

The Essence of Clinical Practice Guidelines for Lumbar Spinal Stenosis, 2021: 3. Conservative Treatment

Katsushi Takeshita

Department of Orthopaedics, Jichi Medical University, Tochigi, Japan

Keywords:

limaproast, nonsteroidal anti-inflammatory drugs (NSAIDs), exercise

Spine Surg Relat Res 2023; 7(4): 306-307

dx.doi.org/10.22603/ssrr.2022-0081

This article is the third part of the five-article series, *The Essence of Clinical Practice Guidelines for Lumbar Spinal Stenosis*, published in the *Spine Surgery and Related Research*, Special Issue.

Summary

Limaproast and nonsteroidal anti-inflammatory drugs (NSAIDs) are useful in treating lumbar spinal stenosis (LSS). Exercise is effective in mitigating pain and improving physical functions and activities of daily living (ADL) and quality of life (QOL)

functions, ADL, and QOL than self-training, and can be recommended except in severe cases.

Block therapy is useful for alleviating the pain and improving QOL in the short term (Recommendation level 2, evidence strength A). The combination of steroids in block therapy is known to further alleviate pain and improve QOL in the short-term. Owing to concerns related to the adverse effects of adrenal suppression, Maintenance of a short combination period (Recommendation level 2, evidence strength B) is recommended. Evidence related to the usefulness of orthosis therapy and physiotherapy is lacking, and whether spinal manipulation is useful for patients with LSS is unclear.

Commentary

NSAID administration is a useful treatment strategy for LSS. Regarding limaproast, evidence of its usefulness in patients with the cauda equina type or combined type is particularly robust, whereas evidence of its efficacy against the nerve root type and pain is considered insufficient (Recommendation level 2, evidence strength A). NSAID administration is recommended in the short term for LSS with nerve root type and low back pain. However, the usefulness of NSAIDs against the cauda equina type (Recommendation level 2, evidence strength B) is limited. Regarding gabapentinoids, evidence related to the efficacy (A clear recommendation cannot be provided, evidence strength B) was inconsistent.

Recent RCTs reported that exercise therapy is effective in mitigating pain and improving physical functions and ADL/QOL¹⁻⁶⁾. Exercise therapy under the guidance of specialists is more effective in alleviating pain and improving physical

Conflicts of Interest: The author received honoraria from Daiichi-Sankyo, Eisai, Eli Lilly, Pfizer, Shionogi and Viatrix.

The original version of this clinical practice guidelines appeared in Japanese as Youbu Sekichukan Kyosakushou Shinryo Guidelines and its translated version in English was published in Japanese Orthopaedic Association clinical practice guidelines on the management of lumbar spinal stenosis, 2021 - Secondary publication. *J Orthop Sci.* 2022 May 18; S0949-2658(22)00116-6. doi: 10.1016/j.jos.2022.03.013.

References

1. Delitto A, Piva SR, Moore CG, et al. Surgery versus nonsurgical treatment of lumbar spinal stenosis: a randomized trial. *Ann Intern Med.* 2015;162(7):465-73.
2. Ammendolia C, Cote P, Southerst D, et al. Comprehensive nonsurgical treatment versus self-directed care to improve walking ability in lumbar spinal stenosis: a randomized trial. *Arch Phys Med Rehabil.* 2018;99(12):2408-19.e2.

Corresponding author: Katsushi Takeshita, dtstake@jichi.ac.jp

Received: April 8, 2022, Accepted: June 17, 2022

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3. Hammerich A, Whitman J, Mintkin P, et al. Effectiveness of physical therapy combined with epidural steroid injection for individuals with lumbar spinal stenosis: a randomized parallel-group trial. *Arch Phys Med Rehabil.* 2019;100(5):797-810.
4. Schneider MJ, Ammendolia C, Murphy DR, et al. Comparative clinical effectiveness of nonsurgical treatment methods in patients with lumbar spinal stenosis: a randomized clinical trial. *JAMA Netw Open* 2019;2(1):e186828.
5. Mu W, Shang Y, Mo Z, et al. Comparison of two types of exercises in the treatment of lumbar spinal stenosis. *Pak J Med Sci* 2018;34(4):897-900.
6. Minetama M, Kawakami M, Teraguchi M, et al. Supervised physical therapy vs. home exercise for patients with lumbar spinal stenosis: a randomized controlled trial. *Spine J* 2019;19(8):1310-8.

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