Chronic low back pain (CLBP)





cLBP is the 2<sup>nd</sup> leading cause of disability globally<sup>1</sup>

From 2006 to 2016, the prevalence of cLBP in adults has increased by more than 100%<sup>1</sup>





Medical history and physical examination are predominantly used to identify any serious conditions causing pain<sup>3</sup>



A thorough
examination of the
back and neurological
tests can also be
conducted to determine
the cause of pain and
appropriate treatment<sup>3</sup>



## **Early intervention**

is important; delays initiating multimodal management of cLBP can negatively impact patient functionality and quality of life<sup>6</sup>



Both
nociceptive and
neuropathic
mechanisms play
a part in most
cases of cLBP<sup>5</sup>

Therefore, this can be classified as a mixed pain syndrome<sup>5</sup>



Management options for cLBP include:<sup>2,3,5</sup>



Conventional treatments e.g. physical activity, hot or cold packs



**Pharmacotherapy** 



Non-surgical procedures e.g. spinal manipulation, acupuncture



Surgical procedures



1. Allegri M et al. F1000Res. 2016;5:1530; 2. National Institute of Neurological Disorders and Stroke. Low Back Pain Fact Sheet. 2019. Available at: https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Low-Back-Pain-Fact-Sheet. Accessed May 2020; 3. Ehrlich GE. Bull World Health Organ. 2003;81:671-6; 4. Morlion B. Curr Med Res Opin. 2011;27:11-33; 5. Oliveira CB et al. Eur Spine J. 2018;27:2791-803; 6. Morlion B et al. EFIC 2019; Poster P216.

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