Visual summary

Managing low back pain and sciatica

A brief overview the new NICE guidelines, from the perspective of a patient presenting in primary care.

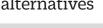




Exclude specific causes of low back pain, for example:

Trauma Inflammatory disease Cauda equina

Referral



Imaging

Only consider imaging:

In specialist care

If likely to alter management

Assess likely recovery outcomes

The complexity and intensity of treatment may vary depending on how likely it is that the patient will have a good functional outcome

Consider using risk stratification -such as the STarT Back risk assessment tool

Possible indicators of poor outcomes Fear / pain avoidance ▶ Low mood ▶

Job dissatisfaction Ongoing litigation



Cancer

Likely outcomes



Provide self management information

Information on nature of pain

Encouragement to continue activities

Self management is important for all patients, even those with acute symptoms and/or sciatica



Managing acute sciatica

Neuropathic pain medication

Epidural injections

Steroid

Local anaesthetic

Spinal decompression

After acute symptoms of sciatica are controlled, it may be appropriate to (re)enter an excercise programme to manage underlying low back pain



Group exercise Manual therapy

> **Psychological** therapy

Pain is persistent / treatment resistant

> Combined physical + psychological programme

Consider pain relief options

Paracetamol



effective

NSAIDs*

Consider **NSAIDs**

Weak opioids

If NSAID ineffective / not tolerated / contraindicated



Do not offer acupuncture

* NSAIDs = non-steroidal anti-inflammatory drugs