FREQUENCY OF LOW BACK ACHE AMONG OUTDOOR PATIENTS

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ABSTRACT:
Low back pain (LBP) is a common disorder involving the muscles, nerves, and bones of the back. Pain can vary from a dull constant ache to a sudden sharp feeling. Low back pain may be classified by duration as acute (pain lasting less than 6 weeks), sub-chronic (6 to 12 weeks), or chronic (more than 12 weeks). This cross-sectional study was conducted among outdoor patients presenting in different hospitals. The sign, symptoms and frequency of low back ache and its associated causes were noticed. All the data was entered and analyzed with SPSS Ver. 23.0. There were 160 patients that were included in this study. The mean age of the patients was 41.56±6.2 years. There were 80 (50%) males and 80 (50%) females included in this study. Out of 160 patients, only 32 patients had low back ache. The minimum duration of disease was 1 year, and the maximum duration was 12 years. Out of these 32 patients, 25 told that the pain is relieved by taking simple pain killers.

KEYWORDS: LOW BACK PAIN
INTRODUCTION:

Low back pain (LBP) is a common disorder involving the muscles, nerves, and bones of the back. Pain can vary from a dull constant ache to a sudden sharp feeling. Low back pain may be classified by duration as acute (pain lasting less than 6 weeks), sub-chronic (6 to 12 weeks), or chronic (more than 12 weeks). The condition may be further classified by the underlying cause as either mechanical, non-mechanical, or referred pain. The symptoms of low back pain usually improve within a few weeks from the time they start, with 40–90% of people completely better by six weeks.

In most episodes of low back pain, a specific underlying cause is not identified or even looked for, with the pain believed to be due to mechanical problems such as muscle or joint strain. If the pain does not go away with conservative treatment or if it is accompanied by "red flags" such as unexplained weight loss, fever, or significant problems with feeling or movement, further testing may be needed to look for a serious underlying problem. In most cases, imaging tools such as X-ray computed tomography are not useful and carry their own risks. Despite this, the use of imaging in low back pain has increased. Some low back pain is caused by damaged intervertebral discs, and the straight leg raise test is useful to identify this cause. In those with chronic pain, the pain processing system may malfunction, causing large amounts of pain in response to non-serious events.

Initial management with non-medication based treatments is recommended. NSAIDs are recommended if these are not sufficiently effective. Normal activity should be continued as much as the pain allows. Medications are recommended for the duration that they are helpful. A number of other options are available for those who do not improve with usual treatment.
Opioids may be useful if simple pain medications are not enough, but they are not generally recommended due to side effects. Surgery may be beneficial for those with disc-related chronic pain and disability or spinal stenosis. No clear benefit has been found for other cases of non-specific low back pain. Low back pain often affects mood, which may be improved by counseling or antidepressants. Additionally, there are many alternative medicine therapies, including the Alexander technique and herbal remedies, but there is not enough evidence to recommend them confidently. The evidence for chiropractic care and spinal manipulation is mixed (1-3). The objective of this study was to see the frequency of backache among the outdoor patients presenting in different hospitals.

MATERIAL OF METHODS:
This cross-sectional study was conducted among outdoor patients presenting in different hospitals. The sign, symptoms and frequency of low back ache and its associated causes were noticed. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

RESULTS:
There were 160 patients that were included in this study. The mean age of the patients was 41.56±6.2 years. There were 80 (50%) males and 80 (50%) females included in this study. Out of 160 patients, only 32 patients had low back ache. The minimum duration of disease was 1 year, and the maximum duration was 12 years. Out of these 32 patients, 25 told that the pain is relieved by taking simple pain killers.

DISCUSSION:
Exercise appears to be useful for preventing low back pain. Exercise is also probably effective in preventing
recurrences in those with pain that has lasted more than six weeks. Medium-firm mattresses are more beneficial for chronic pain than firm mattresses. There is little to no evidence that back belts are any more helpful in preventing low back pain than education about proper lifting techniques. There is no quality data that supports medium firm mattresses over firm mattresses. A few studies that have contradicted this notion have also failed to include sleep posture and mattress firmness. The most comfortable sleep surface may be preferred. Shoe insoles do not help prevent low back pain. Most people with acute or subacute low back pain improve over time no matter the treatment. There is often improvement within the first month. Recommendations include remaining active, avoiding activity that worsen the pain, and understanding self-care of the symptoms. Management of low back pain depends on which of the three general categories is the cause: mechanical problems, non-mechanical problems, or referred pain. For acute pain that is causing only mild to moderate problems, the goals are to restore normal function, return the individual to work, and minimize pain. The condition is normally not serious, resolves without much being done, and recovery is helped by attempting to return to normal activities as soon as possible within the limits of pain. Providing individuals with coping skills through reassurance of these facts is useful in speeding recovery. For those with sub-chronic or chronic low back pain, multidisciplinary treatment programs may help. Initial management with non–medication based treatments is recommended, with NSAIDs used if these are not sufficiently effective. Non–medication based treatments include superficial heat, massage, acupuncture, or spinal manipulation. Acetaminophen and systemic steroids are not recommended as both medications are not effective at improving pain
outcomes in acute or subacute low back pain (4-6).

REFERENCES: