Over the past decade there has been a broad consensus between different scientific organisations worldwide on the benign self-limiting nature of (unspecific) low-back pain and hence the need for education of patients—to reassure patients and encourage them to continue with normal activities. Although most patients with back pain never receive any radiological diagnostics because they do not seek medical attention, there remains a large group who seek the dubious promise of imaging procedures despite contrary recommendations in evidence-based guidelines. These guidelines reveal that a focused history and physical examination can separate patients with non-specific low-back pain from those with radiculopathy, spinal stenosis, or other specific causes, and that clinicians should not routinely obtain imaging in patients with non-specific low-back pain.

There are several reasons why radiological findings are not helpful for doctors or patients. First, awareness of physiological degenerative changes as diagnosed by immediate imaging might foster fear-avoidance beliefs in some patients and become an obstacle to recovery. Second, exposure to radiation doses in computed tomography or radiography is also an issue. Third, various epidemiological studies have shown that it is rare to find serious underlying conditions in primary care patients with low-back pain. Despite this evidence, many clinicians continue to use imaging routinely in primary care patients who do not have features that suggest a serious underlying condition.

In The Lancet today, Roger Chou and colleagues present a meta-analysis of randomised trials that compared routine immediate imaging versus usual care without immediate imaging in patients with low-back pain. The results support guideline recommendations made on the basis of consistent evidence from high-quality randomised trials. Their review particularly focuses on clinically relevant outcomes, such as pain or function, quality of life,
influence implementation. Whether a guideline encourages (prescriptive) or discourages (proscriptive) a certain type of behaviour might be even more important.13 Meanwhile, a promising approach seems to be the way of educating patients in and outside general practitioners’ surgeries. Buchbinder and colleagues13 showed that public education about the limited value of imaging reduced the pressure on clinicians to order imaging. This population-based strategy to shift societal views had a sustained effect on general practitioners’ beliefs and stated management of back pain 4.5 years after its cessation.14 Thus all has not been said and done.

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We declare that we have no conflict of interest.