



Launch of the WHO guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings

7 December 12.15-13.15 CET

[#lowbackpain](#) [#MSKHealth](#)
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A WHO contribution



WHO guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings.

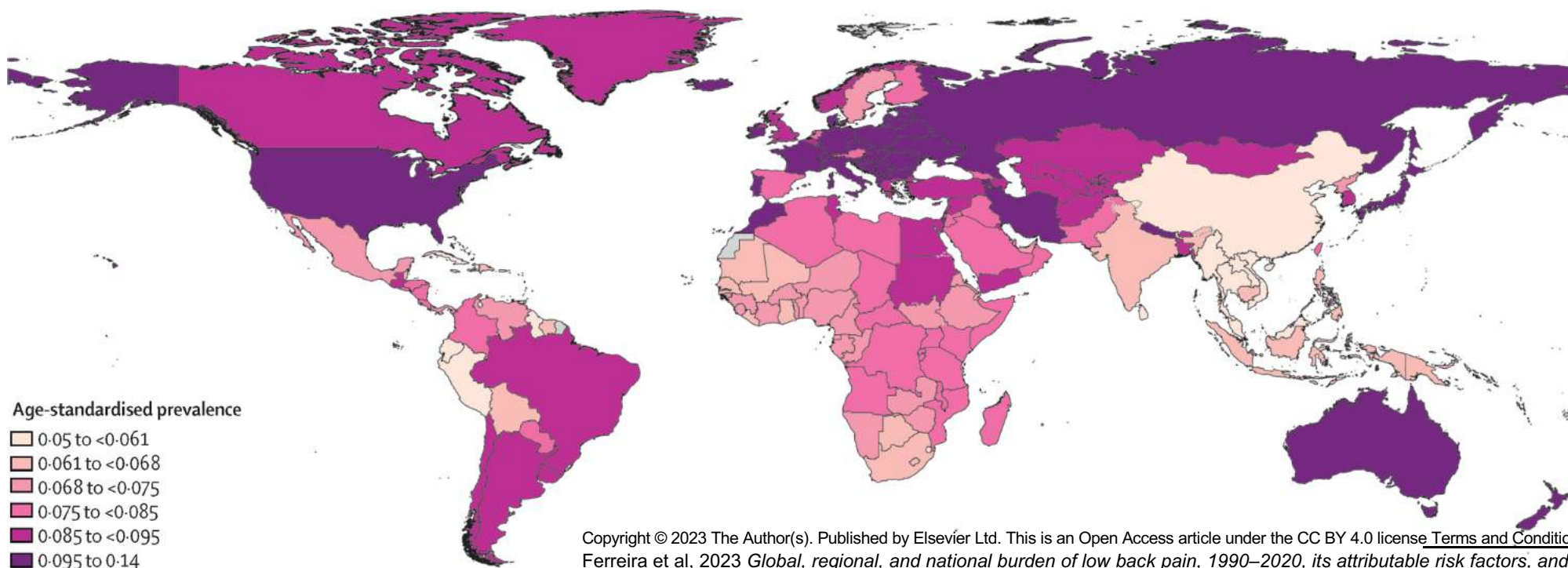
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Why this guideline, why now?

- Low back pain is a global public health issue
- No global guideline for LBP exists with consideration of older people and considers different contexts across countries



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Ferreira et al, 2023 *Global, regional, and national burden of low back pain, 1990–2020, its attributable risk factors, and projections to 2050: a systematic analysis of the Global Burden of Disease Study 2021*



Chronic symptoms

- Chronic pain has wide-ranging impacts on individuals, families, communities, health and social care systems.
- Despite advancements in treatments, prevalence, disability and costs continue to rise.
- Unwarranted care variation, knowledge and skills gaps, and care that is not evidence-based persist.
- Strengthening primary care systems to deliver person-centred, evidence-based care is critical to achieving Universal Health Coverage

Scope and target

- Scope

- Non-surgical interventions for adults, including older people, with chronic primary low back pain in primary and community care settings to improve health and wellbeing outcomes
 - Acute pain, primary prevention, and interventions delivered at the workplace or in secondary/tertiary care settings are not considered (e.g. invasive and surgical)

- Target

- Health workers of all disciplines (*discipline-neutral*) working in primary or community care settings
- Public health programme and system managers



37 non-surgical interventions across 5 classes

Education



1

Physical therapies



9

Psychological therapies



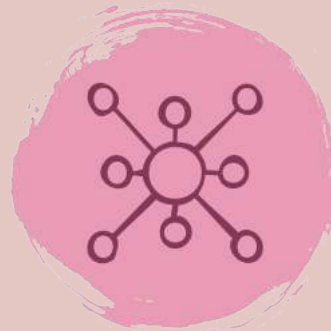
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Medicines



19

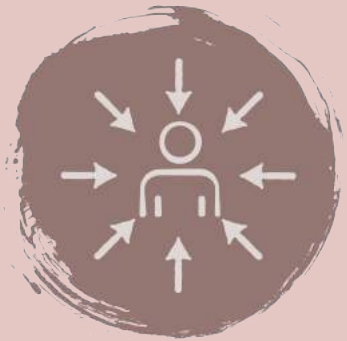
Multi-components therapies



3



Guiding principles of care for adults with CPLBP



Plan and deliver care that is holistic and person-centred, based on a biopsychosocial approach



Offer care that is equitable



Communicate and deliver care in a non-stigmatizing and non-discriminatory manner



Co-ordinate and integrate care with attention to comorbidities

Recommendations in favour

- WHO recommends 10 non-surgical interventions that should be offered as part of care in most contexts:



- Structured and standardized education and/or advice



- Some physical therapies (exercise programmes, needling therapies, spinal manipulative therapy, massage)



- Some psychological therapies (cognitive behavioural therapy, operant therapy)



- Some medicines (non-steroidal anti-inflammatory drugs* and topical Cayenne pepper)



- Multi-component biopsychosocial care (care that addresses at 2 or more factors that may influence a pain experience – physical, psychological, or social)

- 1 good practice statement
 - Assistive mobility products

* Recommendation does not extend to older people

Recommendations **against**

- WHO recommends 14 non-surgical interventions that should not be offered as part of routine care in most contexts



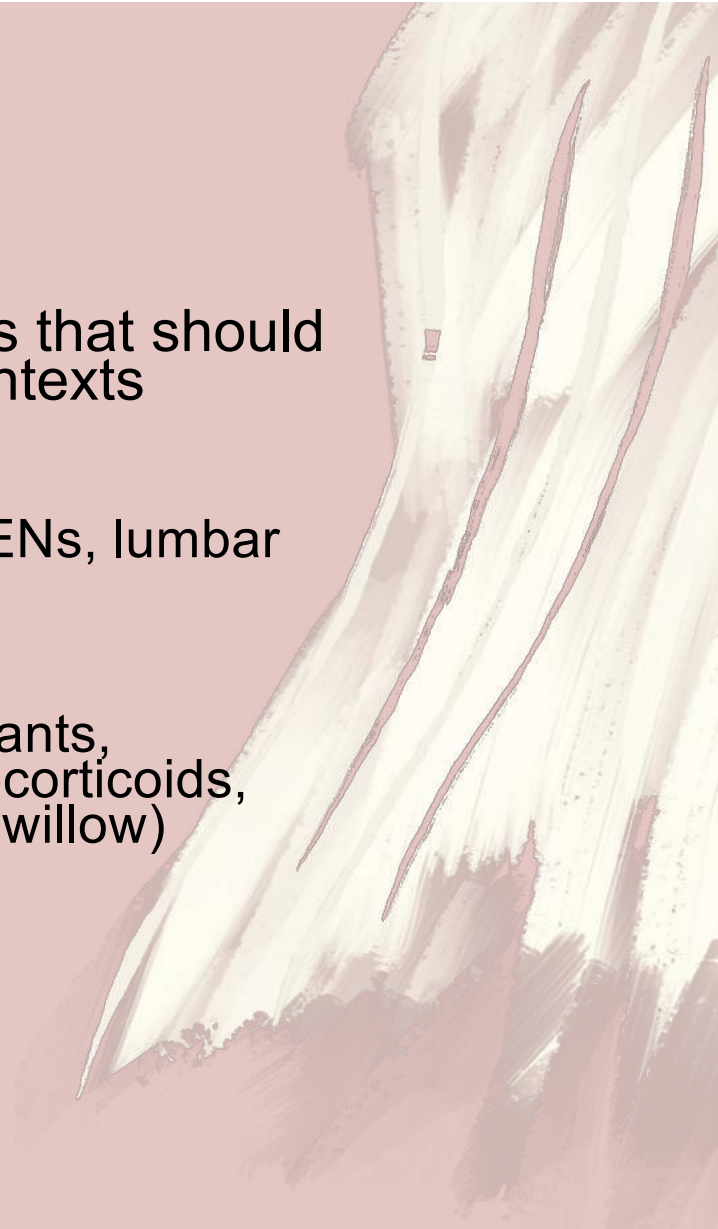
- Some physical therapies (traction, ultrasound, TENs, lumbar braces/belts)



- Some medicines (opioid analgesics, antidepressants, anticonvulsants, skeletal muscle relaxants, glucocorticoids, injectable local anaesthetics, Devil's claw, White willow)

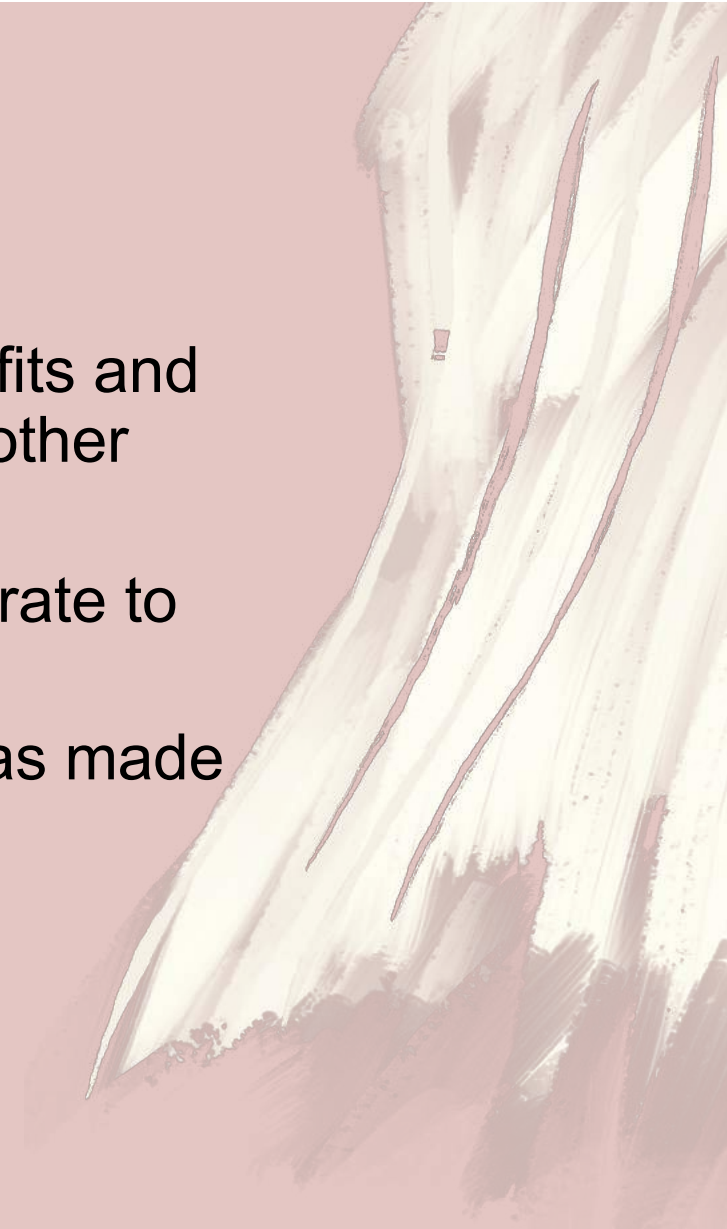


- Pharmacological weight loss



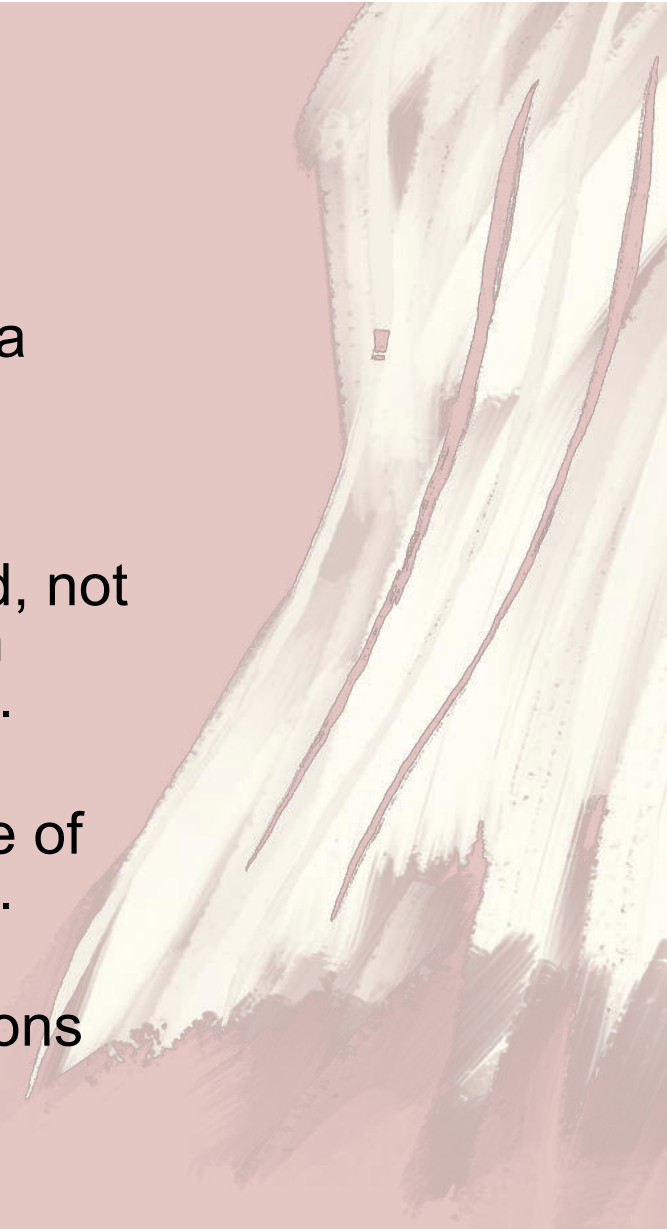
Interpreting the evidence

- Trials for most interventions measured benefits and harms for limited periods and in isolation to other care
- Certainty of the evidence ranged from moderate to very low
- For 12 interventions, no recommendation was made



Translation to practice

1. Undertake a thorough clinical assessment from a biopsychosocial perspective. On-refer when indicated.
2. Offer information and advice that is personalized, not generic, to help people make sense of their pain experience and to re-engage in valued activities.
3. Some people may derive benefit from a package of care, rather than single interventions in isolation.
4. Select and sequence evidence-based interventions based on the person's needs, context and preferences.



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