

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## SCOPE

### 1 Guideline title

Low back pain: early management of persistent non-specific low back pain.

#### 1.1 Short title

Low back pain.

### 2 The remit

This new guideline is a replacement for [Low back pain: early management of persistent non-specific low back pain](#), NICE clinical guideline CG88 (2009).

### 3 Need for the guideline

#### 3.1 Epidemiology

- a) Low back pain can present with different levels of severity – for example, some people may be able to continue to work and lead active lives, while others may be severely disabled or unable to work. Low back pain is common in working-age adults (particularly between the ages of 40 and 60 years). A UK survey reported that in 1998 40% of adults had had low back pain lasting longer than 1 day in the previous 12 months. According to the [Health survey for England 2011](#), back pain was responsible for 37% of all chronic pain in men and 44% in women. 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 low

back pain exceed £500 million per year. The total cost of chronic back pain to the economy is estimated at £12.3 billion per year.

- b) Low back pain can cause many associated problems, including:
- impaired quality of life
  - poor mobility
  - higher risk of social exclusion through inability to work (and reduced income)
  - reliance on sickness benefits
  - social isolation because of disability.
- c) Interventions and therapies are used to help people manage their low back pain and cope with daily life. They also aim to help people to remain in – or return to work and minimise the risk of recurrence.
- d) There are many therapeutic and rehabilitation strategies that can be used to treat low back pain. These include:
- manual therapies (for example, massage and joint manipulation)
  - pharmacological therapies (for example, analgesics)
  - psychological treatments (for example, cognitive behavioural pain management)
  - complementary or alternative therapies
  - orthotics and appliances (for example, supports and traction)
  - exercise (general and specific)
  - patient education and 'back schools'
  - invasive procedures (for example, facet joint or epidural injections)
  - electrotherapy (for example, TENS)
  - self-management strategies (including relaxation techniques)
  - occupational health and ergonomics.

Surgery may occasionally be performed if specifically indicated.

- e) Lumbosacral radiculopathy (sciatica) is a relatively common condition with a lifetime incidence ranging from 13 to 40%. The corresponding annual incidence of an episode of sciatica ranges from 1 to 5%.
- f) The incidence of sciatica is related to age. Rarely seen before the age of 20, incidence peaks in the fifth decade and then declines.

### **3.2 Current practice**

- a) People with low back pain usually go to their GP for initial treatment and, in most cases, their care will be managed in a primary care setting.
- b) Managing persistent low back pain follows a stepped approach:
  - initial assessment – identify specific aetiologies and any sinister pathology
  - management – (once the aetiology has been identified as non-specific) a combination of lifestyle advice and conventional treatment such as pharmacological therapy and physiotherapy or exercise programmes
  - if pain persists – manual therapies, psychological therapies and invasive procedures such as acupuncture and surgical intervention may be offered.
- c) Implementation of the recommendations on service provision from NICE clinical guideline 88 has been poor. According to a Pulse survey of 127 primary care organisations in 2010, only half provided funding and just 15% offered acupuncture in their practices.
- d) People who have lumbosacral radiculopathy (sciatica) often present with similar symptoms to simple non-specific low back pain with referred leg pain. It is most commonly caused by herniated

intervertebral disc, but there are other causes of impingement of nerve roots in the lower back.

- e) Treatment of lumbosacral radiculopathy depends on the cause of the nerve impingement as well as the severity of symptoms. In the majority of cases, symptoms caused by a herniated disc resolve spontaneously with conventional management. If symptoms persist, injection treatments (for example, epidural or nerve root injections) or surgical treatment (for example, microdiscectomy) can be offered. In cases where progressive neurological deficit is diagnosed, urgent surgical treatment is needed. The effectiveness of injection treatments and surgery for radicular pain, certainly in the longer term, is not without dispute. The gain of potential faster recovery with invasive interventions needs to be considered against the increased cost and complication rate of these procedures.
- f) This guideline represents an opportunity to address the poor implementation of CG88, improve targeting of treatment and potentially improve quality of life of people suffering from low back pain and radicular pain.

## **4 The guideline**

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the 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.

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 16 or older presenting with symptoms of 'non-specific' low back pain; which has not resolved within 2 weeks of initial onset or exacerbation. The pain may (or may not) radiate to the limbs and is not associated with progressive neurological deficit.
- b) People with suspected radicular pain, including sciatica, which has not resolved within 2 weeks of onset. (This is an additional population not included in NICE clinical guideline 88).
- c) No subgroups have been identified as needing specific consideration.
- d) The cut-off point of 12 months specified in NICE clinical guideline 88 has been removed for the update of the guideline. There will be no restriction on duration of chronic low back pain.

### **4.1.2 Groups that will not be covered**

- a) People who have low back pain related to specific spinal pathologies, including:
  - conditions of a non-mechanical nature, including;
    - inflammatory causes of back pain (for example, ankylosing spondylitis or diseases of the viscera)
    - serious spinal pathology (for example, neoplasms, infections or osteoporotic collapse).
  - neurological disorders (including cauda equina syndrome).
- b) People aged under 16 years.
- c) People with acute low back pain (less than 2 weeks' duration).

## **4.2 Setting**

- a) All settings in which NHS care is received.

## **4.3 Management**

### **4.3.1 Key issues that will be covered**

- a) Using a systematic assessment to identify 'non-specific' low back pain and radicular pain 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).
- b) Lifestyle interventions. For example:
- self-management strategies
  - group programmes
  - patient education and advice
  - workplace interventions and return-to-work interventions (for example, occupational and ergonomic interventions).
- c) Use of pharmacological treatments:
- analgesics
  - muscle relaxants
  - antidepressants
  - anticonvulsants
  - long-term antibiotics.

Note that guideline recommendations will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication ('off-label use') may be recommended. The guideline will assume that prescribers will use a drug's summary of product characteristics to inform decisions made with individual patients.

- d) Non-pharmacological interventions. These will include but are not limited to:
- exercise and postural therapies (for example, general exercise to manage low back pain; specific exercises for the lower back; group-based and individualised exercise programmes and Alexander technique)
  - manual therapies including massage
  - electrotherapy
  - orthotics and appliances
  - acupuncture.
- e) Multimodal therapies.
- f) The use of invasive procedures. For example:
- injection therapies
  - radiofrequency ablation procedures.
- g) Psychological interventions (for example, cognitive behavioural pain management).
- h) Surgery:
- indications for referral to surgery
  - surgical interventions (for example, fusion and disc replacement for low back pain and discectomy or laminectomy for radicular pain).

#### **4.3.2 Key issues that will not be covered**

- a) Management of :
- conditions with a select and uniform pathology of a mechanical nature (for example, spondylolisthesis, 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).

#### **4.4 Main outcomes**

- a) Pain severity (for example, visual analog scale [VAS] or numeric rating scale [NRS]).
- b) Function measured by disability scores (for example, the Roland-Morris disability questionnaire or the Oswestry disability index).
- c) Health-related quality of life (for example, SF-12 or EuroQol).
- d) Adverse events.
- e) Healthcare utilisation.

#### **4.5 Economic aspects**

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually be only from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in [The guidelines manual](#).

#### **4.6 Status**

##### **4.6.1 Scope**

This is the consultation draft of the scope. The consultation dates are 21 October to 18 November 2013.



## 4.6.2 Timing

The development of the guideline recommendations will begin in January 2014.

# 5 Related NICE guidance

## 5.1 *Published guidance*

### 5.1.1 NICE guidance to be updated

This guideline will update and replace the following NICE guidance:

- [Low back pain](#). NICE clinical guideline 88 (2009).

### 5.1.2 Other related NICE guidance

- [Percutaneous vertebroplasty and percutaneous balloon kyphoplasty for treating osteoporotic vertebral compression fractures](#). NICE technology appraisal guidance 279 (2013).
- [Peripheral nerve-field stimulation for chronic low back pain](#). NICE interventional procedures guidance 451 (2013).
- [Patient experience in adult NHS services](#). NICE clinical guideline 138 (2012)
- [Transaxial interbody lumbosacral fusion](#). NICE interventional procedures guidance 387 (2011).
- [EOS 2D/3D imaging system](#). NICE diagnostics guidance 1 (2011).
- [Golimumab for the treatment of ankylosing spondylitis](#). NICE technology appraisal guidance 233 (2011).
- [Neuropathic pain – pharmacological management](#). NICE clinical guideline 96 (2010).
- [Therapeutic endoscopic division of epidural adhesions](#). NICE interventional procedures guidance 333 (2010).
- [Interspinous distraction procedures for lumbar spinal stenosis causing neurogenic claudication](#). NICE interventional procedures guidance 365 (2010).

- [Non rigid stabilisation techniques for the treatment of low back pain](#). NICE interventional procedures guidance 366 (2010).
- [Percutaneous intradiscal laser ablation in the lumbar spine](#). NICE interventional procedures guidance 357 (2010).
- [Depression in adults](#). NICE clinical guideline 90 (2009).
- [Lateral \(including extreme, extra and direct lateral\) interbody fusion in the lumbar spine](#). NICE interventional procedures guidance 321 (2009).
- [Percutaneous intradiscal electrothermal therapy for low back pain](#). NICE interventional procedures guidance 319 (2009).
- [Prosthetic intervertebral disc replacement in the lumbar spine](#). NICE interventional procedures guidance 306 (2009).
- [Percutaneous endoscopic laser lumbar discectomy](#). NICE interventional procedures guidance 300 (2009).
- [Long-term sickness and incapacity for work](#). NICE public health guidance 19 (2009).
- [Metastatic spinal cord compression](#). NICE clinical guidance 75 (2008).
- [Adalimumab, etanercept and infliximab for ankylosing spondylitis](#). NICE technology appraisal guidance 143 (2008).
- [Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin](#). NICE technology appraisal guidance 159 (2008).
- [Osteoarthritis](#). NICE clinical guideline 59 (2008).
- [Percutaneous disc decompression using coblation for lower back pain](#). NICE interventional procedures guidance 173 (2006).
- [Referral for suspected cancer](#). NICE clinical guidance 27 (2005).
- [Automated percutaneous mechanical lumbar discectomy](#). NICE interventional procedures guidance 141 (2005).
- [Percutaneous intradiscal radiofrequency thermocoagulation for lower back pain](#). NICE interventional procedures guidance 83 (2004).
- [Endoscopic laser foraminoplasty](#). NICE interventional procedures guidance 31 (2003).

## **5.2      *Guidance under development***

NICE is currently developing the following related guidance (details available from the NICE website):

- Neuropathic pain – pharmacological management. NICE clinical guideline. Publication expected October 2013.
- Osteoarthritis. NICE clinical guideline. Publication expected February 2014.
- Ankylosing spondylitis and axial spondyloarthritis (non-radiographic) - adalimumab, etanercept infliximab and. NICE technology appraisal guidance. Publication expected January 2015.
- Insertion of an annular disc implant lumbar discectomy. NICE interventional procedure guidance. Publication date to be confirmed.
- Referral for suspected cancer. NICE clinical guideline. Publication date to be confirmed.

## **6            Further information**

Information on the guideline development process is provided in the following documents, available from the NICE website:

- [How NICE clinical guidelines are developed: an overview for stakeholders the public and the NHS: 5th edition](#)
- [The guidelines manual](#).

Information on the progress of the guideline will also be available from the [NICE website](#).