

# Botulinum toxin for subacute/chronic neck pain (2011)

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## Overview of the study

### Objectives

- To systematically evaluate the literature on the treatment effectiveness of botulinum toxin (BoNT) for neck pain

### Methods

- Evidence current up to 20 September 2010
- Participants: Adults with subacute or chronic neck pain\*
- Intervention: BoNT intra-muscular injections
- Outcomes measured
  - Primary outcomes: pain relief, disability and function
  - Secondary outcomes: patient satisfaction, global perceived effect, quality of life

\*neck pain without radicular findings, including non-specific neck pain of unknown etiology; mechanical neck pain, neck pain associated with myofascial pain syndrome, neck pain with degenerative change, and cervicogenic headache

## Results & Conclusion

- 9 trials (530 participants) included:

Treatment	Evidence	Quality of evidence
BoNT type A	Little or no difference in pain between the treatment and saline injections at four weeks and six months for chronic neck pain	High
	Little or no difference between the treatment and placebo at four weeks and six months for chronic cervicogenic headache	Very low
BoNT-A combined with physiotherapeutic exercise and analgesics	Little or no difference in pain between the treatment and saline injection with physiotherapeutic exercise and analgesics for patients with chronic neck pain	Very low

⇒ No evidence confirms either a clinically important or a strategically significant benefit of BoNT-A injection for chronic back pain associated with or without cervicogenic headache

# Chinese herbal medicine for chronic neck pain due to cervical degenerative disc disease (2010)

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## Overview of the study

### Objectives

- To assess the efficacy of Chinese herbal medicines in treating chronic neck pain with radicular signs or symptoms

### Methods

- Evidence current up to 1 October 2009
- Participants: Adults (aged 18 to 65 years old) with a duration of symptoms of longer than six months, with a clinical diagnosis of cervical degenerative disc disease or cervical radiculopathy, or myelopathy
- Intervention: Any Chinese herbal medicine/formula, integrative medicinal treatment
- Outcomes measured
  - Primary outcomes: pain, functional status, patient satisfaction
  - Secondary outcomes: neurologic outcomes, adverse events

## Results & Conclusion

- Four trials (total 1100 participants) included.

Treatment	Evidence	Quality of evidence
Compound Qishe Tablets	Relieved pain better in the short-term than either placebo or Jingfukang	Low
Huangqi	Relieved pain better than Mobicox or Methycobal	
Compound extractum Nucis Vomicae	Relieved pain better than Diclofenac Diethylamine Emulgel	

⇒ Low quality evidence shows that certain herbal medications reduce pain more than placebo or other medications , but it is not clinically relevant.