

## The SupportBack 2 RCT: Summary of findings

**Overview:** We have now completed the SupportBack 2 trial along with the analysis, interpretation and write up. This study would not have been possible without the support of the practices that took part, thank you again for your involvement. This is a brief summary of our findings.

**Background and aim:** Low back pain (LBP) is very common and a leading cause of disability. In the SupportBack 2 trial we aimed to determine the clinical effectiveness and cost effectiveness, of an internet intervention (website named SupportBack) in reducing LBP-related disability. In the trial, we wanted to determine the effectiveness of two approaches to delivery, 1) usual primary care plus the internet intervention and 2) usual primary care plus the internet intervention plus brief telephone support from a physiotherapist.

**Summary of methods:** People could take part if they had been to see their GP about LBP, still had current LBP and didn't have indicators of serious spinal pathology. They were randomised to 1 of 3 groups: 1) usual care alone, 2) usual care plus SupportBack and 3) usual care, plus SupportBack, plus telephone support. Our primary outcome was LBP-related disability measured across a 12 month period (averaged over 4 follow-up points, 6 weeks, 3 months, 6 months, 12 months). We also measured cost-effectiveness from an NHS perspective

**What we found:** We randomised 825 people from 179 primary care practices across the UK, meeting our recruitment target despite the COVID pandemic. We maintained good follow-up across the time points (e.g. 79%). For our primary outcome, we found limited improvements in LBP-related disability across 12 months compared to usual care, these were not statistically significant. Secondary outcomes such as LBP-related disability at the 12-month point, and the proportion reaching clinically important reductions in LBP-related disability were significantly improved in the intervention groups compared to usual care alone. Importantly, the interventions were found to be cost effective, with the intervention without support found to be both more effective and less costly than usual care, and safe.

**What this means:** The SupportBack internet intervention had a limited impact on LBP-related disability across 12 months. However, secondary analysis did suggest that some will benefit from this approach, and it is safe. Additionally, the intervention represents good value for money, especially when delivered without telephone support. As access to evidence-based behavioural support for LBP is often limited, the SupportBack web resources may make a useful addition in the care of LBP.

**What next:** We will be working with partners to make the SupportBack web resources widely available across the UK.

**Link to full paper:** [https://authors.elsevier.com/sd/article/S2665-9913\(24\)00086-9](https://authors.elsevier.com/sd/article/S2665-9913(24)00086-9)