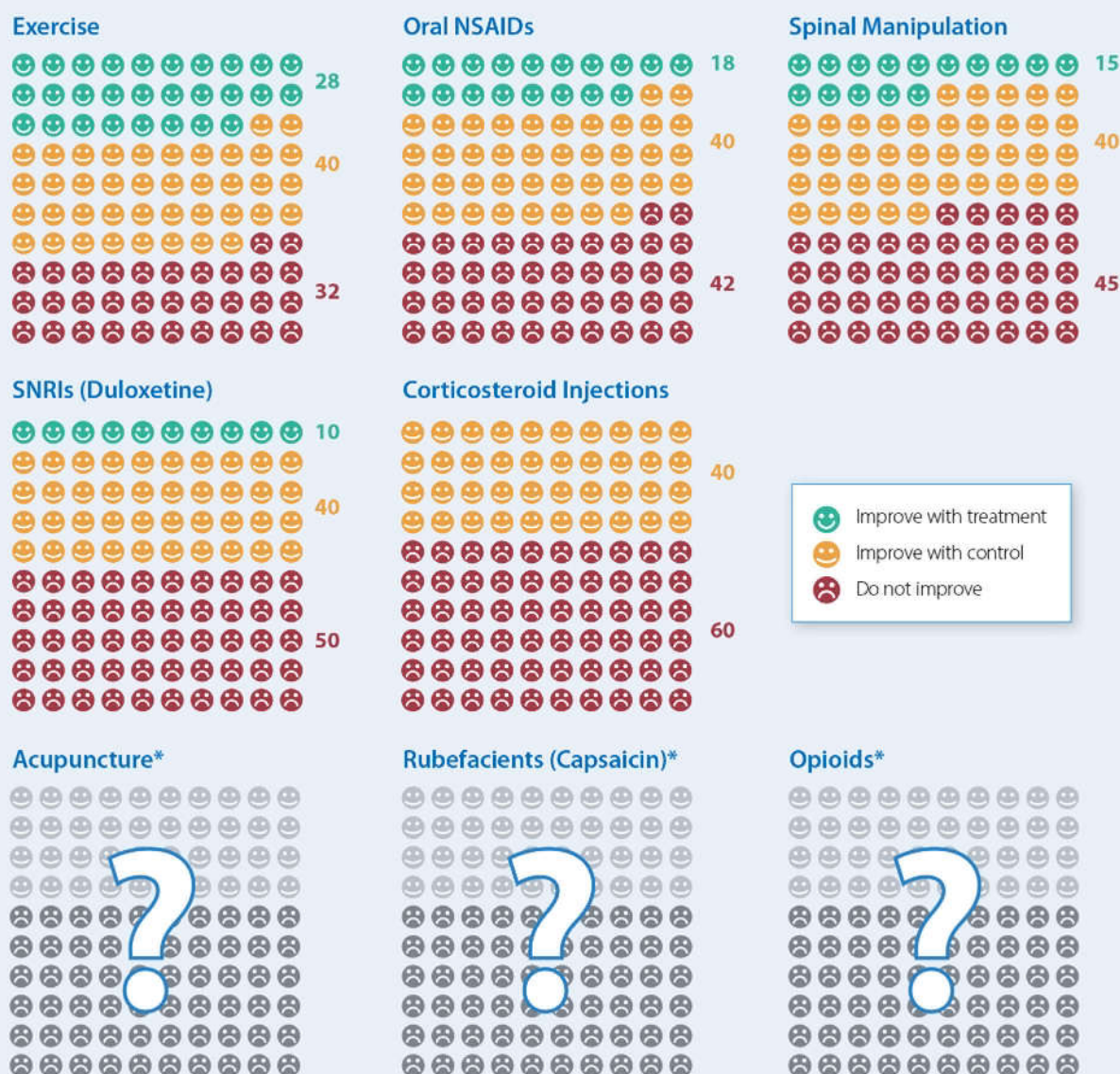


Figure 2

How many people will have their chronic back pain meaningfully improved (~30%) by different treatments?








😞 Inadequate responder data for: acetaminophen, cannabinoids, muscle relaxants, anticonvulsants, tricyclic antidepressants, selective serotonin reuptake inhibitors, and topical NSAIDs.

*Effect uncertain based on quality markers. To be reviewed by an upcoming guideline committee

Figure 3

Treatment Options for Chronic Low Back Pain

| Benefits and Harms | Treatment | Withdrawals Due to Adverse Events* | Adverse Events (Examples) | Cost | Prescribing Comments |
|--|------------------------------|---------------------------------------|---|--------------------|--|
|  Benefits likely exceed harms | Exercise | Not reported | Mild muscle soreness, joint pain, injuries | \$ to \$\$\$\$ | Benefits consistent across trials. May provide continued pain relief beyond study period. Type of exercise likely doesn't matter. |
| | Spinal Manipulation (Lumbar) | Not reported | Unknown | \$\$\$ to \$\$\$\$ | Degree of benefit is uncertain. Case reports have associated neck manipulation with stroke. ² |
|  Benefits may not exceed harms in some patients | Oral NSAIDs | Similar to placebo | Gastrointestinal, renal, and cardiovascular adverse effects | \$ to \$\$ | Consider naproxen or ibuprofen. Diclofenac and COX-2 Inhibitors may increase cardiovascular disease risk. ³ |
| | SNRIs (Duloxetine) | 18% for SNRI versus 9% for placebo | Nausea, dizziness, somnolence | \$\$ | Most trials studied duloxetine 60 – 120mg once daily. The number of people who benefit over placebo (about 10%) is similar to the number who stop for adverse events (about 9%). |
|  No benefit | Corticosteroid Injections | Not reported | Infection, post-dural puncture headache | \$\$ | Effects are not statistically different from placebo. |
|  Harms likely exceed benefits | Opioids | 27% for opioids versus 5% for placebo | Dependency, constipation, overdose, nausea, dizziness | \$\$ to \$\$\$ | Lower risk of bias trials show no effect in chronic back pain but the risk of harm remains. |
|  Unclear benefits | Acupuncture | Similar to placebo | None consistently reported | \$\$\$ to \$\$\$\$ | Efficacy of acupuncture disappears in trials >4 weeks and in higher quality studies. |
| | Rubefacients (Capsaicin) | Not reported | Heat or burning sensation, mild or moderate local erythema | \$ to \$\$ | The absence of trials that last longer than 3 weeks makes it difficult to extrapolate for a chronic condition. |

Cost approximates dollars per month: \$ = <25, \$\$ = 25-50, \$\$\$ = 50-100, \$\$\$\$ = >100

NSAIDs: Non-Steroidal Anti-Inflammatory Drugs, **SNRI:** Serotonin Norepinephrine Reuptake Inhibitors

Note: Insufficient responder data for acetaminophen, muscle relaxants, selective serotonin reuptake inhibitors, cannabinoids, tricyclic antidepressants, anticonvulsants, and topical NSAIDs to judge whether or not they are effective.

*Percents reported are statistically different from placebo