

Injection therapy for subacute and chronic low-back pain (2008)

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The best evidence in back and neck pain care



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Overview of the study

Objectives

- To determine if injection therapy is more effective than placebo or other treatments for patients with subacute or chronic low-back pain

Methods

- Evidence current up to 30 March 2007
- Participants: Adults (18 to 70 years) with LBP symptoms persisting for at least one month
- Intervention: Injection therapy
- Outcomes measured: Pain, a global measure of improvement, back-specific disability, generic health status or well-being , disability for work, patient satisfaction

Results & Conclusion

- 18 trials (1179 participants) included

Intervention	Evidence	Quality of evidence*
Epidural injections	No significant difference in effects between epidural corticosteroid injections and placebo injections, and other treatments	Limited
	No significant difference in effects between epidural injections with local anaesthetics and other treatments	Moderate
Facet joint injections	No significant difference in effects between facet joint injections with corticosteroids and placebo injections, and other treatments	Limited
	Facet joint injections with lidocaine combined with peri-articular corticosteroid injections are more effective for short-term pain relief than facet joint injections with saline	Moderate
Local injections	No significant difference in effects between local injections with corticosteroids and placebo injections; between local injections with anaesthetics and placebo injections	Moderate

⇒ There is insufficient evidence to support or refute the use of injection therapy for patients with subacute and chronic LBP



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