

AVOIDING BACK PAIN

- To reduce the likelihood of low back pain you should diet if you are overweight. Stopping smoking and taking regular exercise will help to maintain your health. Keeping fit and active will help you to cope with episodes of back pain. Consider joining a gym or swimming regularly.

WHERE TO GET HELP AND SUPPORT

Back Care, www.backcare.org.uk 020 8977 5474 - A charity which supports those living with back pain

British Brain and Spine Foundation, www.brainandspine.org.uk Helpline 0808 808 1000 - Provides a very informative booklet about Back & Neck Pain.

The British Pain Society, www.britishpainsociety.org 3rd Floor, Churchill House, 35 Red Lion Square, London WC1R 4SG. Tel. 0207 269 7840
Can provide a booklet "Understanding and Managing Pain: Information for Patients."

The Pain relief Foundation is not responsible for the content of any information provided by another organisation and does not endorse any product or service mentioned or advised by any other organisation.

Other leaflets in the series:

Back Pain Fibromyalgia Headache
Trigeminal Neuralgia Arthritis Diabetes Pain Phantom Limb Pain Shingles & PHN Cancer Pain
Pain after Stroke Sciatica Opioids for chronic pain
Chronic pain & sex Drugs for nerve pain
Complex Regional Pain Syndrome

The Pain Relief Foundation is a registered charity. If you found this leaflet useful please consider donating to the Foundation. Every donation helps to fund research into the treatment of chronic pain conditions.



PAIN RELIEF FOUNDATION
www.painrelieffoundation.org.uk

LOWER BACK PAIN

WHAT IS LOW BACK PAIN?

- Low back pain is a symptom, a location of pain, not a disease. Most low back pain will get better on its own within 6-8 weeks. Almost all low back pain is ordinary backache. 80% of people will have low back pain at some time in their lives. Episodes of low back pain may recur many times.
- Quite often low back pain is accompanied by pain in the buttocks and legs. Less than 5% of low back pain is associated with pressure on a nerve e.g. due to a "slipped disk". Less than 1% of low back pain is due to serious disease such as cancer or ankylosing spondylitis. These causes of low back pain are very easily recognized by your doctor. By far the most common low back pain is simple backache.
- Simple backache or low back pain is the subject of this leaflet.
- Back pain is most common in the middle years, from 20-55. The costs to the state are enormous in terms of medical care, loss of production and state benefits.

THE SPINE

- THE SPINE CONSISTS OF THE BACKBONE, WHICH IS A STRONG COLUMN OF BONES CALLED VERTEBRAE, WITH THE SPINAL CORD (A VERY LARGE NERVE) RUNNING THROUGH IT. THE VERTEBRAL COLUMN SUPPORTS THE BODY AND PROTECTS THE SPINAL CORD. THE SPINAL CORD RELAYS INFORMATION TO AND FROM THE BRAIN TO ALL PARTS OF THE BODY.
- THE VERTEBRAE ARE SEPARATED BY CUSHIONS CALLED DISCS, AND HAVE SMALL "FACET" JOINTS BETWEEN THEM AT THE BACK. THE DISCS AND JOINTS ALLOW THE SPINE TO MOVE AND BE FLEXIBLE. LIGAMENTS AND MUSCLES STABILIZE THE SPINE AND ALLOW MOVEMENT.



WHAT CAUSES LOW BACK PAIN?

- ONCE YOUR DOCTOR OR PHYSIOTHERAPIST HAS EXCLUDED THE POSSIBILITY OF SERIOUS DISEASE, THERE IS NO POINT IN TRYING TO PINPOINT THE CAUSE OF YOUR BACK PAIN. IT WOULD BE VERY DIFFICULT TO DO AND WOULD NOT HELP IN THE TREATMENT OF YOUR PAIN OR YOUR RECOVERY. REGARDLESS OF WHERE THE PAIN ARISES, MUSCLES, LIGAMENTS, JOINTS OR NERVES, THE TREATMENT IS THE SAME.
- RARELY WILL YOUR DOCTOR FIND IT NECESSARY TO FIND THE CAUSE. IF HE SUSPECTS FROM YOUR MEDICAL HISTORY AND A PHYSICAL EXAMINATION THAT YOU HAVE A TUMOUR OR OTHER SERIOUS DISEASE, HE WILL CARRY OUT TESTS. IN THE MAJORITY OF CASES NO TESTS ARE NECESSARY.
- CHANGES IN THE SPINE OCCUR WITH AGING, AND CAN BE SEEN ON X-RAYS AND SCANS. THESE CHANGES ARE NORMAL AND ARE NOT ASSOCIATED WITH PAIN.
- IF BACK PAIN IS ASSOCIATED WITH PAIN IN THE LEG BELOW THE KNEE (AND OFTEN INTO THE ANKLE OR FOOT), THEN THIS MAY BE DUE TO A "SLIPPED DISC". THE DISC MAY BULGE OUT OF THE SPINAL COLUMN (HERNIATED DISC). AS A RESULT A NERVE IN THE SPINE CAN BE PINCHED BETWEEN BONE AND THE DISC. THIS IS OFTEN CALLED SCIATICA. SCIATICA USUALLY GETS BETTER ON ITS OWN, BUT SOMETIMES AN OPERATION CAN HELP RECOVERY. (DEALING WITH PAIN SERIES 2003: SCIATICA)
- DISORDERS OF INTERNAL ORGANS CAN CAUSE PAIN IN THE SPINE E.G. GALL STONES, KIDNEY DISEASE AND PERIOD PAINS.
- MUSCLES IN THE SPINE MAY GO INTO SPASM. THIS CAUSES A VERY SEVERE PAIN AND A FEELING OF BEING "PARALYZED". THIS CAN BE TERRIFYING. HOWEVER, NO LONG-TERM DAMAGE WILL BE CAUSED AND THE PAIN WILL GO AWAY WHEN THE MUSCLES RELAX.

TESTS, SCANS AND DIAGNOSES

- USUALLY NO SPECIFIC CAUSE FOR SIMPLE BACK PAIN CAN BE FOUND EVEN AFTER TESTS AND SCANS. TESTS, BLOOD TESTS AND SCANS ARE RARELY USEFUL IN CASES OF SIMPLE LOW BACK PAIN.
- YOUR DOCTOR WILL FIRST RULE OUT ANY POSSIBILITY OF SERIOUS DISEASE.
- NATURAL CHANGES IN THE SPINE DUE TO AGING CAN BE SEEN ON X-RAYS AND SCANS (CT COMPUTER TOMOGRAPHY AND MRI MAGNETIC RESONANCE IMAGING). THERE IS NO LINK BETWEEN THESE CHANGES AND BACK PAIN.

WHICH IS THE BEST TREATMENT?

MOST ORDINARY BACK PAIN WILL GET BETTER ON ITS OWN, IN TIME.

- YOUR DOCTOR WILL ADVISE YOU TO TAKE PAINKILLERS, WHICH ARE AVAILABLE FROM THE CHEMIST. ASPIRIN, PARACETAMOL, IBUPROFEN AND CODEINE ARE ALL USEFUL.
- THEY WILL ADVISE YOU TO KEEP AS ACTIVE AS POSSIBLE AND TO CONTINUE AS NORMAL. RESTING IN BED LEADS TO STIFFNESS, WEAKENING OF THE MUSCLES, AND A SLOWER RECOVERY. FEAR OF CAUSING DAMAGE MAY STOP PEOPLE FROM BEING ACTIVE AND CAUSES LONG-TERM PAIN. AVOIDING MOVEMENT HINDERS HEALING. YOU SHOULD RETURN TO NORMAL ACTIVITY, INCLUDING WORK, AS SOON AS YOU CAN. (THE BACK BOOK, HMSO, 2ND. EDITION. ISBN 0117029491)
- PHYSIOTHERAPY, OSTEOPATHY AND CHIROPRACTIC MAY ALSO HELP. YOUR DOCTOR MAY REFER YOU TO A PHYSIOTHERAPIST WHO WILL GIVE YOU EXERCISES TO DO TO INCREASE THE STRENGTH AND SUPPLENESS OF YOUR SPINE. YOU SHOULD DO THE EXERCISES TWICE A DAY.

CHRONIC BACK PAIN

- IF THE PAIN IS NO BETTER AFTER 12 WEEKS YOUR GP MAY CONSIDER REFERRING YOU TO A PAIN CLINIC. HOWEVER, YOU SHOULD REMAIN ACTIVE AND WORKING IF POSSIBLE.
- THE PAIN SPECIALIST WILL ASSESS YOUR CONDITION AND TRY TO HELP YOU MANAGE THE PAIN IN VARIOUS WAYS. YOU MAY BE OFFERED A TENS MACHINE (TRANS-CUTANEOUS ELECTRICAL STIMULATION), ALTHOUGH THERE IS NO SCIENTIFIC EVIDENCE THAT THIS WILL HELP, BUT SOME FIND IT USEFUL. FACET JOINT INJECTIONS WILL GIVE VERY SHORT-TERM PAIN RELIEF ONLY. PHYSIOTHERAPY AND EXERCISES CAN HELP.
- INJECTIONS INTO THE SPINE AND SURGERY WILL NOT CURE BACK PAIN. CAREFUL SIFTING OF MEDICAL EVIDENCE HAS SHOWN THAT THERE IS NO PERMANENT EFFECTIVE TREATMENT FOR ORDINARY CHRONIC BACK PAIN AND SURGERY HAS MADE MANY PATIENTS WORSE.
- YOU MAY HAVE BECOME DISABLED AND DEPRESSED BECAUSE OF YOUR PAIN. THE PAIN MAY BE AFFECTING EVERY ASPECT OF YOUR LIFE AND THAT OF YOUR FAMILY. YOU MAY HAVE LOST YOUR JOB OR BE UNABLE TO WORK. THE PAIN SPECIALIST CAN HELP YOU TO DEAL WITH LONG-TERM PAIN AND DISABILITY.

YOU MAY BE SUITABLE FOR A PAIN MANAGEMENT PROGRAMME, WHICH IS A PROGRAMME OF REHABILITATION. THIS TREATMENT IS NOT A CURE FOR YOUR PAIN. USING A COMBINATION OF GROUP THERAPY, EXERCISES, RELAXATION AND EDUCATION ABOUT PAIN AND THE PSYCHOLOGY OF PAIN, YOU WILL BE TAUGHT HOW TO INCREASE YOUR ACTIVITIES. SOME PATIENTS HAVE LESS PAIN AT THE END OF THE PROGRAMME AND PATIENTS ARE ABLE TO MANAGE THEIR PAIN BETTER AND HAVE A BETTER QUALITY OF LIFE.