To the Editor: In their randomized placebo-controlled trial, Mr Wilkens and colleagues1 studied the effect of oral glucosamine on pain-related disability in patients with chronic low back pain (LBP). The authors concluded that, in a representative sample of the LBP population presenting in general clinical practice, oral glucosamine did not provide any advantages over placebo for self-administered functional, pain-related, and quality-of-life outcome measures.

However, based on the information given in the article, we find it hard to assess the generalizability of the study findings. The authors described that recruitment occurred via general practitioners, physiotherapists, chiropractors, and self-referrals through a newspaper advertisement. It would be helpful to know the distribution of included participants among these 4 methods of recruitment. Self-referrals participants had to meet the additional requirement of a recent magnetic resonance imaging (MRI) scan, but it would be helpful to have more information about the Norwegian health care system to understand the implications of this route. A more precise description of the way the investigators recruited the participants would also result in a clearer description of the study population.

In our opinion, patients with a new episode of chronic LBP who report to a general practitioner might well differ from patients with a long history of LBP seen by a chiropractor. If all 4 methods of recruitment provided similar numbers of participants, we doubt whether the studied population is a representative sample of the LBP population presenting in general clinical practice.

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