

LETTERS

TO THE EDITOR:

Re: Wertli MM, Burgstaller JM, Weiser S, et al. Influence of catastrophizing on treatment outcome in patients with non-specific low back pain. A systematic review. *Spine* 2014;39:263–73.

A recently published systematic review concludes that baseline catastrophizing predicts the degree of pain and disability and that it mediates treatment efficacy.¹ It also suggests that “high catastrophizing scores are associated with more pain and disability at follow-up,” and that “catastrophizing should be considered in patients with persisting back pain.”¹

However, the following observations can be noted:

1. The systematic review may have overlooked valuable information. At least 1 randomized controlled trial that complied with inclusion criteria, and found catastrophizing to be irrelevant, was not included.²
2. Results from the randomized controlled trials included were inconsistent, but the relationship between study quality and results was not analyzed.
3. Discussion on inconsistencies reflected a strong *pre hoc* belief in the “causal” role of coping mechanisms in the chronification of low back pain (LBP), as stated in the first sentence of the “Introduction” section, for which no references are provided.¹
4. In clinical practice, the association between catastrophizing and disability disappears when other variables are taken into account,^{3,4} and catastrophizing at baseline does not predict the evolution of LBP and disability.⁵ In fact, catastrophizing grows when treatments for LBP fail, and decreases dramatically when effective treatments are applied, as pain and disability improve.⁵
5. None of the studies questioning the clinical relevance of catastrophizing are mentioned in the “Discussion”

section.¹ A more balanced discussion might have led to different conclusions; for instance, catastrophizing might actually be triggered by treatment failure, as opposed to predicting it.^{4,5}

Therefore, we agree that catastrophizing might deserve further attention in the research environment but, although it has been a “sacred cow” in the field of LBP, we think that existing data do not convincingly support the usefulness of measuring it in clinical practice.

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