pain syndromes, including LBP, is underdeveloped, and no widely accepted single classification system currently exists”

Hooten et al., 2015

- **Classification based on pain distribution:**

- ***Axial:*** Low back area
- ***Radicular:*** Radiating to the lower extremities.
Particularly relevant to primary care specialists



How many Guidelines?

Pubmed research

Search strategy: **Low back pain**



Filters:

- Article Type: **Guidelines**
- Publication dates: **5 years**
- Species: **Human**
- Language: **English**

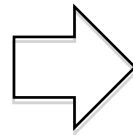
8 results

**No one on diagnosis ...
One on 2007!**

Results

Chou R, Qaseem A, Snow V, Casey D, Cross JT Jr, Shekelle P, Owens DK; ClinicalEfficacy Assessment Subcommittee of the American College of Physicians.; American College of Physicians.; American Pain Society Low Back Pain Guidelines Panel. ***Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society.*** Ann Intern Med. 2007 Oct 2;147(7):478-91.

Recommendation 1: Clinicians should **not routinely obtain imaging** or other diagnostic tests in patients with nonspecific low back pain. **Strong recommendation, moderate-quality evidence.**



Plain radiography is recommended for **initial evaluation** of possible vertebral compression fracture in selected higher-risk patients

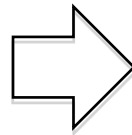
Routine plain radiography is not associated with improved patient outcomes than selective imaging.

Routine advanced imaging (CT or MRI) is also not associated with improved patient outcomes.

Results

Chou R, Qaseem A, Snow V, Casey D, Cross JT Jr, Shekelle P, Owens DK; ClinicalEfficacy Assessment Subcommittee of the American College of Physicians.; American College of Physicians.; American Pain Society Low Back Pain Guidelines Panel. *Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society.* Ann Intern Med. 2007 Oct 2;147(7):478-91.

Recommendation 2: Clinicians should **perform diagnostic imaging** and testing for patients with LBP when **severe or progressive neurologic deficits** are present or when serious underlying conditions are suspected on the basis of history and physical examination. **Strong recommendation, moderate-quality evidence.**



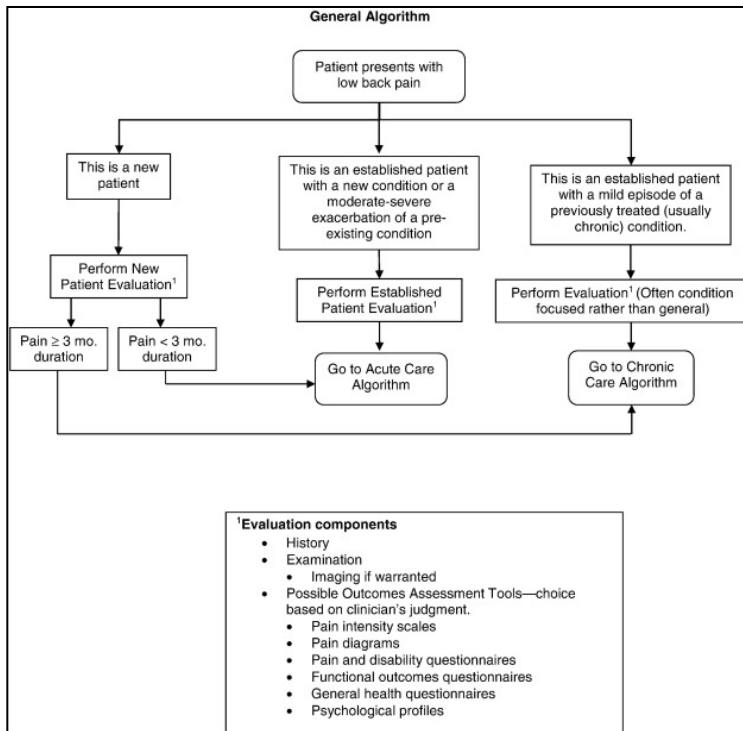
MRI or CT is recommended in severe or progressive neurologic deficits or serious underlying condition.

EMG !?!?

Results

1

Globe G, Farabaugh RJ, Hawk C, Morris CE, Baker G, Whalen WM, Walters S, Kaeser M, Dehen M, Augat T. ***Clinical Practice Guideline: Chiropractic Care for Low Back Pain.*** J Manipulative Physiol Ther. 2016.



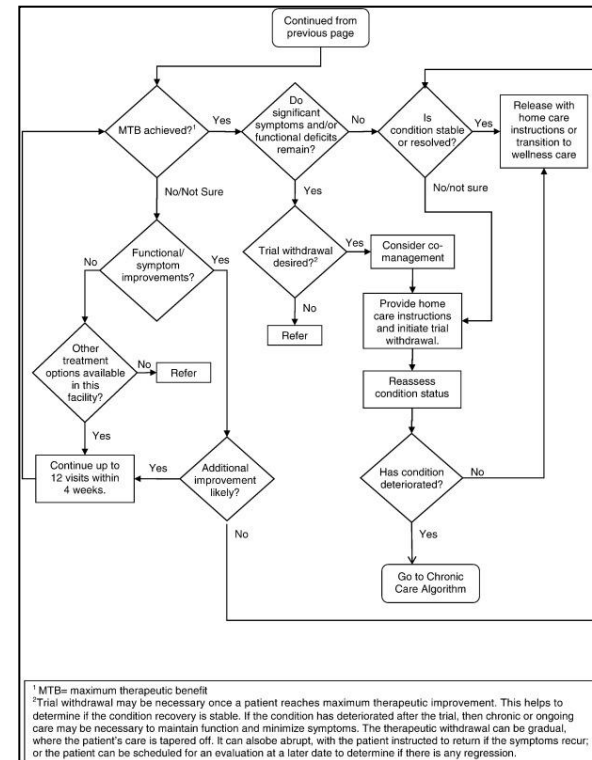
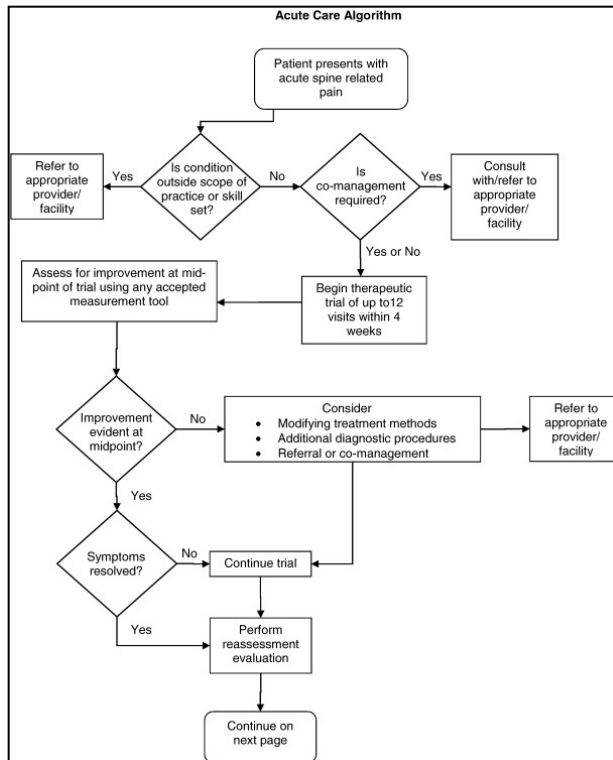
Chiropractic management of low back pain

Algorithms for chiropractic management of the Low Back Pain 1

Results

1

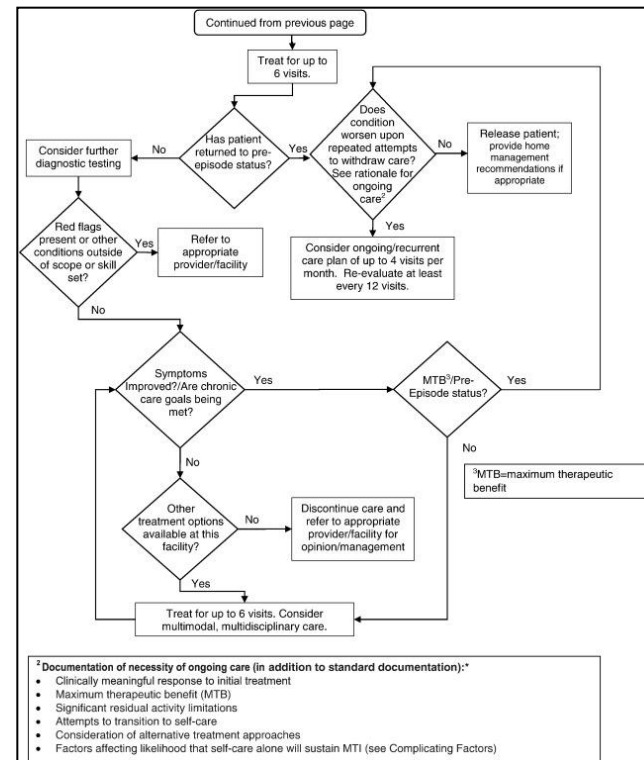
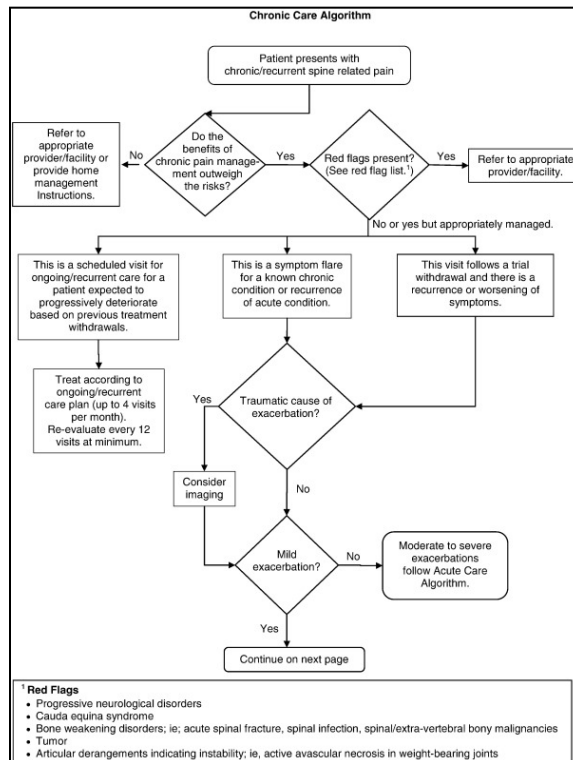
Globe G, Farabaugh RJ, Hawk C, Morris CE, Baker G, Whalen WM, Walters S, Kaeser M, Dehen M, Augat T. *Clinical Practice Guideline: Chiropractic Care for Low Back Pain*. J Manipulative Physiol Ther. 2016.



Results

1

Globe G, Farabaugh RJ, Hawk C, Morris CE, Baker G, Whalen WM, Walters S, Kaeser M, Dehen M, Augat T. *Clinical Practice Guideline: Chiropractic Care for Low Back Pain*. J Manipulative Physiol Ther. 2016.



Results

1

Globe G, Farabaugh RJ, Hawk C, Morris CE, Baker G, Whalen WM, Walters S, Kaeser M, Dehen M, Augat T. *Clinical Practice Guideline: Chiropractic Care for Low Back Pain*. J Manipulative Physiol Ther. 2016.

- ✓ Chiropractic-directed care, including patient education, and passive and active care therapy, is a safe and effective form of health care for low back disorders.
- ✓ Chiropractic Doctors should use clinical methods that generally reflect the best available evidence, combined with clinical judgment, experience, and patient preference.
- ✓ An initial course of chiropractic treatment typically includes:
 - “Passive” manual therapeutic procedures (ie, spinal manipulation or mobilization)
 - Physiotherapeutic modalities for pain reduction
 - Patient education for independent management

Results

2

Itz CJ, Willems PC, Zeilstra DJ, Huygen FJ; Dutch Society of Anesthesiologists; Dutch Orthopedic Association; Dutch Neurosurgical Society. ***Dutch Multidisciplinary Guideline for Invasive Treatment of Pain Syndromes of the Lumbosacral Spine.*** Pain Pract. 2016.

- This guideline focused on the **degenerative uncomplicated types**

- Determination of which invasive treatment intervention is preferred for each included pain syndrome when conservative treatment has failed

- Outcome measures to understand which invasive treatment was the most adequate: “pain,” “functionality,” “quality of life”



Classification of Low Back Pain

Results

2

Itz CJ, Willems PC, Zeilstra DJ, Huygen FJ; Dutch Society of Anesthesiologists; Dutch Orthopedic Association; Dutch Neurosurgical Society. *Dutch Multidisciplinary Guideline for Invasive Treatment of Pain Syndromes of the Lumbosacral Spine*. Pain Pract. 2016.

Among the several invasive pain treatments available for facet joint pain, the authors investigated:

Treatment	Results	YES/NO
Radiofrequency (RF) lesion	Significant pain reduction	YES
Intra-articular corticosteroid injection	Low effectiveness	NO
Pulsed radiofrequency lesion	Low effectiveness	NO
Surgery	No evidence	NO

Results

2

Itz CJ, Willems PC, Zeilstra DJ, Huygen FJ; Dutch Society of Anesthesiologists; Dutch Orthopedic Association; Dutch Neurosurgical Society. *Dutch Multidisciplinary Guideline for Invasive Treatment of Pain Syndromes of the Lumbosacral Spine*. Pain Pract. 2016.

Treatment of sacroiliac joint pain:

Treatment	Results	YES/NO
Intra-articular corticosteroid injection	Pain reduction but insufficient studies	/
(Cooled) radiofrequency lesion	Pain reduction but insufficient studies	/
Surgery	No positive effects	NO

Results

2

Itz CJ, Willems PC, Zeilstra DJ, Huygen FJ; Dutch Society of Anesthesiologists; Dutch Orthopedic Association; Dutch Neurosurgical Society. *Dutch Multidisciplinary Guideline for Invasive Treatment of Pain Syndromes of the Lumbosacral Spine*. Pain Pract. 2016.

Treatment in discogenic pain:

Treatment	Results	YES/NO
Intradiscal injection of methylene blue	Unclear results and insufficient studies	/
Restorative solution	Unclear results and insufficient studies	/
Corticosteroids	No efficacy	NO
Intradiscal RF lesion	No efficacy	NO
Ramus communicans RF lesion	Positive effect	YES
Intradiscal electrothermal therapy	Positive effect but insufficient studies	/
Surgery	Unclear results and insufficient studies	/

Results

2

Itz CJ, Willems PC, Zeilstra DJ, Huygen FJ; Dutch Society of Anesthesiologists;; Dutch Orthopedic Association; Dutch Neurosurgical Society. *Dutch Multidisciplinary Guideline for Invasive Treatment of Pain Syndromes of the Lumbosacral Spine*. Pain Pract. 2016.

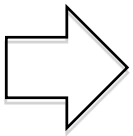
Treatment in failed back surgery syndrome:

Treatment	Results	YES/NO
Epiduroscopy	Lack of scientific conclusion	/
Spinal cord stimulation	Positive effects	YES

Results

3

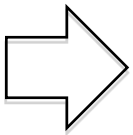
Juanola Roura X, Collantes Estévez E, León Vázquez F, Torres Villamor A, García Yébenes MJ, Queiro Silva R, Gratacós Masmitja J, García Criado E, Giménez S, Carmona L; Grupo de estudio para el Dolor Lumbar Inflamatorio. ***Recommendations for the detection, study and referral of inflammatory low-back pain in primary care.*** Reumatol Clin. 2015.



Designation of a **strategy for the early detection and referral of patients with possible spondyloarthritis** based on recommendations developed.

Four phases for the study of chronic low back pain:

- 1.Clinical: key questions
- 2.Clinical: extra questions
- 3.Physical examination
- 4.Additional tests



It is necessary to design **strategies for the education and sensitization** from rheumatology services.

Results

4

Deyo RA, Dworkin SF, Amtmann D, Andersson G, Borenstein D, Carragee E, Carrino J, Chou R, Cook K, DeLitto A, Goertz C, Khalsa P, Loeser J, Mackey S, Panagis J, Rainville J, Tosteson T, Turk D, Von Korff M, Weiner DK; National Institutes of Health task force on research standards for chronic low back pain. ***Report of the National Institutes of Health task force on research standards for chronic low back pain.*** J Manipulative Physiol Ther. 2014

- ✓ Dissemination of the report of the National Institutes of Health (NIH) task force on research standards for chronic Low Back Pain.
- ✓ Definition of chronic Low Back Pain and classification in terms of impact and presumed patho-anatomic diagnosis.
- ✓ Impact: pain intensity, interference with activities, physical function.
- ✓ Recommendation about: medical history, physical examination, diagnostic tests, self-report measures of physical function, depression, sleep disturbance, pain intensity and interference.
- ✓ Reporting patient outcomes, further research, and dissemination of the recommendations.

Results

5

Mok CC, Tam LS, Leung MH, Ying KY, To CH, Lee KL, Ho LY, Yip ML, Tsui HS, Chan TH, Lee KW, Li EK; Hong Kong Society of Rheumatology. ***Referral strategy for early recognition of axial spondyloarthritis: consensus recommendations from the Hong Kong Society of Rheumatology.*** Int J Rheum Dis. 2013

- **Up to 5% of patients with chronic low back pain** in the primary care setting are diagnosed as having spondyloarthritis.
- Making a diagnosis of ankylosing spondylitis is often delayed for years, leading to significant pain, impairment of quality of life, disability and productivity loss.
- A recent breakthrough in the treatment of spondyloarthritis is the anti-tumor necrosis factor-alpha biologics.
- Proper recognition of inflammatory back pain and use of magnetic resonance imaging for an early diagnosis.

Results

6

Lee J, Gupta S, Price C, Baranowski AP; British Pain Society. ***Low back and radicular pain: a pathway for care developed by the British Pain Society.*** Br J Anaesth. 2013.

- **Urgent need for further good-quality clinical research in** this area to underpin future guidelines.
- Key features: risk stratification; clarification of intensity of **psychological** interventions; a logical progression for the management of sciatica; decision points for considering structural interventions such as spinal injections and surgery.
- **Nine discussion points** have been selected as they represent areas of potential controversy:
 - **Self care**
 - *Stratified care*
 - *Returning to work*
 - **Psychological therapies**
 - *Interventional pain procedures*
 - *Early access to specialist management*
 - *Radicular pain*
 - *Imaging techniques*
 - **Opioids.**

Results

7

Cantrill SV, Brown MD, Carlisle RJ, Delaney KA, Hays DP, Nelson LS, O'Connor RE, Papa A, Sporer KA, Todd KH, Whitson RR; American College of Emergency Physicians Opioid Guideline Writing Panel. ***Clinical policy: critical issues in the prescribing of opioids for adult patients in the emergency department.*** Ann Emerg Med. 2012.

- In the adult ED patient with acute low back pain, are prescriptions for opioids more effective during the acute phase than other medications?
- Although opioids currently offer the most potent form of pain relief, there is essentially no published evidence that the prescription of opioid analgesics for acute low back pain provides benefit over other available medications or viceversa.

Results

8

Delitto A, George SZ, Van Dillen LR, Whitman JM, Sowa G, Shekelle P, Denninger TR, Godges JJ; Orthopaedic Section of the American Physical Therapy Association. **Low back pain**. J Orthop Sports Phys Ther. 2012.

- Purpose of low back pain clinical practice guidelines.
- Recommendations related to:
 - *Treatment matched to low back pain subgroup responder categories.*
 - *Treatments that have evidence to prevent recurrence of low back pain.*
 - *Treatments that have evidence to influence the progression from acute to chronic low back pain and disability.*

Results

8

Delitto A, George SZ, Van Dillen LR, Whitman JM, Sowa G, Shekelle P, Denninger TR, Godges JJ; Orthopaedic Section of the American Physical Therapy Association. *Low back pain*. J Orthop Sports Phys Ther. 2012.

Treatments	Evidence
Manual Therapy	STRONG
Trunk Coordination, Strengthening and Endurance Exercises	STRONG
Centralization and Directional Preference Exercises and Procedures	STRONG
Flexion Exercises	WEAK
Lower Quarter Nerve Mobilization Procedures	WEAK
Traction	CONFLICTING
Patient Education and Counseling	MODERATE
Progressive Endurance Exercise and Fitness Activities	STRONG

Conclusion

- Mancano certezze sulla diagnosi (EMG!?)
- Manca adeguata distinzione tra back pain e irradiazione radicolare
- Ogni visione risente della prospettiva
- Manca una visione multidisciplinare
- Solo sfiorati aspetti psicologici
- Chirurgia non considerata
- Mancano indicazioni su antidepressivi e antiepilettici
- MANCA ACCORDO E VISIONE CONDIVISA