

An Introduction to Low Back Pain

Adrian White

Clinical Research Fellow

General Practice and Primary Care

Peninsula Medical School, UK



Low back pain is an almost universal experience, and about a quarter of western populations suffer back pain at any one time. It is the leading cause of disability throughout the world. According to a recent review by Cohen et al, common causes are classified as mechanical (80-90%), neurogenic (5-15%), non-mechanical such as neoplasm (1-2%), referred visceral pain (1-2%) and other such as fibromyalgia and psychological (2-4%).

The risk factors for progression to chronic back pain are mainly psychosocial (e.g. fear avoidance) and occupational (e.g. poor job satisfaction).

Careful history and examination can lead to a classification in many cases and indicate which patients should be referred for further investigations.

Many cases of acute low back pain resolve without intervention. Most interventions have small effect sizes and relatively short term effects. The most significant change in the management of acute low back pain that has resulted from evidence is the shift from 'bed rest' to 'advice to remain active'. There is increasing use of complementary and alternative therapies such as acupuncture, massage and spinal manipulation, and increasing evidence that these treatments reduce pain and restore function. In the UK, the National Institute for Healthcare and Clinical Excellence (NICE) has drafted guidelines which include recommendations for the use of acupuncture.