NKR 40: PICO 10 Bør patienter med nyopståede lænderygsmerter tilbydes NSAID i tillæg til vanlig behandling?

Review information

Authors

[Empty name]¹

Citation example: [Empty name]. NKR 40: PICO 10 *Bør patienter med nyopståede lænderygsmerter tilbydes NSAID i tillæg til vanlig behandling?*. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Abstract

Background

Objectives

Search methods

Selection criteria

Data collection and analysis

¹[Empty affiliation]

Main results

Authors' conclusions

Characteristics of studies

Characteristics of included studies

Hancock 2007

Methods	Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT:
Participants	Baseline Characteristics Intervention Control Included criteria: All patients with low back pain (with or without leg pain)of less than 6 weeks duration presenting to any of40 participating GPs in Sydney, Australia, were invited toparticipate. The inclusion criterion was a complaint ofpain in the area between the 12th rib and buttock creasecausing moderate pain and moderate disability (measuredby adaptations of items 7 and 8 of SF-367). Excluded criteria: Exclusioncriteria were: present episode of pain not preceded by apain-free period of at least 1 month, in which care was notprovided; known or suspected serious spinal pathology;nerve root compromise (with at least two of these signs:myotomal weakness, dermatomal sensory loss, orhyporefl exia of the lower limb refl exes); presently takingNSAIDs or undergoing spinal manipulation; any spinalsurgery within the preceding 6 months; and contraindication to paracetamol, diclofenac, or spinalmanipulative therapy. Pretreatment: Similar at baseline

Interventions	Intervention Characteristics Intervention • Diclofenac and Placebo manipulation: • Placebo diclofenac and placebo manipulation: Control • Diclofenac and Placebo manipulation: • Placebo diclofenac and placebo manipulation:
Outcomes	Smerteintensitet (pain intensity) 0-12 uger Outcome type: ContinuousOutcome Reporting: Fully reported Scale: NRS Range: 0-100 Unit of measure: none Direction: Lower is better Data value: Endpoint Funktionsevne (Disability), 0-12 uger Outcome type: ContinuousOutcome Reporting: Fully reported Scale: Roland Morris Range: 0-24 Unit of measure: none
	Direction: Lower is better Data value: Endpoint
Identification	Sponsorship source: The trial was mainly funded by Australia's National Health and MedicalResearch Council. The active diclofenac was donated by Alphapharm. Country: Australia Setting: GPs in Sydney, Australia Comments: Authors name: Mark Ha Institution: University of Sydney, Back Pain Research Group

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Notes			

Risk of bias table

Bias	Authors' judgement	Support for judgement
Blinding of participants and personnel	Low risk	
Allocation concealment	Low risk	
Incomplete outcome data	Low risk	
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	
Sequence Generation	Low risk	
Blinding of outcome assessors	Low risk	

Footnotes

References to studies

Included studies

Hancock 2007

Hancock M.J.; Maher C.G.; Latimer J.; McLachlan A.J.; Cooper C.W.; Day R.O.; Spindler M.F.; McAuley J.H.. Assessment of diclofenac or spinal manipulative therapy, or both, in addition to recommended first-line treatment for acute low back pain: a randomised controlled trial. Lancet 2007;370(9599):1638-1643. [DOI:]

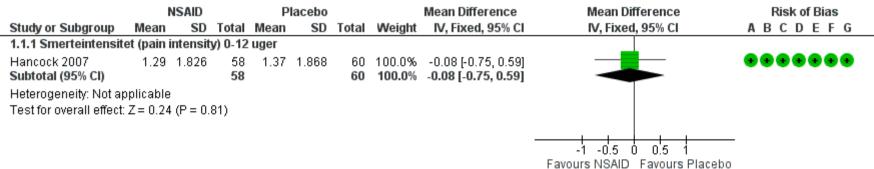
Data and analyses

1 Intervention vs Control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Smerteintensitet (pain intensity) 0-12 uger	1		Mean Difference (IV, Fixed, 95% CI)	Subtotals only
1.1.1 Smerteintensitet (pain intensity) 0-12 uger	1	118	Mean Difference (IV, Fixed, 95% CI)	-0.08 [-0.75, 0.59]
1.2 Funktionsevne (Disability), 0-12 uger	1		Mean Difference (IV, Fixed, 95% CI)	Subtotals only
1.2.1 Funktionsevne (Disability), 0-12 uger	1	117	Mean Difference (IV, Fixed, 95% CI)	-0.88 [-2.66, 0.90]

Figures

Figure 1 (Analysis 1.1)



Test for subgroup differences: Not applicable

Risk of bias legend

- (A) Blinding of participants and personnel
- (B) Allocation concealment
- (C) Incomplete outcome data
- (D) Selective outcome reporting
- (E) Other sources of bias
- (F) Sequence Generation
- (G) Blinding of outcome assessors

Forest plot of comparison: 1 Intervention vs Control, outcome: 1.1 Smerteintensitet (pain intensity) 0-12 uger.