

Dear media colleagues

More than one in three people in Africa suffer from low back pain at any given time, and according to a new review in *The Lancet*, these patients are receiving the wrong, often harmful treatment for low back pain.

Please find attached *The Lancet* press release that details the overuse of inappropriate treatments (such as common pain-killers including opioids, surgery and imaging), meaning patients are not receiving the right care, and significant health care resources are being wasted.

More than 30 leading experts from around the world contributed to the series of three papers, including Prof Quinette Louw of the Division of Physiotherapy at Stellenbosch University's Faculty of Medicine and Health Sciences. She is available for interview on request.

"The proportion of global disability due to back pain has doubled in the last 25 years and is a major reason of absenteeism in South Africa. Back pain causes more disability than lung, bowel and breast cancer combined, and this burden will increase in coming decades, particularly in low- and middle-income countries," says Louw, a co-author of the review.

"Research has repeatedly shown that most patients get the wrong care for low back pain. The implications are costly interventions which have low value. Decision makers from low- and middle-income countries must be made aware of these pitfalls in order avoid wasting scarce resources and harming patients," says Louw.

Prof Quinette Louw is available for interview on request.

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## ***The Lancet: Low back pain affects 540 million people worldwide, but too many patients receive the wrong care***

***Worldwide, overuse of inappropriate tests and treatments such as imaging, opioids and surgery means patients are not receiving the right care, and resources are wasted***

Low back pain is the leading cause of disability worldwide, affecting an estimated 540 million people at any one time. Yet, a new Series of papers in *The Lancet* highlights the extent to which the condition is mistreated, often against best practice treatment guidelines.

Evidence suggests that low back pain should be managed in primary care, with the first line of treatment being education and advice to keep active and at work.

However, in reality, a high proportion of patients worldwide are treated in emergency departments, encouraged to rest and stop work, are commonly referred for scans or surgery or prescribed pain killers including opioids, which are discouraged for treating low back pain.

“The majority of cases of low back pain respond to simple physical and psychological therapies that keep people active and enable them to stay at work,” explains Series author Professor Rachelle Buchbinder, Monash University, Australia. “Often, however, it is more aggressive treatments of dubious benefit that are promoted and reimbursed.” [1]

The Series reviews evidence from high- and low-income countries that suggests that many of the mistakes of high-income countries are already well established in low-income and middle-income countries. Rest is frequently recommended in low and middle income countries, and resources to modify workplaces are scarce.

Low back pain results in 2.6 million emergency visits in the USA each year, with high rates of opioid prescription. A 2009 study found that opioids were prescribed to around 60% of emergency department visits for low back pain in the USA. Additionally, only about half of people with chronic back pain in the USA have been prescribed exercise. In India, studies suggest that bed rest is frequently recommended, and a study in South Africa found that 90% of patients received pain medicine as their only form of treatment (see panel 1, paper 2 for further examples).

“In many countries, painkillers that have limited positive effect are routinely prescribed for low back pain, with very little emphasis on interventions that are evidence based such as exercises. As lower-income countries respond to this rapidly rising cause of disability, it is critical that they avoid the waste that these misguided practices entail,” adds Series author Professor Nadine Foster, Keele University, UK. [1]

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The Global Burden of Disease study (2017) found that low back pain is the leading cause of disability in almost all high-income countries as well as central Europe, eastern Europe, North Africa and the Middle East, and parts of Latin America. Every year, a total of 1 million years of productive life is lost in the UK because of disability from low back pain; 3 million in the USA; and 300,000 in Australia (see GBD for country specific estimates available [2]).

The global burden of disability due to low back pain has increased by more than 50% since 1990, and is due to increase even further in the coming decades as the population ages.

Low back pain mostly affects adults of working age. Rarely can a specific cause of low back pain be identified so most is termed non-specific and evidence suggests that psychological and economic factors are important in the persistence of low back pain. Most episodes of low back pain are short-lasting with little or no consequence, but recurrent episodes are common (about one in three people will have a recurrence within 1 year of recovering from a previous episode) and low back pain is increasingly understood as a long-lasting condition.

The authors say that health care systems should avoid harmful and useless treatments by only offering treatments in public reimbursement packages if evidence shows that they are safe, effective, and cost-effective. They also highlight the need to address widespread misconceptions in the population and among health professionals about the causes, prognosis and effectiveness of different treatments for low back pain.

“Millions of people across the world are getting the wrong care for low back pain. Protection of the public from unproven or harmful approaches to managing low back pain requires that governments and health-care leaders tackle entrenched and counterproductive reimbursement strategies, vested interests, and financial and professional incentives that maintain the status quo,” says Series author Professor Jan Hartvigsen, University of Southern Denmark. “Funders should pay only for high-value care, stop funding ineffective or harmful tests and treatments, and importantly intensify research into prevention, better tests and better treatments.” [1]

#### NOTES TO EDITORS

[1] Quotes direct from authors and cannot be found in the text of the articles

[2] [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32154-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32154-2/fulltext)  
<https://vizhub.healthdata.org/gbd-compare/>

**For embargoed access to the Article and Comment, please see: [www.thelancet-press.com/embargo/backpainseries.pdf](http://www.thelancet-press.com/embargo/backpainseries.pdf)**

**For author interviews or more information, including country-specific data and case studies of patients willing to speak to the media, please contact the following communications teams.**

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