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Is it all about a pain in the back?



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Multisite musculoskeletal pain is common among people suffering from low back pain. Although the mechanisms behind co-occurrence of multiple somatic symptoms and musculoskeletal pain are still unknown, patients with co-morbidities and co-occurring musculoskeletal symptoms tend to have worse functional status, a poorer prognosis and respond less favourably to treatment. Evidence also suggests that the more pain sites a patient reports, the more reduced their physical and mental function will be regardless of location of pain. At the same time, evidence suggests that strategies for diagnosis and treatment of low back pain and other musculoskeletal disorders such as neck pain and lower limb osteoarthritis are very similar. In this chapter, we discuss the prevalence, consequences, and implications of commonalities between low back pain, pain in other sites and co-occurring pain. In addition, we propose a conceptual framework for a common stepwise approach to the diagnosis and management of back and musculoskeletal pain.

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Pain is a common experience in anyone's life, and individual episodes of pain will quickly resolve in most cases. Chronic musculoskeletal pain however, which affects over 20% of the adult population [1],

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is the most common cause of severe, long-term, physical disability and a substantial burden to both individuals and societies [2]. Recently published data from the National Health and Wellness Survey and based on interviews of 53,524 people across the UK, France, Spain, Germany and Italy suggest that 9% of the general population suffers from moderate-to-severe daily somatic pain most commonly located in the back, translating into almost 50 million people in these five countries experiencing daily pain [3]. The authors found that the presence of severe, daily pain increased both the number of visits to health-care providers and emergency departments by more than 100%, as well as the number of hospitalisations by more than 250% [3]. In addition, people with severe daily pain were less likely to be in full-time employment and reported substantially higher rates of both absenteeism (i.e., being absent from work) and presenteeism (i.e., being present at work but working at reduced capacity) when compared to those reporting no pain [4]. Arguably the most prevalent musculoskeletal pain disorder, low back pain (LBP), has been highlighted as the leading cause of disability affecting approximately 632 million people worldwide [5]. However, LBP rarely occurs on its own, and there is increasing evidence showing that patients who seek health care with an episode of LBP consistently report co-morbidities in other body systems and co-occurrence of multisite musculoskeletal pain as well [6].

Also noteworthy is the fact that recent evidence suggests the diagnosis and management of the most prevalent musculoskeletal painful conditions such as low back and neck pain, lower limb osteoarthritis (OA), fibromyalgia and widespread pain present many commonalities. For instance, regardless of the site of pain, the diagnosis of many musculoskeletal painful conditions relies largely on the assessment of clinical signs and symptoms [7] and clinical management guidelines across these conditions generally focus on remaining active and at work. Self-management, maintaining levels of physical activity and exercise along with advice regarding appropriate pain relief appear to be an overriding principle, with therapist-delivered interventions such as manual treatment and acupuncture recommended for selected patients only, whereas multidisciplinary pain management programmes and surgery are recommended only for very few [8–12]. This brings a different and commonly ignored perspective to the diagnosis and management of LBP, as both research and clinical guidelines tend to focus on single pain sites such as the back, neck, knee or hip instead of addressing musculoskeletal pain and disability in general. This chapter will focus on the commonalities between LBP, and other – often co-occurring – musculoskeletal pain, and will propose a common stepwise approach to the diagnosis and management of these conditions.

How common is co-occurring musculoskeletal pain and what are the patterns?

In health care, we increasingly manage individuals with multiple co-existing diseases and symptoms – in fact, this is the norm rather than the exception [13]. Therefore, despite the common belief that regional musculoskeletal pain such as back, neck, hip or knee pain are isolated clinical entities, research has provided compelling evidence that individuals rarely report pain in only one body site [6,14–16]. For instance, Kamaleri et al. found that 17% of a Norwegian population-based sample reported pain in more than five body sites during the past week, with 39% reporting having experienced multisite pain in the past year as well [17]. Hartvigsen et al. also found that in the adult Danish population, 40% experience pain in at least one site, additional to the identified primary musculoskeletal pain site during the past 2 weeks [16]. LBP has consistently been reported to be the most common pain site whether defined as one site among several or as the primary site of pain [14,16,18]. The pattern and number of pain sites appear to be a stable phenomenon over time as Kamaleri et al. found little change in the number of painful sites over 14 years both at the population and at the individual level. In fact, 46% of participants reported the same number plus or minus one pain site at baseline and 14 years later [19]. This is of course disturbing as we know LBP, as well as other musculoskeletal pain such as neck and knee pain, start at an early age and thus may predetermine an individual to a lifelong trajectory of pain (see chapter on life course of low back pain in this issue (Ref. [77])).

Whether the common experience of pain in multiple body sites follows a certain pattern or whether pain sites occur together in a random pattern is not known. Hartvigsen et al., using latent class analysis of primary pain-site reports, found that when a person reported primary pain in the spine, that is, neck, mid back or low back, there was a greater likelihood of co-occurring pain elsewhere in the spine whereas when the person reported primary pain in the extremities, there was a greater likelihood of

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