PREVALENCE OF BACKACHE AMONG MEDICAL STUDENTS

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ABSTRACT:
Back pain, also known as backache, is pain felt in the back. The back is divided into neck pain (cervical), middle back pain (thoracic), lower back pain (lumbar) or coccydynia (tailbone or sacral pain) based on the segment affected. This cross-sectional study was conducted among medical students of different medical colleges. Name, age, gender, presence or absence of backache and treatment modalities they are adopting were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. There were 80 medical students in this study. There were 40 males (50%) and 40 females (50%). The mean age of the students was 20.98±0.13 years. Out of 80 medical students, eleven were having problems of backache. They were using medicines occasionally. Only one student had permanent deformity.

KEYWORD: BACKACHE
INTRODUCTION:
Back pain, also known as backache, is pain felt in the back. The back is divided into neck pain (cervical), middle back pain (thoracic), lower back pain (lumbar) or coccydynia (tailbone or sacral pain) based on the segment affected. The lumbar area is the most common area affected. Episodes of back pain may be acute, sub-acute, or chronic depending on the duration. The pain may be characterized as a dull ache, shooting or piercing pain, or a burning sensation. Discomfort can radiate into the arms and hands as well as the legs or feet, and may include numbness, or weakness in the legs and arms.

The majority of back pain is nonspecific with no identifiable causes. Common underlying mechanisms include degenerative or traumatic changes to the discs and facets joints, which can then cause secondary pain in the muscles, and nerves, and referred pain to the bones, joints and extremities. Diseases and inflammation of the gallbladder, pancreas, aorta, and kidneys may also cause referred pain in the back. Tumors of the vertebrae, neural tissues and adjacent structures can also manifest as back pain.

Back pain is common, with about nine out of ten adults experiencing it at some point in their life, and five out of ten working adults having it every year. Some estimate up to 95% of people will experience back pain at some point in their lifetime. It is the most common cause of chronic pain, and is a major contributor of missed work and disability. For most individuals, back pain is self-limiting. In most cases of herniated disks and stenosis, rest, injections or surgery have similar general pain resolution outcomes on average after one year.

In the United States, acute low back pain is the fifth most common reason for physician visits and causes 40% of missed days off work. Additionally, it is the single leading cause of disability worldwide.

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 (1-3). The purpose of this study was to see the prevalence of backache among medical students.

MATERIAL AND METHODS:
This cross-sectional study was conducted among medical students of different medical colleges. Name, age, gender, presence or absence of backache and treatment modalities they are adopting were noted on a predefined proforma. 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 80 medical students in this study. There were 40 males (50%) and 40 females (50%). The mean age of the students was 20.98±0.13 years. Out of 80 medical students, eleven were having problems of backache. They were using medicines occasionally. Only one student had permanent deformity.

DISCUSSION:
Initial assessment of back pain consists of a history and physical examination. Important characterizing features of the back pain include location, duration, severity, history of prior back pain, and possible trauma. Other important components of the patient history include age, physical trauma, prior history of cancer, fever, weight loss, urinary incontinence, progressive weakness, or expanding sensory changes, which can elicit red flags indicating a medically urgent condition.
Physical examination of the back should assess for posture and deformities. Pain elicited by palpating certain structures may be helpful in localizing the affected area. A neurologic exam is needed to assess for changes in gait, sensation, and motor function. Determining if there are radicular symptoms, such as pain, numbness, or weakness that radiate down limbs, is important for differentiating between central and peripheral causes of back pain. The straight leg test is a maneuver used to determine the presence of lumbosacral radiculopathy. Radiculopathy occurs when there is irritation in the nerve root, causing neurologic symptoms, such as numbness and tingling. Non-radiculare back pain is most commonly caused by injury to the spinal muscles or ligaments, degenerative spinal disease, or a herniated disk. Disk herniation and foraminal stenosis are the most common causes of radiculopathy. Imaging of the spine and laboratory tests is not recommended during the acute phase. This assumes that there is no reason to expect that the person has an underlying problem.
In most cases, the pain goes away naturally after a few weeks. Typically, people who do seek diagnosis through imaging are not likely to have a better outcome than those who wait for the condition to resolve (4-6)

REFERENCES: