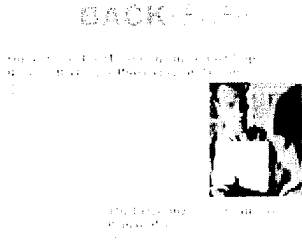




Full Text

Journal: 4-7 >> BackLetter >> 25(2) February 2010 >> THE BACK PAGE.

| | | |
|---|---|--------------------------------------|
|  <p>BACK LETTER</p> <p>Hide Cover</p> | <p>The Back Letter Issue: Volume 25(2), February 2010, p 24 Copyright: © 2010 Lippincott Williams & Wilkins, Inc. Publication Type: [ARTICLE] DOI: 10.1097/01.BACK.0000368167.56266.60 ISSN: 0894-7376 Accession: 00130561-201002000-00012</p> | <p>Ar</p> <p>•</p> <p>•</p> <p>•</p> |
|---|---|--------------------------------------|

[ARTICLE]

<< Previous Article | Table of Contents |

THE BACK PAGE

[Back to Top](#)

Thumbs Down For TENS

TENS—transcutaneous electric nerve stimulation—is widely used as a treatment for chronic back pain. However, a new evidence-based guideline from the American Academy of Neurology (AAN) suggests it has no proven pain-relieving benefit for this common indication.

Richard M. Dubinsky, MD, and Janis Miyasaki, MD, analyzed published randomized controlled trials (RCTs) of TENS in the treatment of low back pain lasting three months or longer. They found two high-quality RCTs. (See Deyo R et al., *New England Journal of Medicine*, 1990; 1627-34; and Warke K et al., *Clinical Journal of Pain*, 2006; 22:812-9.) In addition, they found three trials or studies of lesser methodological quality.

“The strongest evidence showed there is no benefit for people using TENS for chronic low-back pain,” said Dubinsky in a recent statement from the AAN. “Doctors should use clinical judgment regarding TENS use for chronic low back pain. People who are currently using TENS should discuss these findings with their doctors.” (See *Neurology*, 2009; epub ahead of print; www.neurology.org/cgi/rapidpdf/WNL.0b013e3181c918fcv1.pdf.) Those who follow the evidence in this area won't be surprised by this recommendation. The 2007 clinical guidelines on nonpharmacologic therapies for acute and chronic back pain from the American Pain Society and the American College of Physicians couldn't find any acceptable evidence that TENS was superior to placebo, sham treatment, a waiting

Ou

-
-
-
-

list, or no treatment.

Its overall conclusion was that the quality of the evidence supporting TENS is poor. And the guidelines were “unable to estimate” any benefit associated with TENS. (See *Annals of Internal Medicine*, 2007; 147:492-504.)

[Back to Top](#)

Risk of Early Death With Opioid Pain Pumps

Implanted opioid pain pumps remain a popular therapy for intractable chronic back pain.

Yet high-quality randomized controlled trials have never documented their efficacy or long-term safety.

Now a new study—performed in the wake of several deaths associated with implanted pain pumps delivering opioids—suggests that the risk/benefit ratio of this therapy may be less favorable than previously imagined.

Robert Coffey, MD, and colleagues worked with the manufacturer of a popular intrathecal drug infusion system to calculate the risk of early death associated with this therapy.

“Device registration and Social Security analyses revealed an intrathecal opioid therapy mortality rate of 0.088% after three days of implantation, 0.39% at one month, and 3.89% at one year—a higher mortality than after spinal cord stimulation or after lumbar discectomy at community hospitals.” (See *Anesthesiology*, 2009; 111:881-91.)

Unfortunately, the reasons for these deaths aren't clear, making prevention a challenge. An accompanying editorial by James P. Rathmell, MD, and Matthew J. Miller, MD, offered some advice to those employing opioid pain pumps: “Every practitioner using intrathecal therapy must understand that there is a risk of fatality, particularly soon after implantation. In the absence of data to guide practice, we must adopt a commonsense approach.”

They suggest that to minimize the potential for fatal complications practitioners should: (1) initiate intrathecal therapy with the lowest possible dose that can result in adequate pain relief; (2) avoid concomitant use of central nervous system depressants in the early post-implantation period; (3) gain an expert understanding of intrathecal pumps; (4) personally oversee all aspects of initial pain pump programming; (5) avoid excessively concentrated drug solutions; and (6) warn patients and caregivers to be vigilant in the period when the drug first enters the intrathecal space. (*Anesthesiology*, 2009; 111:706-8.)

However, the best prevention method may be more scientific research. This is an area where better quality scientific evidence on a popular back pain therapy—and restraint in the use of that therapy pending better evidence—could save many lives.

[Back to Top](#)

Back Pain and Antidepressants

Depression is a common companion to back pain in clinical settings—and patients often receive a prescription for antidepressants as a result. However, much of the depression associated with back pain is of the mild to moderate variety. And physicians may want to rethink the prescription of antidepressants for these symptoms.

A new meta-analysis of placebo-controlled trials suggests antidepressants only provide substantial benefit for patients with very severe depression. “True drug effects

(an advantage of antidepressant medications over placebo) were non-existent to negligible among depressed patients with mild, moderate, and even severe baseline symptoms, where they were large for patients with very severe symptoms,” according to Jay C. Fournier, MA, and colleagues. (See *JAMA*, 2010; 303:47-53.)

Fournier et al. conducted a meta-analysis of randomized placebo-controlled trials that compared the use of antidepressants for major and minor depression—and where individual patient-level data were available. The meta-analysis included six trials involving two antidepressants and a total of 718 subjects.

These results may seem surprising, but they are consistent with other research on antidepressants. “Prescribers, policy makers, and consumers may not be aware that the efficacy of [antidepressant] medications has been established on the basis of studies that have included only those individuals with more severe forms of depression. This feature of the evidence is not reflected in the implicit message present in the marketing of these medications to clinicians and the general public,” according to Fournier et al.

[Back to Top](#)

Coming Soon

- * Growing Evidence of Opioid-Related Risks
- * Is There Any Evidence That Opioids Provide Long-Term Relief?
- * Is It Time to Reevaluate “Pain as the Fifth Vital Sign”?
- * Clarifying Information on Low Back Pain
- * The Course of Disc Degeneration Following Discectomy

[« Previous Article](#) | [Table of Contents](#) |

Copyright (c) 2000-2010 Ovid Technologies, Inc.

By accessing or using OvidSP, you agree to Ovid's terms of use, conditions and all applicable laws. If you do not agree to these terms you may not use this Site.

Version: OvidSP_UI02.03.01_H11_2.101, SourceID 49793