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Paracetamol is ineffective for acute and chronic low-back pain

Paracetamol is a first-line analgesic and has been used for many conditions including low-back pain.

A randomised trial compared paracetamol with placebo for acute (<6 weeks) moderate to severe low back pain (+/- leg pain) in 550 primary care patients.¹

Participants got either regular paracetamol, regular placebo or prn regime for four weeks and followed for 8 weeks. Recovery was defined as the first day pain scores reduced to 0-1/10 and remained at this level for 7 days.

The recovery rate at 12 weeks was 85% taking regular paracetamol, 84% in the placebo and 83% in the prn group. Their recovery curve was identical. The study shows that reassuring patients about the natural prognosis is excellent for most patients with acute low-back pain.

A Cochrane review found the same results for acute and chronic low-back pain.²

A US guideline suggests that most patients get better regardless of treatment and there are numerous other non-drug and drug options.³

References:

1. Efficacy of paracetamol for acute low-back pain: a double-blind, randomised controlled trial. Lancet online (2014) [Click here](#)
2. Paracetamol for low back pain. Cochrane Database of Systematic Reviews (2016). [Click here](#)
3. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. Ann Intern Med (2017). [Click here](#)

WEBINAR: Tuesday 28 November, 7.30pm. [Radical change is possible for patients in brief primary care visits with Focussed Acceptance and Commitment](#)

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