

## Update 29

### Evidence-based Double Standards??

Professor Nikolai Bogduk is director of the Newcastle Bone and Joint Institute and a Professor of Anatomy and Musculoskeletal Medicine at the University of Newcastle, Australia. He has come under heavy criticism (1,2) for the report that he prepared for the Australian Medical Health and Research Council (3) titled, “Evidence-based clinical guidelines for the management of acute low back pain”.

One area in which Prof. Bogduk was particularly critical in his report was the quality of the evidence pertaining to the role of spinal manipulative therapy (SMT) in patients with acute low back pain.

Prof. Bogduk sets the tone for his chapter on so called manual therapy by stating,

**“Manual therapy is perhaps the most contentious and most bitterly contested treatment for low back pain. This arises because manual therapy is the principal therapeutic tool of several craft-groups. Manipulation is the hallmark of chiropractic therapy”.**

After briefly reviewing the peer-reviewed literature (He dedicates very little time and space to the over 30 relevant RCT’s and even greater number of systematic reviews.), he concludes -

**Although manual therapy appears to be more effective than placebo (weak Level I evidence), there are no grounds to prefer manual therapy over other conservative therapy options (Level I evidence); there are no grounds to prefer chiropractic therapy over other conservative therapy options (Level I evidence), or over providing an education booklet (Level II evidence).**

With Bogduk being so quick to disregard the large body of evidence related to SMT and acute LBP, I find it interesting to now read a discussion in the form of letters to the editor (4) of the journal titled ‘Regional Anesthesia and Pain Medicine (RAPM)’, wherein Prof. Bogduk fights tooth and nail to defend the very small body of evidence (6 RCTs) relating to the use of radiofrequency (RF) neurotomy procedures for the treatment of spinal pain. Note, if you have in recent years heard Prof. Bogduk speak you will know that he has been a very vocal supporter of RF procedures for some time now.

Professor Bogduk’s letter to the editor was written in response to a systematic review of RCT’s related to RF procedures, that had previously been published by other authors in the RAPM (5), and which concluded,

**“Due to the clinical heterogeneity in conditions, control groups, technical variations in RF treatment, and inclusion/exclusion criteria and the fact that that the included number of studies was small, meta-analysis could not be performed.”**

and,

**“...there seems to be insufficient evidence supporting the effectiveness of most RF treatments for spinal pain.”**

Some of the statements that Professor Bogduk makes in his letter to the editor defending RF procedures suggest he thinks that when it comes to assessing the worth of RF procedures a lot more latitude should be given to the relevant evidence-base than he himself has afforded that of other interventions.

For example, Professor Bogduk states,

**“It is perhaps unfortunate that the rules of modern evidence-based medicine mandate that only randomised controlled trials qualify for reviews.”**

I can't help but ask where Professor Bogduk took into consideration anything other than RCT's and systematic reviews when he mercilessly trod on SMT for Acute LBP in preparing his so called evidence-based clinical guidelines for the management of acute low back pain?????

Professor Bogduk then really stretches the credibility envelope when he proceeds, in his letter to editor, to suggest that just because RF procedures involve a surgery, one RCT is all that ever needs to be conducted.

Bogduk poses the question,

**“In the context of trials of surgery, how many randomised placebo-controlled trials are enough?”**

Bogduk replies to his own question -

**“For exponents of RF neurotomy, the answer is: one is enough to prove that RF neurotomy is not a placebo.”**

One rule for RF procedures and another for SMT - so much for scientific objectivity.

## References

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