

Stratified versus usual care for the management of primary care patients with sciatica: the SCOPiC RCT

Nadine E Foster,^{1,2*} Kika Konstantinou,^{1,3}
Martyn Lewis,^{1,2} Reuben Ogollah,^{1,4}
Benjamin Saunders,¹ Jesse Kigozi,⁵ Sue Jowett,^{1,5}
Bernadette Bartlam,^{1,6} Majid Artus,¹ Jonathan C Hill,¹
Gemma Hughes,² Christian D Mallen,¹ Elaine M Hay,¹
Danielle A van der Windt,¹ Michelle Robinson²
and Kate M Dunn¹

¹Primary Care Centre Versus Arthritis, School of Primary, Community and Social Care, Keele University, Keele, UK

²Keele Clinical Trials Unit, Keele University, Keele, UK

³Haywood Hospital, Midlands Partnership Foundation NHS Trust, Stoke-on-Trent, UK

⁴Nottingham Clinical Trials Unit, School of Medicine, University of Nottingham, Nottingham, UK

⁵Health Economics Unit, Institute of Applied Health Research, University of Birmingham, Birmingham, UK

⁶Family Medicine and Primary Care, Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore, Singapore

*Corresponding author n.foster@keele.ac.uk

Declared competing interests of authors: Sue Jowett is (from 2016 to present) a member of the National Institute for Health Research Health Technology Assessment Clinical Trials Committee and reports personal fees as an independent advisor at the Pfizer (Pfizer Inc., New York, NY, USA) chronic pain advisory board meeting in November 2018, outside the submitted work. Kate M Dunn reports grants from the Wellcome Trust (London, UK), during the conduct of the study.

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

Published October 2020

DOI: 10.3310/hta24490

Plain English summary

The SCOPiC RCT

Health Technology Assessment 2020; Vol. 24: No. 49

DOI: [10.3310/hta24490](https://doi.org/10.3310/hta24490)

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Plain English summary

Sciatica is pain that spreads into the leg because of a trapped nerve in the lower back. It can be a very painful condition that affects everyday life and ability to work. People with sciatica usually see their general practitioner first; if they do not get better over time, they may be referred to a physiotherapist or, eventually, to a spinal specialist. It is difficult to know which sciatica patient will do well without much treatment and who might need to see a physiotherapist or spinal specialist sooner. Stratified care is an approach aiming to help decide, early on, which patients need to see which health professionals. It has previously been shown to be helpful for patients with lower-back pain.

In a trial of 476 patients with sciatica a stratified care model was tested to see if it led to faster improvements in sciatica-related leg pain, when compared with usual care.

Adults seeing their general practitioner with sciatica were invited to attend a research clinic. Those willing to take part were randomly assigned to stratified care or usual care. Patients in the stratified care arm were referred either to physiotherapy for a short or a longer course of treatment, or to undergo magnetic resonance imaging and see a spinal specialist with the magnetic resonance imaging results within 4 weeks. Pain, function and quality-of-life data were collected over 12 months using text messages and questionnaires.

Although patients in the stratified care arm improved slightly more quickly (2 weeks, on average), we did not find convincing evidence that stratified care led to better results than usual care. On average, most patients in both trial arms improved in a similar way over 12 months.

The stratified care model tested in this trial did not lead to faster recovery for patients with sciatica than usual care.

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 3.370

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, the Cochrane Library and Clarivate Analytics Science Citation Index.

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 12/201/09. The contractual start date was in November 2014. The draft report began editorial review in March 2019 and was accepted for publication in November 2019. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care.

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