

I.Q. -- Interesting Quotes

Editorial Staff

How Successful Is Chiropractic Care: A Patient's Point of View

A recent study published in the Journal of Manipulative and Physiological Therapeutics (JMPT) compared chiropractic management of low back pain with medical management.¹ While there has been at least one other study on patient satisfaction,² this paper came to an important conclusion:

"After controlling for these variables simultaneously in a stratified analysis, chiropractic patients were still almost twice as likely to perceive their treatment to be successful after three months compared to medical patients."

The study compared 146 chiropractic patients with 279 medical patients with some interesting results:

"... the 3-month risk of improvement was 13% greater for chiropractic care than medical care."

"... the 3-month risk of worsening was 40% less for chiropractic care than for medical care."

The medical patients were "more likely to have been hospitalized for low back pain and to have had low back surgery."

References

1. Hurwitz EL. The relative impact of chiropractic vs. medical management of low back pain on health status in a multispecialty group practice. J Manipulative Physiol Ther 1994; 17(2):74-82.
2. Cherkin DC, MacCornack FA. Patient evaluations of low back pain care from family physicians and chiropractors. Western J Med 1989; 150:351-5.

Too Many Orthopedic Surgeons for the Public's Safety?

The May 29, 1993 issue of the well respected medical research journal, Lancet, contained an interesting letter to the editor that began like a confession:

"Spinal fusion for low back pain is one of the 80% of procedures untested by clinical trials. We know from epidemiological data that the frequency of spinal surgery is closely correlated with the number of orthopaedic and neurosurgeons per head of population and that spinal fusion may be associated with an increased number of complications and has questionable benefits."

While the letter goes on to urge needed controlled trials, the obvious question is, "How many spinal fusions should there be based on clinical efficacy, rather than surgical greed?" Something to think about, the next time an MD tries to recommend spinal fusion for a patient of yours.

Spinal Fusion, Take II

Elderly patients undergoing back surgery suffer twice as many complications, and nearly twice as many die, when their surgery includes spinal fusion.¹ Further, spinal fusion results in nearly six times as many blood transfusions, about two times greater nursing home placement, and one and one-half times higher hospital charges than spinal surgery without fusion, according to the AHCPR-funded Back Pain PORT. The mean hospital stay for Medicare patients who underwent fusion in 1985 was almost 20 percent longer, and their mean hospital charges (not including professional fees) were almost 50 percent higher.

Regardless of diagnosis, prior surgery, coexisting conditions, age, sex, or race, the likelihood of complications, death, or nursing home placement was twice as high for patients undergoing fusions than those undergoing spinal surgery without fusion.

Reference:

1. Deyo, RA, Ciol, Cherkin, et al. Lumbar spinal fusion: A cohort study of complications, reoperations, and resource use in the Medicare population. *Spine* 18(11):14673-1470, 1993.

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