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Withdrawal of analgesic medication for chronic low-back pain patients: improvement in outcomes of multidisciplinary rehabilitation regardless of surgical history.

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Abstract

OBJECTIVE: To determine the posttreatment outcomes of multidisciplinary pain rehabilitation that incorporates analgesic medication withdrawal for chronic low-back pain patients on the basis of lumbar spine surgical history.

DESIGN: This is a retrospective analysis of 383 consecutive chronic low-back pain patients participating in a 3-wk, outpatient, intensive, multidisciplinary pain rehabilitation program. The study sample was divided into three groups based on history of spine surgery: 196 patients without previous lumbar spine surgery, 125 with history of lumbar fusion, and 62 with history of nonfusion lumbar spine surgery. Patients were assessed at admission and dismissal for medication use, pain severity and affective characteristics, physical functioning, depression, and pain catastrophizing.

RESULTS: At admission, patients in both the fusion and nonfusion surgery groups were using more opioids compared with the no-surgery group. Reported pain severity and duration was highest in the fusion group compared with the other groups. Admission to dismissal comparisons showed significant and nearly equal improvements for all groups in health and medication measures.

CONCLUSIONS: Study results demonstrate that multidisciplinary pain rehabilitation treatment incorporating analgesic medication withdrawal is associated with significant clinical improvements in physical and emotional functioning, regardless of lumbar spine surgical history.

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