PREVALENCE OF SCIATICA AMONG OUTDOOR PATIENTS

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ABSTRACT:
The term "sciatica" usually describes a symptom—pain along the sciatic nerve pathway—rather than a specific condition, illness, or disease. Some use it to mean any pain starting in the lower back and going down the leg. The pain is characteristically described as shooting or shock-like, quickly traveling along the course of the affected nerves. Others use the term as a diagnosis for nerve dysfunction caused by compression of one or more lumbar or sacral nerve roots from a spinal disc herniation. This cross-sectional study was conducted among outdoor patients presenting in different hospitals. Basic demographic data, disease duration and history of weight bearing was noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. There were 150 patients included in this study. The mean age of the patients was 37.12±5.12 years. There were 75 males (50%) and 75 females (50%) in this study. Out of these 150 patients, 60 patients were having symptoms of sciatica and out of these 60 patients, 22 had history of weight bearing.

KEYWORDS: SCIATICA
INTRODUCTION:
The term "sciatica" usually describes a symptom—pain along the sciatic nerve pathway—rather than a specific condition, illness, or disease. Some use it to mean any pain starting in the lower back and going down the leg. The pain is characteristically described as shooting or shock-like, quickly traveling along the course of the affected nerves. Others use the term as a diagnosis (i.e. an indication of cause and effect) for nerve dysfunction caused by compression of one or more lumbar or sacral nerve roots from a spinal disc herniation. Pain typically occurs in the distribution of a dermatome and goes below the knee to the foot. It may be associated with neurological dysfunction, such as weakness and numbness.

Sciatica is pain going down the leg from the lower back. This pain may go down the back, outside, or front of the leg. Onset is often sudden following activities like heavy lifting, though gradual onset may also occur. The pain is often described as shooting. Typically, symptoms are only on one side of the body. Certain causes, however, may result in pain on both sides. Lower back pain is sometimes present. Weakness or numbness may occur in various parts of the affected leg and foot.

About 90% of sciatica is due to a spinal disc herniation pressing on one of the lumbar or sacral nerve roots. Spondylololisthesis, spinal stenosis, piriformis syndrome, pelvic tumors, and pregnancy are other possible causes of sciatica. The straight-leg-raising test is often helpful in diagnosis. The test is positive if, when the leg is raised while a person is lying on their back, pain shoots below the knee. In most cases medical imaging is not needed. However, imaging may be obtained if bowel or bladder function is affected, there is significant loss of feeling or weakness, symptoms are long standing, or there is a concern for tumor or infection. Conditions that may present similarly are diseases of the hip and infections such as early shingles (prior to rash formation).
Initial treatment typically involves pain medications. However, evidence for pain medication and muscle relaxants is lacking. It is generally recommended that people continue with normal activity to the best of their abilities. Often all that is required for sciatica resolution is time; in about 90% of people symptoms resolve in less than six weeks. If the pain is severe and lasts for more than six weeks, surgery may be an option. While surgery often speeds pain improvement, its long term benefits are unclear. Surgery may be required if complications occur, such as loss of normal bowel or bladder function. Many treatments, including corticosteroids, gabapentin, pregabalin, acupuncture, heat or ice, and spinal manipulation, have limited or poor evidence for their use. Depending on how it is defined, less than 1% to 40% of people have sciatica at some point in time. Sciatica is most common between the ages of 40 and 59, and men are more frequently affected than women. (1-3). The objective of this study was to see the prevalence of sciatica among patients presenting in outdoor departments of different hospitals.

MATERIAL OF METHODS:
This cross-sectional study was conducted among outdoor patients presenting in different hospitals. Basic demographic data, disease duration and history of weight bearing was 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 150 patients included in this study. The mean age of the patients was 37.12±5.12 years. There were 75 males (50%) and 75 females (50%) in this
study. Out of these 150 patients, 60 patients were having symptoms of sciatica and out of these 60 patients, 22 had history of weight bearing.

**DISCUSSION:**

Sciatica can be managed with a number of different treatments with the goal of restoring a person’s normal functional status and quality of life. When the cause of sciatica is lumbar disc herniation (90% of cases), most cases resolve spontaneously over weeks to months. Initially treatment in the first 6–8 weeks should be conservative. More than 75% of sciatica cases are managed without surgery. In persons that smoke who also have sciatica, smoking cessation should be strongly considered. Treatment of the underlying cause of nerve compression is needed in cases of epidural abscess, epidural tumors, and cauda equina syndrome. Physical activity is often recommended for the conservative management of sciatica for persons that are physically able. However, the difference in outcomes between physical activity compared to bed rest have not been fully elucidated. The evidence for physical therapy in sciatica is unclear though such programs appear safe. Physical therapy is commonly used. Nerve mobilization techniques for sciatic nerve is supported by tentative evidence. There is no one medication regimen used to treat sciatica. Evidence supporting the use of opioids and muscle relaxants is poor. Low-quality evidence indicates that NSAIDs do not appear to improve immediate pain and all NSAIDs appear about equivalent in their ability to relieve sciatica. Nevertheless, NSAIDs are commonly recommended as a first-line treatment for sciatica. In those with sciatica due to piriformis syndrome, botulinum toxin injections may improve pain and function. While there is little evidence supporting the use of epidural or systemic steroids, systemic steroids may be offered to individuals with confirmed disc herniation if there is a contraindication to NSAID use. Low-quality evidence supports the use of gabapentin for acute pain relief in those with
chronic sciatica. Anticonvulsants and biologics have not been shown to improve acute or chronic sciatica. Antidepressants have demonstrated some efficacy in treating chronic sciatica and may be offered to individuals who are not amenable to NSAIDs or who have failed NSAID therapy (4-6).

REFERENCES: