

Appraisal

Correspondence: Recurrence of low back pain is common: a prospective inception cohort study

After reading the conclusions of the inception cohort study by da Silva et al¹ about recurrence of low back pain (LBP) and prognostic factors for recurrence, I wish to raise some concerns.

It has now been widely accepted that one of the reasons for poor recovery of LBP is treating non-specific LBP as a single homogeneous group.² The authors do not mention the baseline treatments received by the participants (and mention this as a limitation); however, without knowing the exact nature of the prescribed interventions, no recommendations about the nature of recurrences can be made.

The authors recruited participants with previous experience of LBP, all of whom had previous LBP lasting for variable durations (Table 3). It may be noted here that having a previous experience of LBP is a risk factor for developing chronic symptoms.³ As the authors claim that the 'prognosis of people who have had a condition for a long time is likely to be different from those who recently developed the condition', recruiting participants with a previous history of LBP may not avoid bias, despite the participants having recovered at a uniform point of time.

Table 3 also shows that > 21% of the study population belonged to the subacute stage. This might also explain the high percentage of recurrent LBP rates in this population, as people in the sub-acute stage are more prone to develop consistent pain.⁴ Further, it is unknown from the data if any attempts were made to refer the participants to the interventions that suited them based on specific selection criteria.

The authors could have explained why they did not recruit participants with first-onset LBP and follow them prospectively using the same design.

It is unclear what care was provided when the participants complained of 'pain for which healthcare was sought'. Nearly 41% of the study population opted for healthcare during follow-up, but it is unclear whether the participants (12% by 3 months, 25% by 6 months) resolved their symptoms during the intervening follow-up periods.

Although the authors have considered the role of certain factors based on literature, they could have added fear avoidance and expectations about recovery as predictors because they have been found to be significant predictors of disability and work status.⁵

The supplementary findings of the study that exposure to awkward posture and longer sitting time are prognostic factors of LBP recurrence should evoke further debate, considering recent evidence that denounces the role of mechanical factors for musculoskeletal pain.^{6,7}

Shankar Ganesh

Composite Regional Centre for Skill Development, Empowerment, and Rehabilitation of Persons with Disabilities, Lucknow, India

<https://doi.org/10.1016/j.jphys.2019.11.005>

References

1. da Silva T, et al. *J Physiother.* 2019;65:159–165.
2. Hancock M, et al. *Phys Ther.* 2009;89:698–704.
3. Chou R. *BMJ Clin Evid.* 2010;2010:1116.
4. Karjalainen K, et al. *Cochrane Database Syst Rev.* 2001;3:CD002193.
5. Fritz JM, et al. *Pain.* 2001;94:7–15.
6. Lederman E. *J Bodyw Mov Ther.* 2011;15:131–139.
7. Balagué F, et al. *Lancet.* 2012;379:482–491.

Correspondence: Author response to Ganesh

We appreciate Mr Shankar Ganesh's interest in our publication. His comments primarily relate to different research questions than the ones we set out to investigate. Many of the comments relate to treatment for people with back pain, while our study recruited people who did not have current back pain and followed them to determine if they had a future recurrence. It is possible that the type of treatment received during a previous episode may impact on a future recurrence, but we did not set out to investigate this question.

One general comment that Mr Ganesh made was the assertion that recent evidence denounces the role of mechanical factors for musculoskeletal pain. This seems an unjustified comment for a number of reasons. First, the citations he provides to support this view are not to research or to recent publications. Second, the prevailing view for low back pain is that biological, psychological and social factors are all important.

Mr Ganesh asks for an explanation of why we did not recruit people who had experienced only one previous episode of low back pain. Most people presenting to care have experienced multiple previous episodes, so we feel that this sample provides more

generalisable and useful information to clinicians when discussing the likelihood of future recurrences with their patients. In addition, our design enabled us to explore whether the number of previous episodes was associated with increased risk of recurrences, which we were able to confirm.

Provenance: Invited. Not peer reviewed.

**Tatiane da Silva^a, Kathryn Mills^b, Benjamin Brown^c,
Natasha Pocovi^b, Tarcisio de Campos^b, Christopher Maher^d and
Mark Hancock^b**

^aMasters and Doctoral Programs in Physical Therapy, Universidade Cidade de São Paulo, São Paulo, Brazil

^bDepartment of Health Professions, Macquarie University, Sydney, Australia

^cDepartment of Chiropractic, Macquarie University, Sydney, Australia

^dSydney School of Public Health, The University of Sydney, Sydney, Australia

<https://doi.org/10.1016/j.jphys.2019.11.007>