

What is already known on this topic

Several small studies have suggested that radiography of the lumbar spine is not associated with improved patient outcomes but may be associated with increased satisfaction or improved psychological wellbeing

Current guidelines on managing low back pain in primary care give conflicting advice about radiography in patients who have had low back pain for at least one month

What this study adds

In the absence of indications for serious spinal disease, radiography in patients with low back pain was not associated with improved clinical outcomes but was associated with increased satisfaction with care

Guidelines on managing low back pain of at least six weeks' duration in primary care in the absence of indications should be consistent about not recommending radiography

ence was found at that time. It is possible that the longer the pain continues the more important having a "diagnosis" or adequate explanation becomes to the patient. Further work is required to explore the factors contributing to patient satisfaction with care for low back pain so that other strategies can be found that increase satisfaction without recourse to radiography.

Implications of findings

The implications of our findings are that radiography of the lumbar spine in patients in primary care with low back pain of at least six weeks' duration is not associated with improved patient functioning, severity of pain, or overall health status. Radiography of the lumbar spine is associated with an increase in doctor workload. Guidelines on the management of low back pain in primary care should be consistent about not recommending radiography of the lumbar spine in patients with low back pain in the absence of indications for serious spinal disease, even if the pain has persisted for at least six weeks.

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Contributors: DK had the original idea for this study, participated in designing the protocol, recruited the practices, and participated in data analysis, data interpretation, and writing the paper. KF designed the protocol and participated in data analysis, interpretation, and writing the paper. EB participated in data analysis, interpretation, and revising the paper. RK and MP contributed to the design of the protocol, interpretation of the data, and revising the paper. PM undertook the analysis for the economic evaluation of the trial and participated in interpretation of the data and revising the paper. DK and KF will act as guarantors for the paper.

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Corrections and clarifications

Netlines

URLs (uniform resource locators) continue to be a hazard. In Netlines in the issue of 6 January (p 58), by Harry Brown, the URL in the last paragraph was wrong; it should have read www.tripdatabase.com/publications.cfm.

Efficacy and safety of galantamine in patients with mild to moderate Alzheimer's disease: multicentre randomised controlled trial

We have been alerted to some French investigators who should have been mentioned in the acknowledgments of this paper by Gordon K Wilcock and colleagues (9 December, pp 1445-9): Drs Joël Ankri and Renée Sebag-Lanoe and Professors Philippe Robert, J François Dartigues, and Bernard Forette.

Qualitative analysis of psychosocial impact of diagnosis of Chlamydia trachomatis: implications for screening

An eagle eyed reader picked up an obvious mistake in this paper by Barbara Duncan and colleagues (27 January, pp 195-9). In the introduction, infection with *Chlamydia trachomatis* was said to be difficult to detect because it is largely asymptomatic; this should of course have read asymptomatic.