

Welcome to third edition of the BackCare Research Newsletter. This Newsletter is part of BackCare's efforts to make the latest scientific research accessible to anyone with a personal or professional interest in back pain. I am sure we all know that 'translating' research evidence into practical and useful advice can be a challenge. Nevertheless we (and I hope that means BackCare and all readers of this newsletter) are very aware of the need to use the best available evidence where possible.

For that reason we are very proud of the fact that two of BackCare's publications won prizes at the 2007 Science Communication Awards, organised by the Association of Medical Research Charities. 'Active BackCare' was the runner up in the patient information category and the 'Guide to Complementary and Alternative Medicine for Back Pain' was the winner in the small charity category. Both publications use evidence from scientific research combined with more subjective measures to ensure practical and user-friendly recommendations. Finding the balance between the (lack of) research evidence and 'practise based' evidence is, I am sure, an ongoing challenge for all professionals working in back pain. Perhaps these publications can be of assistance in your work. To order copies, go to our web shop on [www.backcare.org.uk](http://www.backcare.org.uk) or call our office on 0208 977 5474.

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### **Is it the Brain that is a Pain in the Back?**

We know that structural abnormalities in the back correlate poorly with pain in patients with chronic back pain. This implies that other processes also play a role, such as psychosocial factors. Nothing new perhaps, since most of us will look at (back) pain from a biopsychosocial perspective. However, there are now researchers who point at another factor that could play a role: the brain. Baliki et al. found abnormalities in the structure of the brain, including disruption of brain cells and circuitry that were correlated with back pain. This appeared to affect emotional processes in particular.

Baliki went even so far to say that 'chronic back pain plunges the emotional region of the brain in to a self-perpetuating state of continuous negative emotions and suffering.' A bit provocative, but that is maybe what is needed to get more research done in this area. See [J Neurosci 2006;26:12165-73](http://www.nature.com/news/060226a).

### **Back Pain Research over the Years.**

Many of us will have read at some stage the work by Alf Nachemson, the Swedish spine research pioneer (he wrote more than 500 back related publications). Dr Nachemson died in December 2006 and as a tribute to this influential researcher, The BackLetter has published an interview with Dr Nachemson. This not only gives a great insight into the thinking of this renowned researcher, but it

also provides an interesting overview on how back pain research has evolved over the years. A very good read. See The BackLetter 2007;22(2):13-21 or [Spine 2007;32:149-150](http://www.backcare.org.uk).

### **Research Networks**

Most of the professional bodies working in the health care sector see research as part of their remit and have put support networks in place for research active members. This might not only be useful for members of these professional bodies, but also for those who are trying to get in contact with researchers in the various areas. For now, two links to research networks for physiotherapists and osteopaths:

[National Physiotherapy Research Network](http://www.nprn.org.uk)

[National Council for Osteopathic Research](http://www.nocr.org.uk)

Also useful: the Society for Back Pain Research, an interdisciplinary group of back pain researchers, see [www.sbpr.info](http://www.sbpr.info)

### **Health Foundation Funding for Back Pain Projects**

The Health Foundation has awarded funding to two back pain projects in their 'Engaging with Quality in Primary Care' scheme. A project lead by a team at Keele University aims to educate physiotherapists and GPs in identifying the best treatments for different types of patients and how to deliver that treatment. A second back pain project is lead by a team at the University of Bournemouth and aims to improve the management of back pain by GPs.

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The fact that back pain comes up twice in this highly competitive funding scheme, probably says something about the burden of back pain in primary care. But it also shows that the problem is being addressed in high quality research projects. See [www.health.org.uk](http://www.health.org.uk)

### **Electronic Colleagues**

Wouldn't it be great to have a few hundred experts on hand for all the questions you cannot answer when doing your work? Well, that is exactly what an email discussion group can do for you. JISCMail has a large number of email lists in the area of research, teaching and learning, although some lists are more active than others. I am sure there is one that would interest you. Personally I really enjoy following the discussion in the Evidence Based Health list. You can register for this and other lists on [www.jiscmail.ac.uk](http://www.jiscmail.ac.uk)

### **Psychological Interventions for Low Back Pain: Why not?**

A new meta-analysis from Hoffman and colleagues ([Health Psychology 2006;26:1-9](#)) has shown that psychological interventions are an effective treatment for persons with chronic low back pain. Interestingly psychological interventions can act on various areas of back pain, including pain intensity, pain-related interference, health-related quality of life, work-related disability and depression. So why are psychological interventions often not the preferred treatment for chronic LBP? The [March 2007 BackLetter](#) gives three possible causes of the under usage of psychological interventions for back pain: a) lack of familiarity with the benefits and use of psychological therapies, b) many (patients, clinicians and researchers) are often more interested in finding elusive anatomical cures for back pain, or c) insurance companies are less likely to pay for psychological therapies (at least in the US).

### **A Wor(l)d of Advice**

Advice to stay active has been an integral part of back pain management for some time now. Indeed there is research evidence that supports this but some discrepancies exist, as identified in the review by Liddle et al in *Manual Therapy*. Differences in outcome measures make comparisons between RCTs very difficult but moreover the content of the advice seems to differ depending on the duration of the pain complaints. I'd advise you to read this paper, which will soon be published in [Manual Therapy](#).

### **Preventing Back Pain Related Disability**

The European Guidelines on the prevention of back pain came, perhaps not surprisingly, with only few statements backed up by hard scientific research. Although there is a massive amount of back pain related research, much of it is flawed by small sample sizes, low methodological quality or inadequate statistics. Therefore the recent work by Guzman and colleagues is of great interest. They used a consensus process in a group of experts to come up with the main prognostic or predictive factors for back pain related disability. The results showed widespread disagreement on the nature of back pain and related disability and probably because of the disagreement on the underlying problem also large differences in opinion over predicting and prognostic factors. See [Spine 2007;32:807-15](#).

### **BackCare Research Funding**

At the last meeting of the BackCare Research Committee, Prof Malcolm Jayson announced that he would step down as chair of the committee. BackCare would like to thank Malcolm for his dedication that ensured an effective and efficient awarding of BackCare's research funding. Dr Charles Pither has agreed to take over from Malcolm, who will remain a member of the committee.

Furthermore to these changes in roles, the Research Committee decided to cease the BackCare bursary and undergraduate award in order to focus more on funding research projects. New guidelines will be issued soon.

### **Back Pain Conferences and Events**

- 34th International Society for the Study of the Lumbar Spine. 10-14 June 2007. Hong Kong. <http://issls.org/>
  - Society for Back Pain Research / Finnish Back Society meeting, 28-29 June 2007, Helsinki, Finland. See [www.sbpr.org](http://www.sbpr.org)
  - Annual Meeting of the Society for Academic Primary Care. 4-6 July 2007. London, UK. [www.sapc.ac.uk](http://www.sapc.ac.uk)
  - Annual Meeting of the Scoliosis Research Society. 5-8 September 2007, Edinburgh, Scotland. [www.srs.org](http://www.srs.org)
  - 6th Interdisciplinary World Congress on Low Back Pain & Pelvic Pain. 7-10 November 2007, Barcelona, Spain. [www.worldcongresslbp.com](http://www.worldcongresslbp.com)
- Please email events and conference you would like to advertise to your colleagues across the UK to [ResearchNewsletter@backcare.org.uk](mailto:ResearchNewsletter@backcare.org.uk)