

Preliminary results of a multicentre double-blind randomised controlled trial to assess the clinical- and cost-effectiveness of facet-joint injections in selected patients with non-specific low back pain: a feasibility study (FACET feasibility study)

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Background

Pain of lumbar facet-joint origin is a common cause of low back pain in adults, and may lead to chronic pain and disability

Intra-articular lumbar facet-joint injections with steroid may reduce pain intensity and aid rehabilitation

Due to the lack of high quality clinical evidence to support their use, the National Institute for Health and Care Excellence (NICE) guidelines CG88 Low back pain in adults: early management (2009) did not recommend injections of therapeutic substances into the back for non-specific low back pain

The updated NICE guidelines NG59 Low back pain and sciatica in over 16s: assessment and management (2016) again do not recommend spinal injections for managing low back pain

Aim

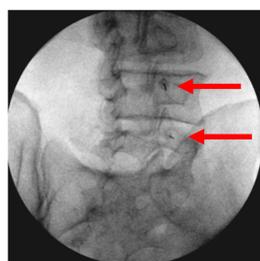
To examine the feasibility of undertaking a definitive fully powered double-blind randomised controlled trial to evaluate the clinical- and cost-effectiveness of lumbar facet-joint injections compared to a sham procedure, in participants with non-specific low back pain of more than 3 months' duration

Methods

Eligible patients with non-specific low back pain presenting to the pain and spinal orthopaedic clinics, who had a positive response following a diagnostic test for facet-joint disease, were randomised to receive either:

- Intra-articular lumbar facet-joint injections with local anaesthetic and steroid (intervention group) or
- Peri-articular injections with saline (control group)

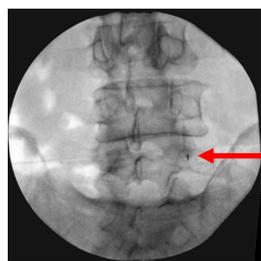
All the participants were invited to take part in a combined physical and psychological (CPP) programme delivered by trained physiotherapists



Diagnostic test for facet-joint disease

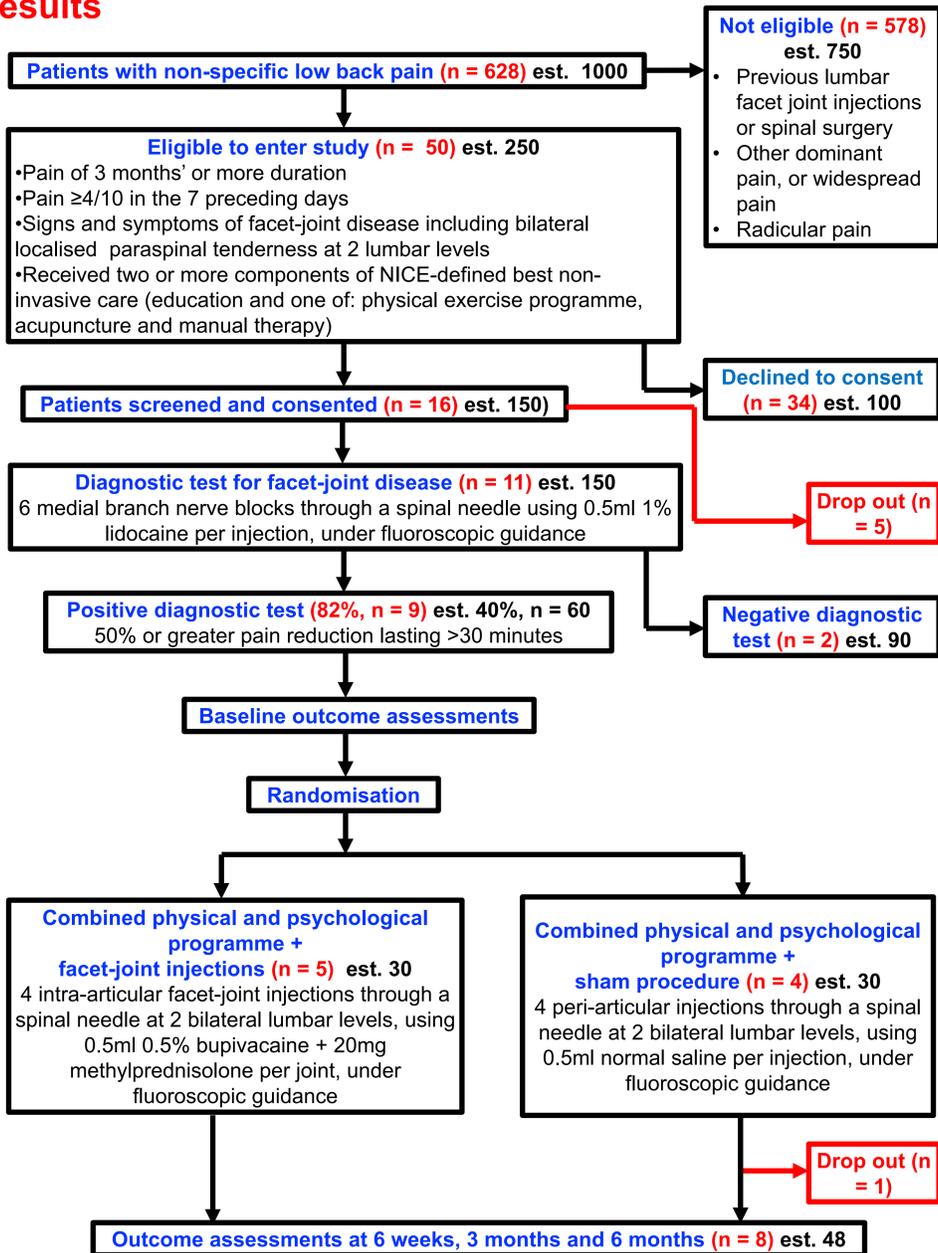


Intra-articular facet-joint injections



Sham procedure

Results



Conclusions

Although the target recruitment rate from the pain and spinal orthopaedic clinics at Barts Health NHS Trust was not achieved, the other feasibility outcomes were met:

- Successful standardisation of the method of injection and the test-run of the sham procedure
- Proposed study design is acceptable to patients and clinicians
- Ability to retain sufficient participants

Progression to a definitive trial may be possible with adjustments in the target population to recruit patients earlier in their pain trajectory

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