NICE guidance on low back pain should be revised urgently

NICE guidance on low back pain needs to be reviewed as a high priority to avoid confusion over this complex and challenging area, say Kate Feenan and Paula Banbury

Earlier this year, NICE (2009) published guidelines for the early management of persistent non-specific low back pain. They were intended to provide clarity about diagnosing and treating this common and often mis-treated condition.

Low back pain has a huge socioeconomic impact in the UK in terms of individual suffering, employee absence and the financial burden on health services. Improving its treatment must therefore be a priority and remains a concern to the NHS.

Since the NICE guidance was published, healthcare professionals involved in treating people with long term low back pain have criticised the recommendations. As nurse practitioners working in an interdisciplinary team treating persistent musculoskeletal pain, we support these challenges to the guidelines.

Our attention is drawn to comments made by the British Pain Society in response to the guidance. One key observation is that the guidelines do not apply to all types of low back pain. A further point is NICE recommends considering referral for an opinion on spinal surgery earlier than would normally be the case as an intervention for people who do not respond to other treatments.

In addition, the Nottingham Back and Pain Team supports the society’s objection that a practitioner working in compassionate care in nursing practice

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before using passive treatment such as manual therapies and acupuncture, which we believe are not supported by robust clinical evidence for treating low back pain with long term benefits. Although the guidelines do acknowledge the significance of exercise and the need to remain active, there is no specific reference in the clinical recommendations to the benefits of remaining in employment. Work is a key issue for people who suffer from low back pain and every effort should be made to enable them to stay in work by liaising with employers to support rehabilitation in the workplace.

There is also an issue about the timescale used in the NICE guidelines. The care pathway applies specifically to people who have had low back pain for more than six weeks but less than 12 months. In our experience of long term pain management, the majority of people assessed have endured pain for over a year, but these guidelines will apparently not apply to this group. This will cause dissatisfaction and frustration for both patients and the clinicians treating them.

The consensus among practitioners working in the field of long term low back pain is that a review of these guidelines should be a priority. It is frustrating for pain management experts that their views have not been wholly considered and that further confusion about treating people with low back pain has been added to this already complex and often challenging clinical area.

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REFERENCE


This Week in Nursing Practice

16 Guided Learning
The global swine flu pandemic 2: infection control measures in preparedness strategies

20 in Depth
Evaluating the effectiveness of swine flu contingency policies in healthcare education

23 Changing Practice
Developing a nursing education project in partnership: leadership in compassionate care

27 Case Study
Why a brain tumour was originally thought to be hyperventilation related to anxiety

28 Research
Exploring why student nurses report poor practice they have witnessed on placements

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