

Critically appraised paper: An internet intervention with or without telephone support in primary care is not superior to usual care for low back pain [commentary]

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Appraisal

Critically appraised paper: An internet intervention with or without telephone support in primary care is not superior to usual care for low back pain [commentary]

Commentary

While governments and health systems invest in digital health innovation, there is a critical role for independent, pragmatic, rigorous, large-scale trials to help understand what outcomes these interventions might deliver, and at what cost. This publicly funded trial provides some of the best available evidence to date on the clinical and cost-effectiveness of adding a low-intensity, digital, self-management intervention to usual care for low back pain. The trial findings will disappoint those hoping for substantial improvements in outcomes or in cost savings. Instead, the trial provides a corrective to hype and a more realistic basis for considering implementation.

The intervention and trial were designed with a clear eye on generalisability and scalability: wide eligibility criteria, multicentre recruitment, modest workforce and training requirements and low intervention costs (an additional £61 and £16 per patient for SupportBack with and without telephone support, respectively). These matter when the population prevalence and volume of healthcare use are so high.

Despite its strengths, a single trial cannot be expected to answer all questions related to services offering digital interventions as part of their care pathways. If rolled out, would a digital intervention

reduce or widen existing inequalities in the distribution of low back pain and associated disability? Trial participants were predominantly middle-aged, white men and women living in more affluent areas. It is unclear how far we can generalise the results to more socioeconomically disadvantaged groups and individuals. Pre-specified subgroup analyses did not suggest groups that obviously benefited more than others. Subgroup analyses are notoriously underpowered, and a forthcoming process evaluation may provide further insights. Ultimately, there may be little to gain from targeting this low-cost, low-intensity intervention. Instead, it appears to offer an option alongside 'usual care', not necessarily better but different, and potentially a more efficient use of healthcare resources if scaled.

Provenance: Invited. Not peer reviewed.

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