

CLINICAL RESEARCH

Current clinical research related to the health of ethnic minority populations is essential to eliminate health disparities. Readers of *Ethnicity & Disease* may be interested in the progress and results of the following clinical trials. These trials describe only some of the research performed in ethnic minority health; other current trials may be found at www.clinicaltrials.gov. The information below was accurate at press time; the study researchers should be contacted for more information.

YOGA VS PHYSICAL THERAPY FOR CHRONIC LOW BACK PAIN IN MINORITY POPULATIONS

Sponsored by the Boston Medical Center

Chronic low back pain (CLBP) affects 5%–10% of US adults annually and disproportionately affects people from minority and low-income backgrounds. Pilot data collected at one of the proposed study sites

demonstrate yoga is a feasible and possibly effective intervention for CLBP in minority populations. Evidence from multiple studies supports a moderate benefit in CLBP for exercise therapy delivered by a

physical therapist. Moreover, physical therapy is the most common, reimbursed, nonpharmacologic treatment recommended by physicians for CLBP. The primary study objective is to compare the effectiveness of

yoga, physical therapy, and education for the treatment of CLBP in a predominantly low-income minority population. We are conducting a 12-week comparative effectiveness randomized controlled trial for

CLBP with 3 treatment arms: 1) a standardized weekly hatha yoga protocol delivered in a class format, 2) a standardized evidence-based exercise therapy protocol individually delivered by a physical therapist, and 3) education delivered through a self-care book. A racially diverse population of 260 adults with CLBP will be recruited from Boston Medical Center and 6 affiliated community health centers and randomized in a 2:2:1 ratio to yoga, physical therapy, and education, respectively. After the 12-week intervention

period, half of the yoga and physical therapy participants will be randomly selected to participate in a 40-week structured yoga or physical therapy maintenance program. Pain, function, and pain medication use will be compared between maintenance and nonmaintenance groups. Cost and utilization data will also be collected so cost-effectiveness analyses can be performed. Results from these studies will help determine whether yoga can be a mainstream treatment alternative for CLBP.

Inclusion criteria: age 18–64 years old, nonspecific low back pain for ≥ 12 weeks, mean low back pain intensity for the previous week ≥ 4 on an 11-point numerical rating scale, sufficient English to participate, patient at one of the study sites.

Exclusion criteria: yoga or physical therapy use in previous 6 months, new CLBP treatments began in previous month or anticipated to begin in next 3 months, pregnancy, back surgery in last 3 years, specific back pain pathologies, severe or progressive neurologic deficits, sci-

atica pain greater than back pain, active substance/alcohol abuse, active or planned worker's compensation, disability, or personal injury claims.

Study start: May 2011
Study end: August 2015

This study is not yet open for participant recruitment. Contact Ama R. Boah, Boston Medical Center, Boston, MA 02118; 617-414-6218; ama.boah@bmc.org.

PREVALENCE OF PAIN AMONG INPATIENTS AT THE HOSPITAL ITALIANO DE BUENOS AIRES

Sponsored by the Hospital Italiano de Buenos Aires

The diagnosis and treatment of pain during hospitalization are becoming increasingly important. Studies have shown that pain is underdiagnosed and that patients who are diagnosed do not receive adequate treatment. Pain is a common problem during hospitalization, occurring in 38%–91% of patients, depending on the population stud-

ied. This study will determine the prevalence of pain among inpatients at the Hospital Italiano in Buenos Aires, Argentina.

Inclusion criteria: age > 18 years, evaluated 48 hours after hospital admission in the areas of general hospitalization, coronary care unit, adult intensive care, intermediate care, and

day hospital of the Hospital Italiano Central.

Exclusion criteria: refusal to participate in the study or the informed consent process, inability to understand or express pain (aphasia, dementia), sensory alteration, language other than Spanish, inpatient in the emergency room, acute confusion or delirium.

Study start: March 2011

This study is currently recruiting participants. Contact Diego Giunta, Hospital Italiano de Buenos Aires, Buenos Aires, Argentina; 5411-4959-0200, ext 4419; diego.giunta@hospitalitaliano.org.ar.

STANFORD CHRONIC PAIN SELF-MANAGEMENT PROGRAMME IN DANISH CHRONIC PAIN PATIENTS

Sponsored by the University of Aarhus

We are testing the effect of the Stanford Chronic Pain Self-Management Programme (CPSMP) in a randomized controlled trial of Danish chronic pain patients. A total of 500

chronic pain patients will be randomized into either an CPSMP intervention group or a control group. The CPSMP is a brief patient education program consisting of 6 weekly

sessions. Two trained instructors will teach a group of 8–16 chronic pain patients about managing pain. The instructors will not be health professionals but chronic pain patient them-

selves. The program is highly structured and manualized.

Inclusion criteria: age > 18 years, pain in > 3 months, self-reported pain > 4.99 on a 10-point Likert scale, ability to

CLINICAL RESEARCH

understand, speak, and read Danish.

Exclusion criteria: pain related to condition that the patient is likely to consider more important than pain itself (preg-

nancy, cancer in acute phases), drug abuse or disease that would prevent participation in weekly sessions, drug abuse or disease that would disturb completion of group sessions.

Study start: February 2011

Study end: January 2013

This study is currently recruiting participants. Contact Mimi Mehlsen, Research Clinic for Function-

al Disorders, Aarhus University Hospital, Aarhus, Denmark; 4589426643; mimim@psy.au.dk.