

OMT versus standard care for patients with low back pain

The effect of osteopathic manipulative treatment (OMT) (that is, spinal manipulation) in patients with chronic and subchronic back pain is largely unknown. Its use in such patients is controversial. Nevertheless, manual therapy is a frequently used method of treatment in this group of patients.

The authors performed a randomized, controlled trial that involved patients who had had back pain for at least 3 weeks but less than 6 months. They screened 1193 patients, of whom 178 were found to be eligible. The 178 eligible patients were randomly assigned to treatment groups; 23 of these patients subsequently withdrew from the study. The patients were treated either with one or more standard modes of medical therapy (72 patients) or with OMT (83 patients). A variety of outcome measures was used to assess the results of treatment during a 12-week period. These outcome measures included scores on the Roland-Morris and Oswestry questionnaires, a visual-analog pain scale, and measurements of range of motion and straight-leg raising.

During the 12 weeks, both groups of patients improved. No statistically significant differences existed between the two groups in any of the primary outcome measures. The OMT group required significantly less medication (analgesics, anti-inflammatory agents, and muscle relaxants) ($P < .05$). More than 90% of the patients in both groups were satisfied with their care.

The authors concluded that OMT and standard medical care have similar clinical results in patients with subacute low back pain. However, there is greater use of medication with standard care.

Andersson GBJ, Lucente T, Davis AM, Kappler RE, Lipton JA, Leurgans S. A comparison of osteopathic spinal manipulation with standard care for patients with low back pain. *N Engl J Med* 1999;341:1426-1431.

Helicobacter pylori in gastric carcinoma

The authors evaluated the sensitivity of serologic and direct methods for the diagnosis of *Helicobacter pylori* infection in 127 patients with gastric carcinoma and 127 age- and sex-matched control subjects without this disease. Antral and oxyntic mucosal specimens were obtained at operation from all patients with gastric carcinoma and at endoscopy from control subjects. The urease test, microscopy of stained smears, and culture for *H pylori* were done on all specimens. Sera from all patients were tested for antibodies to *H pylori* by a highly sensitive and specific immunoglobulin G-enzyme-linked immunosorbent assay (ELISA). Culture, urease test, stained smear, and ELISA were significantly less sensitive in the patients with gastric carcinoma than in the control subjects. However, the combination of several methods improved the diagnosis of *H pylori* infection in the group with gastric carcinoma. Infection was significantly more frequent in the patients with gastric carcinoma than in the control subjects. *Helicobacter pylori* infection was associated with an increased risk for the development of gastric carcinoma. ♦

Queiroz DM, Mendes EN, Rocha GA, Oliveira AM, Oliveira CA, Cabral MM, et al. Serologic and direct diagnosis of *Helicobacter pylori* in gastric carcinoma: a case-control study. *J Med Microbiol* 1999;48:501-506.

Advertisers' index

American Osteopathic Association
Accreditation Program, 560

American Osteopathic Foundation, 567

AstraZeneca
Atacand, 562-564
Zomig, Cover 3, Cover 4

G.D. Searle & Co.
Celebrex, 553, 554

Meadowbrook Insurance Group, 559

Pfizer Inc.
Norvasc, 549, 550

Pinnellas County Osteopathic Medical Society, 568

University of Health Sciences College of Osteopathic Medicine, 565

Wyeth-Ayerst Laboratories
Sonata, Cover 2, 545, 546

Editor's note

Annual Osteopathic Medical Education Issue rescheduled

Publication of the Annual Osteopathic Medical Education issue of JAOA has been rescheduled for spring or early summer 2000. As a result of the system conversion of the AOA's database and the increased demands on the Information Technology staff to achieve Y2K readiness, current statistical data were not available to produce an education issue. This postponement will enable the Department of Education and JAOA staff to enhance both the value and usefulness of the reports with the most up-to-date data.