



Back Pain: A Common Problem often Mis-understood and Over-Treated

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Abstract

Almost 80% of our entire population encounters at least one bout of lower back pain during their lifetime. More than 50% of Americans suffer from some type of low-grade chronic back pain. Most often x-rays and other imaging studies of the back show no clear abnormalities to explain the discomfort, and are then classified as "non-specific" back pain, and it usually resolves spontaneously without treatment this report Provides guidelines for recognition and management of this disorder, emphasizing the need to avoid overly aggressive methods of diagnosis and treatment.

Keyword: Back Pain

Mini Review

Almost 80% of our entire population encounters at least one bout of lower back pain during their lifetime. More than 50% of Americans suffer from some type of low-grade chronic back pain. In approximately 90% of these cases, x-rays and other imaging studies of the back show no clear abnormalities to explain the discomfort. Such pains are probably caused by muscle strain and spasm that may be produced or aggravated by emotional tension. Patients over 40 often have minor degenerative changes of the spinal column in X-ray images, but these rarely produce symptoms. The central nervous system and brain may also enhance the sensation of pain, and this may be manifest by increased sensitivity to painful stimuli in other parts of the body [1].

Fortunately, serious spinal disorders are seldom the cause for back pain, which, in the case of recently acquired pain, usually resolves spontaneously within two weeks, regardless what is done. The diagnosis is usually based on exclusion of specific pathology such as a herniated disc in the spinal column. Therefore, in this setting, too many people receive premature high-tech expensive tests, powerful painkiller drugs, or even surgery. Because the pain may be excruciating, most people seek medical help very early, are aggressively managed, and, as a result, waste money. Instead of helping, this approach may actually slow one's recovery. Low back pain is defined as acute when it persists for less than six weeks, subacute between six weeks and three months, and chronic when it lasts longer than three months. Certain findings, called red flags, point toward the likelihood that the pain may have a more serious underlying structural cause [2]: These include, among others, associated leg pain with or without numbness, feeling generally unwell, weight loss, and discomforts extending beyond the back. Other markers (yellow flags) point toward a strong likelihood that the pain will become chronic: These include obesity, depression, anxiety, frequent pains extending beyond the back, job dissatisfaction, and others [3].

Not surprisingly, many sufferers from back pain turn to chiropractors, and indeed many large surveys show that patients believe chiropractic works for them. Studies that compare patients' satisfaction with chiropractic versus conventional medicine in treating low back pain show a preference for chiropractic treatment, which, ironically, has not been shown to be more effective than conventional physical therapy [4]. The results of a survey of over 14,000 subscribers conducted by Consumer Reports echo those of other studies; 58% of respondents reported that chiropractic treatments "helped a lot." They also noted that spinal manipulation can be helpful for lower-back pain in the short-term, but Consumers Union, the publisher of Consumer Reports, cautions that manipulations can aggravate structural problems, such as

a herniated disk. For chronic back pain lasting more than 12 weeks, however, chiropractic did not appear to be better than general medical care, including physical therapy, exercises, and weight reduction. Chiropractic treatment carries one additional warning: Manipulations extending to the neck carry a slight but definite risk of damage to the spinal cord or proximal blood vessels, both of which can lead to serious—or even fatal—outcomes. Thus elderly patients, especially with pre-existing disease of the vertebral column or blood vessels (arteriosclerosis), should be advised to avoid any manipulation of the neck. So the following comments may help you understand and react to back pain in an appropriate way:

1. In the case of recent onset of pain—even if intense—do not rush to get tests such as X-rays or MRI scans. In most cases the pain will resolve spontaneously, and anything found in such testing will not help in recovery. Moreover, as mentioned, minor abnormalities found in these pictures only contribute to anxiety rather than resolution of pain. Moreover, in the case of X-rays, the radiation exposure produces a small but definite risk of developing cancer later in life.

2. Although recommended for years, try to avoid lying down. Recent studies have shown that after no longer than four days of rest in bed, resuming normal activities results in less pain and earlier recovery. Activities should be low in impact such as stretching and walking, with light exercises that strengthen your abdomen, back and legs. Applying heat to the painful areas may be helpful.

3. Avoid the use of strong drugs such as opiates (Oxy Contin, Percocet, hydrocodone, etc). Use instead the so-called non-steroidal analgesics such as ibuprofen (Advil), naproxen (Anaprox), and others. The opiate drugs are more apt to lead to more disability after several months and may even lead to addiction.

4. Some measures that also may be helpful include the following: Tighten your belt, which can help strengthen stomach muscles, a maneuver than can protect the back. Sit forward and straight in chairs,

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for that relieves strain of the back muscles. Try to sleep on your back or side, and when supine, place a pillow under your knees. Back massage, which can be done by a physical therapist, may help to relieve muscle spasm and the associated pain.

5. Avoid needless surgery: Back pain often stems from problems that cannot be helped by surgery, such as poor posture, minor arthritis, weak muscles, and others. Even when the pain is caused by conditions such as a herniated disk or spinal stenosis (narrowing of the spinal column), conservative treatment is often enough. Surgery might be considered if you have severe back and leg symptoms clearly linked to a herniated disk or spinal stenosis that hasn't improved with conservative treatment in three months. But even then, additional measures might first be tried such as local injections with anti-inflammatory agents or analgesics. In recent years, surgical treatment for chronic back pain (defined as that persisting for 3 months to a year) has fallen into disrepute [5]. This is because active nonsurgical management, consisting of rest, heat, massage, and analgesic medications, sometimes combined with psychological support (which may modify one's understanding of his or her pain and disability through mental restructuring methods such

as attention diversion, or by altering maladaptive thoughts, feelings, and beliefs) have been shown to provide just as much benefit as surgery for patients in whom there is no evidence of compression of spinal nerves. We medical practitioners often encounter patients who have undergone one or more surgical procedures without relief, and to me, that represents a real tragedy!

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