DANISH HEALTH AUTHORITY

NATIONAL CLINICAL GUIDELINE FOR THE TREATMENT OF LUMBAR SPINAL STENOSIS

Quick guide

1) Consider offering supervised training to patients with lumbar spinal stenosis due to the general beneficial effects of training on health and the lack of known adverse effects.	
Weak recommendation	The recommendation is not meant to indicate that all patients should train. The relevance of training depends on the type and duration of the symptoms at the time of referral as well as the patient's preferences. It is assessed that physical training is generally beneficial. However, it is preferable to focus on general conditioning to improve the patients' overall health, since there is no evidence to support the use of training for neurogenic pain relief. Patients should be reassessed regularly and referred to surgical assessment if they are not getting better. In case the symptoms have persisted for more than 3-6 months, the patients should be referred directly to surgical assessment.

2) Spinal manual therapy should not be used routinely for patients with lumbar spinal stenosis, since the beneficial effect is uncertain.	
Weak recommendation AGAINST	Spinal manual therapy is not recommended for the treatment of neurogenic pain. In case of concomitant back pain, spinal manual therapy may be used.

3) It is good practice to avoid use of paracetamol in patients with lumbar spinal stenosis, since the beneficial effect is uncertain and undocumented.	
Good practice (consensus)	Paracetamol is not recommended for the treatment of neurogenic pain. In case of concomitant back pain, treatment with paracetamol may be considered for a short period of time.

4) It is good practice to avoid use of NSAIDs in patients with lumbar spinal stenosis, since the beneficial effect is uncertain and there is a risk of adverse reactions.	
Good practice (consensus)	NSAIDs are not recommended for the treatment of neurogenic pain. In case of concomitant back pain, treatment with NSAIDs may be considered for a short period of time.

5) Opioids should only be used for patients with lumbar spinal stenosis upon due consideration, since the beneficial effect is uncertain and there is a risk of adverse reactions.

Weak recommendation AGAINST	The working group does not recommend use of opioids for the treatment of neurogenic pain. In case of concomitant back pain, treatment with opioids may be considered for a short period of time.

6) It is good practice to avoid use of muscle relaxants in patients with lumbar spinal stenosis, since the beneficial effect is uncertain and there is a risk of adverse reactions.	
Good practice (consensus)	If medical treatment of muscle tension and pain is deemed necessary, use of analgesics or antiinflammatories should be the primary choice.

7) Medical treatment of neurogenic pain should only be initiated in patients with lumbar spinal stenosis upon due consideration, since the beneficial effect is uncertain and there is a risk of adverse reactions.	
Weak recommendation AGAINST	Medicines for the treatment of neurogenic pain are associated with frequent and unpleasant adverse reactions, especially dizziness and fatigue. In this fragile group of patients, in particular, these ADRs may lead to injury due to the increased fall risk.

8) Consider offering decompression surgery to patients with lumbar spinal stenosis if previous non-surgical treatment has proved inadequate.	
Weak recommendation	It is assessed that decompression may be offered to patients with symptoms consistent with the diagnosis of lumbar spinal stenosis in case of significant disability and if the diagnosis is supported by relevant diagnostic imaging.

9) Fusion surgery should only be used as an add-on to decompression for patients with lumbar spinal stenosis upon due consideration, since the beneficial effect is uncertain.	
Weak recommendation AGAINST	The working group recommends to assess the stability of the lumbar spine in patients with lumbar spinal stenosis. This assessment can be made based on a standing X-ray which will show whether the vertebrae are displaced from each other when the patient is standing. In case of instability, fusion surgery may be considered.

10) Consider offering supervised rehabilitation to patients who have undergone surgery for lumbar spinal stenosis, due to the general beneficial effects of training and the lack of known adverse effects.	
Weak recommendation	In the opinion of the working group, physical activity after surgery is beneficial. However, there is no evidence of a beneficial effect of supervised rehabilitation after surgery for lumbar spinal stenosis. The training should be adapted to each patient, and some of them such as patients with comorbidity or socially vulnerable patients may benefit extra from supervision in order to get started after surgery.

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About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the treatment of lumbar spinal stenosis. The guideline was prepared by the DHA.

The guideline concerns patients over the age of 65 years with lumbar spinal stenosis and significant self-rated disability.

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines, process descriptions etc. in this field.

Further information at sundhedsstyrelsen.dk
At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines
The national clinical guideline is one of the 3 national clinical guidelines targeted at vulnerable elderly people within the framework of the agreement on special funding for healthcare and the elderly for 2016-2019.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.