

Visual summary

Managing low back pain and sciatica

A brief overview the new NICE guidelines, from the perspective of a patient presenting in primary care.



Consider alternatives

Exclude specific causes of low back pain, for example:

- Cancer
- Infection
- Trauma
- Inflammatory disease
- Cauda equina

Referral

X Imaging

Only consider imaging:
In specialist care
and
If likely to alter management

Assess likely recovery outcomes

The complexity and intensity of treatment may vary depending on how likely it is that the patient will have a good functional outcome

Consider using risk stratification –such as the **STarT Back** risk assessment tool

Possible indicators of poor outcomes

- Fear / pain avoidance
- Low mood
- Job dissatisfaction
- Ongoing litigation

Good ← Likely outcomes → Poor

Provide self management information

- Information on nature of pain
- Encouragement to continue activities

Self management is important for all patients, even those with acute symptoms and/or sciatica

To manage a specific episode

Pain is persistent / treatment resistant

Managing acute sciatica

Neuropathic pain medication

Epidural injections

Steroid

+

Local anaesthetic

Spinal decompression

After acute symptoms of sciatica are controlled, it may be appropriate to (re)enter an exercise programme to manage underlying low back pain

Group exercise

Manual therapy

Psychological therapy

Combined physical + psychological programme

Consider pain relief options

Paracetamol

X Not effective alone

NSAIDs*

✓ Consider oral NSAIDs

Weak opioids

✓ If NSAID ineffective / not tolerated / contraindicated

X Do not offer acupuncture

* NSAIDs = non-steroidal anti-inflammatory drugs