Non-steroidal anti-inflammatory drugs for low back pain (2008)

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

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Overview of the study

Objectives

- To assess the effects of NSAIDs and COX-2 inhibitors in the treatment of non-specific low-back pain and to assess which type of NSAID is most effective

Methods

- Evidence current up to 30 June 2007
- Intervention: One or more types of NSAIDs
- Participants: Adults (>=18 years) treated for non-specific low-back pain with or without sciatica
- Outcomes measured
  - Primary outcomes: pain intensity, global measure, back pain-specific functional status, return-to-work, side effects
  - Secondary outcomes: physiological outcomes, functional status

Results & Conclusion

- 65 trials (11,237 participants) included.

Treatment	Evidence	Quality of evidence*
NSAID	NSAIDs are not more effective for pain relief and global improvement compared to paracetamol for acute LBP	Moderate
	NSAIDs are not more effective than other drugs for acute LBP	Moderate
	Various types of NSAIDs including COX-2 NSAIDs equally effective for acute LBP	Strong

⇨ Evidence suggests that NSAIDs are effective for short-term symptomatic relief in patients with acute and chronic low-back pain without sciatica, yet no specific type of NSAID is clearly more effective than others.

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