

# Letters

*To the Editor:*

## **The Pain of Sognsvann Walks**

In a recent issue of Spine, Torstensen et al<sup>3</sup> reported significant effects of "conventional physiotherapy" and "medical exercise therapy" compared with the natural course of a "control" group of Norwegian patients with low back pain, who were sick-listed for 8-S2 weeks. For the 208 patients included in the study, the authors claimed that an annual savings of US \$400,000 was achieved with the treatment, based on an apparent difference in sick days.

This seems quite impressive, but we believe the conclusion to be wrong. Quite to the contrary, we believe that their "control" group was given a peculiar and unusual treatment, even for Norwegian medical practice. These patients were allowed to walk on their own around Sognsvann, a lake north of the University of Sports in Oslo, three times a week. The patients did not seem to like the "treatment"; a large number refused to participate, and less than half were satisfied (41 %). In no way does this treatment represent a "control" or is representative of what anyone in Norway would offer their patients. Our conclusion is that it was this peculiar treatment that was rather expensive for society and for the patients.

We do not find any information on the confidence intervals for days of sick-leave and costs, which could help us in evaluating whether the differences were real. The "control" group had worse scores on several other variables, but the authors should reconsider their data. They used the "intention-to-treat" principle, which is laudatory, but may have introduced a bias in the results. They gave patients dropping out because of the treatment the worst score registered for any patients in that group. Because the "control" group appears to be a nocebo group, giving them the worst possible score will reinforce the results expected by the authors: There were more dropouts in the nocebo or "control" group.

The reason given for offering their peculiar treatment is an apparent misunderstanding of the therapeutic principles offered by Indahl et al.<sup>2</sup> A prescription of three walks around Sognsvann per week does not leave patients "untampered."<sup>2</sup> Judging from the patient reports and behavior, it sounds more like a "nocebo" treatment - the opposite of placebo. It certainly differs from Indahl's aggressive fear reduction and encouragement of "normal" activity. The results

obtained by these authors in their two "treatment" groups have a sickness compensation level corresponding to other Norwegian data covering this patient group<sup>1,2</sup> and about twice the level reported if the patients had been offered the real Indahl treatment.

The authors, therefore, did not prove any significant effect of physiotherapy or manipulation for this patient group. However, we do not know of any study with an untreated control group, and we do not see how we can obtain that. Comparisons with a nocebo group, however, do not do the trick. Because no patients were untreated for a painful condition such as low back pain, we are left comparing different but acceptable treatment procedures. This is the strategy followed in other controlled studies,<sup>1,2</sup> and such a strategy permits us to provide better treatment; to provide worse treatment is no real alternative.

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## **References**

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