PROJECT INFORMATION

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Comparing Ways to Treat Low Back Pain and Prevent Chronic Pain and Disability -- The TARGET Trial

Principal investigator

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Organization

University of Pittsburgh

What was the research about?

Low back pain is a common reason people seek health care. For most, the pain is temporary. For others, the pain persists. This chronic pain causes problems with sitting, walking, working, or other activities. Some patients may be at higher risk of developing chronic pain than others.

In this study, the research team looked separately at patients with recent low back pain who had different risks for developing chronic pain. To assess chronic pain risk, the team asked patients questions about how they were coping with back pain.

For patients at high risk, the research team compared two types of care:

- Usual care, which included home treatment such as over-the-counter pain medicine.
- Usual care plus a referral to psychologically informed physical therapy, or PIPT. PIPT helps patients learn coping skills to manage back pain.

For patients at low or medium risk of chronic low back pain, the team looked at patients' rates of chronic back pain six months after they received usual care.

What were the results?

Of patients at high risk, 50 percent developed chronic pain with both types of care. Level of disability and use of health care for low back pain were also similar for both types of care.

After six months, 20 percent of low-risk and 33 percent of medium-risk patients developed chronic low back pain. Also, 30 to 40 percent of low- and medium-risk patients had another doctor visit for low back pain.

For patients at all risk levels, doctors often ordered non-recommended tests and treatments, such as x-rays and opioids.

What did the research team do?

The research team assigned 76 clinics from four health systems across the United States by chance to one of the two groups. In the PIPT group, the research team asked doctors to refer high-risk patients to physical therapists trained in PIPT. In the other group, doctors provided care as usual. The team reviewed the health records of all 2,300 high-risk patients. Of these, 75 percent were White, 17 percent were Black, 4 percent were another race, and 4 percent didn't report a race; 6 percent were Hispanic. The average age was 50, and 59 percent were women.

Next, the research team reviewed the health records of 7,247 patients at low and medium risk. Of these, 81 percent were White, 13 percent were Black, 3 percent were another race, and 3 percent didn't report a race; 4 percent were Hispanic. The average age was 51, and 58 percent were women. The team looked at health records to determine how often low back pain turned into chronic pain. They also looked at level of disability and healthcare use.

Patients with low back pain, doctors, and insurers helped plan the study.

What were the limits of the study?

Doctors only referred 40 percent of high-risk patients to PIPT. Results may have differed if doctors had referred more patients to PIPT.

Future research could look at ways to help primary care doctors prevent chronic pain for patients with low back pain.

How can people use the results?

Doctors and patients can use these results when considering ways to treat low back pain.

To learn more about this project, visit www.pcori.org/Delitto350.