Opioids compared to placebo or other treatments for chronic low-back pain (2013)

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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 determine the efficacy of opioids in adults with chronic low-back pain (CLBP)

Methods

- Evidence current up to 31 October 2012
- Participants: Adults (>= 18 years of age) with a duration of low back pain at least 12 weeks
- Intervention: Use of opioids administered alone or in combination with other interventions
- Outcomes measured:
  - Primary outcomes: pain, function, patient satisfaction or QOL improvements, proportion of patients reporting 30% or 50% pain relief
  - Secondary outcomes: work-related disability, treatment-related adverse effects

Results & Conclusion

- 15 trials (5540 participants) included

Treatment	Evidence	Quality of evidence
Tramadol	Better than placebo for pain	Low
	Better than placebo for function	Moderate
	Little difference for pain compared to celecoxib	Very low
Transdermal buprenorphine	-Little difference for pain -No difference for function compared to placebo	Very low
Strong opioids *	Better than placebo for pain and function	Moderate
Opioids	No difference between opioids and antidepressants for either pain or function	Very low

⇨ There is some evidence for short-term efficacy of opioids to treat CLBP compared to placebo

* Morphine, Hydromorphone, Oxycodone, Oxymorphone, Tapentadol