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Editorial Comment: European guidelines for low back pain – A necessary step forward and an opportunity not to be missed

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The importance of low back pain in health care is widely recognised, and concerns have been raised on evidence of significant variation in the care provided for this condition, inappropriate and excessive use of diagnostic techniques and therapeutic interventions, and huge costs regarding its management [1,5,6]. Several clinical practice guidelines have been developed in response to these problems. Following publication of the pioneer report by the Quebec Task Force in 1987 [8] and the Agency for Health Care Policy and Research guidelines in the United States in 1994 [4], a number of clinical guidelines for low back pain have been developed in several European countries, Australia, New Zealand, and Israel. However, despite these efforts, two recent systematic reviews have concluded that the overall quality of the available guidelines is disappointing [2,10].

The European Commission launched the COST B13 program in 1999 to formulate evidence-based guidelines for the prevention, diagnosis and treatment of low back pain. This ambitious pan-European project gathered together 48 experts in the field from 14 European countries to analyse more than 70 clinical guidelines and 800 systematic reviews. The results of this enormous effort, which took more than five years to complete, are greatly welcome. The European guidelines for the diagnosis and treatment of acute and chronic low back pain, and for the prevention of these conditions, are now presented in this special issue of the *European Spine Journal*. Critical re-

view of the three documents confirms that they will lead to a change in the current situation, but also shows that additional work is needed to achieve the declared goal of improving the quality and outcome of healthcare for this condition (www.backpain europe.org).

Assessment of the three COST documents with the instruments [7,9,11] used in previous systematic reviews [2,10], allows an evaluation according to standard criteria such as rigor in the development of the guidelines, as well as guarantees of the validity, clarity, strength, and applicability of the recommendations. With regard to rigor in development and guarantees of validity, the authors performed an excellent review of the available evidence from the viewpoint of identification, selection and updating, and highly accurate synthesis and grading of the evidence. The main weak point in these domains is the fact that the method used by the panel of experts to arrive at decisions is not clearly described. In addition, the guidelines for acute and chronic pain were not submitted to external peer review before their publication. These points are more relevant in the guidelines for chronic pain, since the main contributors of some chapters assessing the interventions used for this condition are precisely the “experts” in the field under review, a fact that could imply a higher degree of subjectivity in the judgements.

With regard to the clarity of the recommendations, a very positive aspect is that the guidelines clearly indicate which interventions are not, or cannot be, recommended. Nevertheless, the terminology used in the recommendations for which there is stronger evidence sometimes includes rather ambiguous statements in addition to “recommended”, such as “consider using” as well as others (“can be recommended,” “may be recommended,” “can be considered,” and “should be considered”). This limitation is more relevant in the guidelines for chronic low back pain. Although some criteria (“known concerns”) were taken into account to separate the interventions into the categories “recommended” and “consider using”, it remains unclear which of them led to the final decision for cate-

gorising each intervention. In these cases the guideline user may not have sufficient elements to decide what to do and why.

With respect to the applicability of the recommendations, the three guidelines correctly define the populations in which they should be used. The guidelines for acute and chronic low back pain are directed to the entire population of patients with nonspecific low back pain. In contrast, the recommendations for prevention are structured according to three independent populations: the general population, school-aged children, and individuals in the workplace. One shortcoming regarding applicability is that the interventions are often not described with enough precision to be reproducible. Moreover, the documents do not include elements that would help in decision-making and in clarifying the circumstances required for the interventions to be incorporated into the process of patient care. Hence, direct application of the recommendations contained in the three COST guidelines may be limited without additional work.

In fact, as the authors themselves state, the objective of the COST documents is to facilitate the formulation of new national and international guidelines for low back pain and to update those that already exist. In this sense, the target populations would be mainly groups planning to develop or update clinical practice guidelines, and only indirectly health professionals involved in patient care. This final approach, which is more limited than that stated in the COST B13 program (www.backpaineurope.org), has resulted in the development of products whose strong points lie in an exhaustive review of the available evidence, and considerable effort at structuring the synthesis and conclusions. However, as it is recognised in the documents for chronic pain and prevention, some key actions and processes for formulating clinical practice guidelines, such as considering cost implications, testing among target users, and establishing criteria for monitoring and auditing, could not be developed within the COST B13 program. This problem and the aforementioned limitations make it impossible to implement the COST guidelines without additional work and reduce the function of these "incomplete" documents as clinical practice guidelines. Lastly, we should stress that groups attempting to use these products may find additional difficulties related to a certain heterogeneity of the methods applied in each of the three documents, the structure used to describe and

synthesise the available evidence, and the terminology used in the recommendations.

In the research setting, the COST B13 initiative is a clear advance. It provides teams investigating low back pain with a profound deliberation on the limitations of currently available evidence. The proposals put forth in the three documents might serve as a basic instrument to establish an updated European low back pain research agenda, and should be used by entities that fund research in Europe (e.g., the European Commission, Research Directorate-General, and Department of Policy, Co-ordination and Strategy).

Nevertheless, in the setting of clinical practice, there is a risk that this initiative may not achieve the desired results. The main threat is the potential for considerable variation in the process of adapting and implementing the guidelines at a national and local level. In the absence of explicit proposals to guide the adaptation process, the aforementioned methodological limitations might lead to heterogeneous processes and contradictory recommendations. It is even possible that some of the adaptations might not be endorsed by the working groups that developed the original guidelines.

In conclusion, the documents published in this special issue are the fruit of a huge effort performed with rigor. The COST guidelines offer the reader a synthesis of current evidence for all the relevant interventions available for the management of low back pain. This contribution is particularly innovative in the fields of chronic low back pain and prevention. Continuation of this initiative on a pan-European level would allow the addition of key actions and processes, which could not be developed within the COST B13 program. It would also allow subsequent updates, an aspect that was only imprecisely covered in the present documents, and it could improve some of the limitations by incorporating the methodological advances that are being developed in the field of grading evidence and recommendations [3].

The COST B13 program represents a step forward and an opportunity to advance in the field of low back pain. However, for it to be beneficial, it is essential that the developers of national and local guidelines and all the institutions that should support its adaptation and implementation, or compile the proposals set forth for research, maintain the rigor shown by those who are responsible for this European initiative.

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