TITLE: Intraspinal, Epidural, and Intercostal Steroid Injections for Pain Management: Clinical Benefits And Harms

DATE: 15 January 2010

RESEARCH QUESTION:

What are the clinical benefits and harms of intraspinal, epidural, and intercostal steroid injections for pain management?

METHODS:

A limited literature search was conducted on key health technology assessment resources, including PubMed, the Cochrane Library (Issue 1, 2010), University of York Centre for Reviews and Dissemination (CRD) databases, ECRI, EuroScan, international health technology agencies, and a focused Internet search. The search was limited to English language articles published between 2005 and Jan 2010. Filters were applied to limit the retrieval to health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, controlled clinical trials, and observational studies. Internet links were provided, where available.

RESULTS:

HTIS reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, controlled clinical trials, and observational studies.

The literature search identified one health technology assessment, eight systematic reviews, ten randomized controlled trials, and two controlled clinical trials. Additional information including observational studies have been included in the appendix.

Health technology assessments


Disclaimer: The Health Technology Inquiry Service (HTIS) is an information service for those involved in planning and providing health care in Canada. HTIS responses are based on a limited literature search and are not comprehensive, systematic reviews. The intent is to provide a list of sources of the best evidence on the topic that CADTH could identify using all reasonable efforts within the time allowed. HTIS responses should be considered along with other types of information and health care considerations. The information included in this response is not intended to replace professional medical advice, nor should it be construed as a recommendation for or against the use of a particular health technology. Readers are also cautioned that a lack of good quality evidence does not necessarily mean a lack of effectiveness particularly in the case of new and emerging health technologies, for which little information can be found, but which may in future prove to be effective. While CADTH has taken care in the preparation of the report to ensure that its contents are accurate, complete and up to date, CADTH does not make any guarantee to that effect. CADTH is not liable for any loss or damages resulting from use of the information in the report.

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Systematic reviews and meta-analyses


Randomized controlled trials


**Controlled clinical trials**


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APPENDIX – FURTHER INFORMATION:

Observational studies


