

Update on chronic nonspecific lower back pain: rehabilitation

ATUALIZAÇÃO EM LOMBALGIA INESPECÍFICA CRÔNICA: REABILITAÇÃO

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1. **What is the benefit of acupuncture in the treatment of chronic nonspecific lower back pain?**
 - a. The performance of acupuncture combined with other conservative therapies is not more beneficial than applying the same therapies in isolation
 - b. Real acupuncture (deep insertion into acupoints) is superior to sham acupuncture (superficial insertion at sites away from the acupoints)
 - c. Acupuncture is less effective than TENS
 - d. Acupuncture is less effective than massage
2. **What are the advantages of the combination of analgesics and a muscle relaxant?**
 - a. Tizanidine (2 mg/day) + diclofenac (50 mg/day) for eight days, is well tolerated by the elderly
 - b. Carisoprodol has a potential for psychological and physical dependence
 - c. Analgesic efficacy is lower
 - d. The number of adverse events is significantly lower
3. **Which physical resources are used?**
 - a. The use of shortwave diathermy is recommended
 - b. Immersion in medicinal water is not recommended
 - c. The use of continuous ultrasound is not recommended
 - d. Short waves are less effective than ultrasound
4. **What is the role of electrical stimulation in chronic nonspecific lower back pain?**
 - a. TENS can be recommended regardless of physical exercise
 - b. Electrical stimulation is effective in the absence of exercise-based rehabilitation
 - c. Massage is more effective than TENS
 - d. TENS has the advantage to be taken at home
5. **Is the use of antidepressants effective for treating non-specific lower back pain?**
 - a. Combined administration of antidepressants with adrenergic effects produces better results than the use of selective serotonin reuptake inhibitors
 - b. Using for a period longer than three months is recommended
 - c. Escitalopram at a dose of 20 mg/day is superior to duloxetine
 - d. Duloxetine at a dose of 5 mg/day is recommended as a first choice

Answers to Clinical Scenario: Update on Primary Dysmenorrhea: Treatment [Published in RAMB 2013; 59(5)]

1. **Is the use of Etoricoxib in the treatment of primary dysmenorrhea more effective than Naproxen?**
The analgesic efficacy is similar (Alternative B)
2. **In women with primary dysmenorrhea, does the use of Valdecoxib have analgesic efficacy superior to Naproxen?**
The analgesic efficacy is similar (Alternative A)
3. **In women with dysmenorrhea, does the use of Rofecoxib have efficacy superior to Naproxen?**
The analgesic efficacy is similar (Alternative C)
4. **In women with primary dysmenorrhea, does the use of Lumiracoxib have efficacy superior to Naproxen?**
The analgesic efficacy is similar (Alternative D)
5. **Is the use of Piroxicam in the treatment of primary dysmenorrhea more effective than Ibuprofen?**
The analgesic efficacy is similar (Alternative B)