Improving the understanding and management of back pain in older adults: the BOOST research programme including RCT and OPAL cohort

Esther Williamson,^{1,2} Maria T Sanchez-Santos,¹ Ioana R Marian,¹ Mandy Maredza,³ Cynthia Srikesavan,¹ Angela Garrett,¹ Alana Morris,¹ Graham Boniface,¹ Susan J Dutton,¹ Frances Griffiths,³ Gary S Collins,¹ Stavros Petrou,¹ Julie Bruce,³ Jeremy Fairbank,¹ Zara Hansen,¹ Karen Barker,⁴ Charles Hutchinson,³ Christian Mallen,⁵ Lesley Ward,¹ Richard Gagen,¹ Judith Fitch,⁶ David P French⁷ and Sarah E Lamb^{2*}

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<sup>1</sup>University of Oxford, Oxford, UK
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Disclosure of interests

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²University of Exeter, Exeter, UK

³University of Warwick, Warwick, UK

⁴Oxford University Hospitals NHS Trust, Oxford, UK

⁵Keele University, Keele, UK

⁶Patient and Public Involvement Representative

⁷University of Manchester, Manchester, UK

^{*}Corresponding author S.E.Lamb@exeter.ac.uk

Procedures Panel from 2010 to 2015. Keele School of Medicine has received grant funding for Christian Mallen's time not related to this study from NIHR, MRC, AHRC, BMS and Versus Arthritis. David P French has received funding from the NIHR Greater Manchester ARC and Manchester Biomedical Research Centre. He has also been supported by grants from NIHR Programme Grant for Applied Research, European Commission Horizon 2020, NIHR Research for Patient Benefit, Natural Environment Research Council, NIHR Health Services and Delivery Research, Prevent Breast Cancer, MRC/NIHR Methodology Research Programme Manchester University NHS Foundation Trust, Great Sport, Breast Cancer Now, Christie Hospital NHS Trust NIHR Policy Research Programme, Cancer Research UK and BXS GP Limited. He was the Chair of the combined Trial Steering and Data Monitoring and Ethics Committee for the Dunhill Medical Trust funded trial, Motivating Structured walking Activity in people with Intermittent Claudication (MOSAIC) trial (October 2017-July 2021). He was a member of the PHR Research Funding Board from 16 June 2015 to 12 June 2020. Gary S Collins is a member of the NIHR HTA Commissioning Board (2016-20) NIHR DRF Selection Committee (2021 to present). Frances Griffiths has had membership of the following: 2014-17 Medical Research Council Strategic Skills Panel, 2011–16 NIHR Programme Grants for Applied Research Panel, 2012–13 NIHR Health Service and Delivery Research Board and 2009-11 NIHR Service Delivery and Organisation Programme Panel. Sarah E Lamb has had membership of the following: HTA Additional Capacity Funding Board, HTA End of Life Care and Add-on Studies Board, HTA Prioritisation Group Board, HTA Trauma Board, HTA MNCH Methods Group, HTA Primary Care Themed Call board from 17 September 2013 to 18 February 2014, HTA Trauma Themed Call Board from 31 October 2007 to 20 October 2008, NIHR CTU Standing Advisory Committee from 1 July 2012 to 1 July 2016, HTA Projects Remit meeting, HTA Post-Funding Committee from 26 May 2010 to 31 December 2015, HTA Funding Committee Policy Group (formerly CSG) from 1 January 2010 to 31 December 2015. HTA Clinical Evaluation and Trials Committee from 1 January 2010 to 31 December 2015, HTA Programme Oversight Committee and Clinical Trials Units funded by the NIHR.

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Plain language summary

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Plain language summary

Pack pain is a common problem for older people. This research aimed to increase our understanding of back pain in older people and to develop treatments to reduce the burden caused by back pain. The research was arranged in six work packages, and we completed three linked studies.

Study 1: We enrolled 5409 older people in a cohort study. Participants answered questions about back pain, their health, mobility, falls and quality of life on enrolment and at 1 and 2 years' follow-up. Back pain was reported by half of the participants, and 20% also reported leg pain. Back pain with/without leg pain is associated with reduced quality of life but also with being frail, falling and having walking problems. After 2 years, 77% of participants still reported being troubled by this pain. We developed a tool to identify when older people were at risk of reduced walking ability and to understand whether back pain was important here. Back and leg pain were not specifically linked to reduced walking, but severe pain was, suggesting that regardless of the type of pain, it needs to be treated. This tool could be used by clinicians and patients to know when they are at risk of reduced walking ability and to seek treatment.

Study 2: We developed a group physiotherapy programme (the Better Outcomes for Older people with Spinal Trouble programme) for older people with a back-related condition called neurogenic claudication which results in pain spreading from the back into the legs and difficulties standing and walking. We tested the programme in a randomised controlled trial. The Better Outcomes for Older people with Spinal Trouble programme resulted in long-term improvements in walking, reduced falls, and short-term improvements in pain and disability. It is likely to be good value for the National Health Service.

Study 3: We interviewed participants taking part in the Better Outcomes for Older people with Spinal Trouble trial to understand their experiences of the trial and whether the treatments helped. The Better Outcomes for Older people with Spinal Trouble programme was acceptable to participants, and they found it enjoyable.

We are working with patient representatives and clinicians to make the Better Outcomes for Older people with Spinal Trouble programme available in routine care.

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