

Catastrophizing doesn't predict low back pain evolution

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For adult patients with acute or chronic low back pain, assessing the baseline score for catastrophizing does not help clinicians in routine clinical practice predict the evolution of low back pain or the patient's disability at three months, according to a study published online July 23 in *The Spine Journal*.

(HealthDay) -- For adult patients with acute or chronic low back pain (LBP), assessing the baseline score for catastrophizing does not help clinicians in routine clinical practice predict the evolution of LBP or the patient's disability at three months, according to a study published online July 23 in *The Spine Journal*.

Francisco M. Kovacs, M.D., Ph.D., of the Kovacs Foundation in Palma de Mallorca, Spain, and colleagues conducted a prospective study involving 1,422 adults with acute and chronic LBP treated in primary and hospital care within the Spanish [National Health Service](#). The [prognostic value](#) of baseline catastrophizing was assessed for predicting the clinical evolution of LBP and LBP-related disability.

The researchers found that the degree of catastrophizing at baseline did not predict the evolution of LBP or LBP-related disability. As the degree of pain improvement increased, there was an increase in the likelihood of improvement in catastrophizing, from three-fold (for improvements in pain between 1.1 and 4 points on a visual analogue scale [VAS]) to 7.3-fold (for improvements in pain more than 6.1 VAS points).

"Results from this study show that baseline catastrophizing is of no clinical value for predicting the evolution of LBP and disability," the authors write. "Hence, it is not appropriate to use catastrophizing for early identification of those patients with a bad clinical prognosis."

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