

Low Back Pain: A New Challenge Uncovered

It is no secret that low back pain (LBP) is one of the most common ailments in adults and one they often seek medical help for. This fact seems to be a true constant around the world in developed countries. Now, a new study from the United Kingdom (England and Scotland) uncovers some additional information that may be more challenging than helpful.

In a study of over 15,000 adults 25 years old and older, they found a 28.5 per cent one-month prevalence rate. Translated, this means that in a 30-day period of time for the people in the study, almost one in three adults reported low back pain. This finding is consistent with the results of many other studies that show one-third of all adults surveyed at any given time will report similar symptoms.

There were some age differences in this study that may be important. First, it seems the older we get, the more likely we are to experience a bout with back pain. Second, in this group of so many thousands of participants, the adults most likely to report back pain were between the ages of 41 and 50 years old. And third, older adults (over age 80) still had low back pain but the percentages dropped to one in four instead of one in three.

The second focus of this study from England was to look at how low back pain is managed among the different age groups. As it turns out, there was a general trend observed in that younger adults were given exercises and older adults were more likely to be given painkillers.

A red flag was raised immediately with these results because evidence-based guidelines for the management of low back pain include staying active, exercise therapy, manual therapy, or acupuncture. Pain management with medications is recommended but not as the only approach. These surprising findings raise some additional questions.

For example, are these evidence-based guidelines suitable for older adults? In other words, has the research really been done with this particular age group in mind? Perhaps drug therapy (referred to as pharmacologic management) is the best way to deal with low back pain in older adults. If not, what is the most effective management strategy for older adults? And why are physicians relying on medications for older adults when the guidelines clearly state self-management should be conservative as described?

A closer look at the data showed that older adults were less likely to be sent to a Physical Therapist or other specialist for help with their back pain. Older patients were more likely to have been to the doctor for low back pain before and given exercise recommendations. With subsequent visits, they were less willing to accept exercise as the answer and more likely to tell their doctor "exercise won't work for me."

Older adults were also more likely to complain of pain elsewhere (e.g., hip, knee). This may be a factor in why they were given pain relievers and other medications instead of following the current accepted guidelines for the management of low back pain.

When cognitive behavioral therapy (CBT) was suggested, there was even more resistance and less positive attitudes. CBT is a form of counseling aimed at changing attitudes and fears about movement and staying physically active.

Some people with chronic low back pain are so afraid of causing pain that they start to avoid movements and activities that might cause pain. This attitude is called fear avoidance behavior (FAB). And FAB has been shown in many studies to be reduced with cognitive behavioral therapy with the net result of decreased

pain and improved function.

These attitudes about exercise and behavioral therapy among older adults represent a new challenge in the treatment of low back pain that may not have been recognized previously. The authors suggest further studies are needed to find out what is the optimal management of low back pain in older adults.

It was suggested by these researchers that a thorough pain assessment should be performed in low back pain patients, including and especially in the older age groups. They firmly advocate that everyone (regardless of age) should receive optimal care.

In conclusion, factoring in attitude may be the missing key in explaining age-related differences in how younger versus older adults with back pain are treated. Education is important because older adults with other painful problems and other health problems may see exercise as impossible. But in fact, many studies have shown that exercise would benefit the additional problems and improve their overall health as well.

Reference: Gary J. McFarlane, et al. The Prevalence and Management of Low Back Pain Across Adulthood: Results From a Population-Based Cross-Sectional Study (the MUSICIAN study). In PAIN. January 2012. Vol. 153. No. 1. Pp. 27-32.