



Posters presented at annual scientific meeting of Interventional Pain SIG of British Pain society on 17th October, 2014, Manchester

British Journal of Pain
2015, Vol. 9(4) 196–202
© The British Pain Society 2014
Reprints and permissions:
sagepub.co.uk/
journalsPermissions.nav
DOI: 10.1177/2049463714561564
bjp.sagepub.com


Protocol For Pilot RCT To Test The Effectiveness And Cost Effectiveness Of Facet-Joint Injections For Selected People With Persistent Non-Specific Low Back Pain (Fis) – The Protocol

Cairns M¹, Mars T², Haywood K³, Lega C^{2,4}, Sandhu H², Ellard D², Keohane S², Antrobus JH⁵ and Underwood M²

¹Department of Allied Health Professions and Midwifery,

²School of Health and Social Work,

³University of Hertfordshire, UK

⁴Warwick Clinical Trials Unit, Division of Health Sciences, Warwick Medical School,

⁵The University of Warwick, UK

⁶Royal College of Nursing Research Institute, Division of Health Sciences, Warwick Medical School, The University of Warwick, UK

⁷School of Psychology, University of Bologna, Italy

⁸South Warwickshire NHS Foundation Trust

On behalf of the FIS Team

Background

Between 5–15% of people with chronic LBP are believed to have disease of one or more facet joints contributing to their pain yet there is considerable uncertainty on how to identify and treat such people.

This pilot RCT will test the hypothesis that, for people with suspected facet joint pain contributing to persistent LBP, adding facet joint injections, with local anaesthetic and corticosteroids, to best usual non-invasive care available from the NHS is both clinically and cost effective.

Method

Patients referred to secondary care with persistent non-specific LBP will be screened. Those meeting the eligibility criteria will receive a 1 hour assessment with a physiotherapist to confirm diagnosis and collect baseline data. All participants (n=150) will be offered a bespoke package of physical and behavioral rehabilitation. Those randomized into the intervention arm (n=75) will, in addition, receive facet joint injections. Primary outcome data will be collected using daily and then weekly text messaging service for a pain score on a 0–10 scale. Questionnaire follow up will be at 3, 6, and 12 months.

Results

To inform the ‘diagnosis’ and ‘best usual care’ package two systematic reviews have been undertaken

1. non-invasive ‘diagnosis’ of suspected facet joint pain
2. the physical therapy management of patients with ‘facet joint pain’ including psychological or cognitive behavioral approaches delivered by non-psychologists. MEDLINE, EMBASE, CINAHL, AMED and BIOSIS have been searched alongside the grey literature, hand searching and narrative evidence synthesis from seminal texts of physical therapy.

Conclusion

Recruitment will start in four sites in November 2014.

Funding

(Facet-joint injections for people with persistent non-specific low back pain (FIS); National Institute for Health Research/ Health Technology Assessment Programme funded project: 11/31/01)

Spinal Cord Stimulation For Patients With Chronic Neuropathic Pain (Failed Back Surgery Syndrome): Survey Results Of North England Pain Group’s 6th Annual Meeting, 2014

M Sharma¹, S Gupta², A Blythman³

¹The Walton Centre for Neurology and Neurosurgery NHS Foundation Trust, Liverpool, ²Bradford Teaching Hospitals NHS Foundation Trust, Bradford, ³Medtronic Limited, Watford, Hertfordshire

Background

Spinal cord stimulation is an established treatment for failed back surgery syndrome as supported by Randomised controlled trial and from NICE Technology Appraisal Guidance 159. This treatment should be routinely available to patients who have uncontrolled neuropathic pain of more than six month’s duration, 50/100 on visual analogue pain scale and refractory to standard care. However there is considerable variation in uptake of this treatment and reasons are unclear. The purpose of this survey was to explore views of the attendees of this Chronic Pain Meeting in North of England.

Method

Survey was distributed to 110 delegates attending annual meeting of North England Pain Group. 41 completed forms were received. Some of the questions asked of the attendees are as below. What percentage of your workload are patients with chronic neuropathic leg and back pain? Please select your preferred treatment approach