

Individual patient education for low back pain (2008)

Arno J Engers, Petra Jellema, Michel Wensing, Daniëlle AWM van der Windt, Richard Grol, Maurits W van Tulder



COCHRANE BACK REVIEW GROUP
The best evidence in back and neck pain care

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Overview of the study

Objectives

- To determine whether individual patient education is effective in the treatment of non-specific low-back pain and which type is most effective

Methods

- Evidence current up to 17 September 2007
- Participants: Adults (≥ 16 years) suffering from acute, sub-acute or chronic non-specific LBP
- Intervention: Individual patient education
- Outcomes measured: Pain intensity, global measure, back pain specific functional status, return-to-work, generic functional status

Results & Conclusion

- 24 trials (7139 participants) included

Intervention	Evidence	Quality of evidence*
Patient education	An individual 2.5 hour oral educational session is more effective on short-term and long-term return-to-work than no intervention Educational interventions that were less intensive were not more effective than no intervention	Strong
	Individual education for patients with (sub)acute LBP is as effective as non-educational interventions on long-term pain and global improvement	
	Individual education is less effective for back pain-specific function when compared to more intensive interventions for patients with chronic LBP	

- ⇒ For patients with acute or subacute LBP, intensive patient education seems to be effective.
- ⇒ For patients with chronic LBP, the effectiveness of individual education is still unclear.

* The GRADE approach was not used to assess quality of evidence.