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## What is the evidence for chiropractic management of infantile colic?

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In their 2010 review of the evidence for manual therapies, Bronfort et al.<sup>1</sup> concluded that there was “Moderate quality evidence that spinal manipulation is no more effective than sham spinal manipulation for the treatment of infantile colic”. This was based on four systematic reviews<sup>2–5</sup> covering five RCTs.<sup>6–10</sup>

It is a complex area, where the body of evidence is difficult to interpret due to the different definitions of ‘colic’ used and the different techniques applied. The quality of the studies is also very variable – with the majority of the evidence collected from undergraduate projects with designs of questionable academic rigour (e.g. poor blinding) and/or small samples.

Of the RCTs, one was an equivalence trial comparing two different chiropractic interventions.<sup>9</sup> The four that compared chiropractic with non-chiropractic control groups reported improvements in crying time from the controls of 29%–43% and from the intervention groups of 39–92%. Of these, three demonstrate significantly greater improvements in crying time in the chiropractic intervention groups. The strongest study,<sup>10</sup> which was of sufficient size and included rigorous blinding, did not show any significant differences between chiropractic and sham; this has led the authors to conclude that the improvements in colic symptoms shown in the other studies must therefore be largely a placebo or contextual response.

However, a recent 3-group study by Miller et al.<sup>11</sup> comparing blinded treatment, unblinded treatment and blinded placebo found that both treatment groups reported significantly greater improvements than the placebo group. This may result in a re-evaluation by the Bronfort team.

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There are three other studies under—way and planned, one each in Norway and Sweden and this author is also planning a Cochrane Review and RCT to commence in 2011.

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## Are chiropractic patients a psychologically self-defining subgroup?

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**Introduction:** Generally, psychological factors (cognitive and affective) have been found to have significant impact on response to treatment of back pain populations, leading to calls for these factors to be taken into account when deciding on the management plan for all low back pain patients.

Studies in chiropractic patient populations suggest that psychological factors are less important in influencing their outcome than in other patient groups. This may be because those choosing to present to a chiropractor have, in general, lower levels of potentially adverse psychological function. This study attempts to investigate this hypothesis through a comparative review of the literature.

**Methods:** The Index of Chiropractic Literature was searched using keywords back pain and psychological. Pubmed and PsycInfo were searched using back pain linked to psychological tests and variables published in the chiropractic literature. Hand searching and author contact was also used.

**Results:** Seven papers were found containing information from validated test instruments regarding psychological factors in chiropractic patients undergoing care for LBP<sup>1–7</sup>. Although some comparable results exist, the methodological heterogeneity precludes any judgement concerning the statistical or clinical significance of differences found.

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