

**Paracetamol no better than placebo for acute low back pain**

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<b>Clinical Question</b>	How effective and safe is paracetamol for non-specific low back pain (LBP)?
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<b>Bottom Line</b>	There was high-quality evidence that there was no difference between paracetamol (4g per day) and placebo for acute LBP in terms of pain, disability, function, quality of life, and sleep quality outcomes at 1 week (immediate term), 2 weeks, 4 weeks, and 12 weeks (short-term) follow-ups. There was also no difference on global impression of recovery, patient adherence, and use of rescue medication. There appeared to be no difference between paracetamol and placebo in immediate reduction of chronic LBP, although the evidence was of very low quality, and the single study on which it is based has been withdrawn by the journal. There were no differences between paracetamol and placebo for adverse events. No trial provided results for long-term follow-up.
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<b>Caveat</b>	As most of the participants studied were middle-aged, it is not certain that the findings would be the same for other age groups.
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<b>Context</b>	Analgesic medication is the most frequently prescribed treatment for LBP, of which paracetamol is recommended as the first choice medication. However, there is uncertainty about the efficacy of paracetamol for LBP.
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<b>Cochrane Systematic Review</b>	<a href="#">Saragiotto BT et al. Paracetamol for low back pain. Cochrane Reviews, 2016, Issue 6. Art. No.: CD012230.DOI:10.1002/14651858.CD012230.</a> This review contains three studies involving 1,825 participants.
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