

Behavioural treatment for chronic low-back pain (2010)

Nicholas Henschke, Raymond WJG Ostelo, Maurits W van Tulder, Johan WS Vlaeyen, Stephen Morley, Willem JJ Assendelft, Chris J. Main



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Overview of the study

Objectives

- To determine the effects of behavioural therapy for chronic low-back pain and the most effective behavioural approach

Methods

- Evidence current up to 1 February 2009
- Participants: Adults (aged 18 to 65 years old) with non specific chronic low-back pain
- Intervention: behavioural treatments (only the interventions that were explicitly stated to follow the behavioural principles)
- Outcomes measured: Overall improvement, back-pain specific functional status, generic functional status, return-to-work, pain intensity, and any types of behavioural outcomes (e.g. Observed pain behaviours, cognitive errors, perceived or observed levels of tension, anxiety, and depression)

Results & Conclusion

- 30 RCTs (3438 participants) included.

Treatment	Evidence	Quality of evidence
Operant therapy	More effective than waiting list for short-term pain relief	Moderate
	Little or no difference exists between operant, cognitive, or combined behavioural therapy for short to intermediate-term pain relief	
Behavioral treatment	<ul style="list-style-type: none"> - More effective than usual care for short-term pain relief, but no difference in the intermediate to long-term, or on functional status - Little or no difference between behavioral treatment and group exercise for pain relief or depressive symptoms over the intermediate to long-term - Adding behavioural therapy to inpatient rehabilitation was no more effective than inpatient rehabilitation alone 	

⇒ Moderate quality evidence shows that operant therapy is more effective than waiting list and behavioural therapy is more effective than usual care for pain relief, but no specific type of behavioural therapy is more effective than another