

Low Back Pain - Information Leaflet

Introduction

Back pain is very common and affects most of us at some point in our lives. About 8 out of 10 people will experience low back pain and we know that it is one of the most common reasons why middle-aged people visit their GP. Although it is common, it is very rare that back pain is caused by a serious disease. Most cases of back pain get better over a period of weeks.

The best advice is to keep active, do normal activities as much as possible and return to work as soon as you can.

Causes of back pain

Non-specific - the cause in the vast majority of people

It is often impossible to find a precise cause for low back pain. Less than 1 in 100 people have a serious problem. It can be caused by an injury or sprain, but most of the time it isn't and may be due to lack of exercise or stiffness. You may have heard your doctor, physiotherapist or nurse describing your back pain as 'non-specific' or 'simple' back pain. This means that after your examination, the clinician is not concerned that you have a serious medical condition. This is the type of back pain that is likely to get better over the next few weeks as you gradually return to normal activities and work.

Sciatica

This is far less common and affects less than 1 in 20 people. It is most often caused by pressure or irritation of nerves as they come out of the lower back. The symptoms include pain, numbness and tingling that spread down the leg, sometimes reaching the calf or foot. Most people do recover from sciatica over time but often it takes longer than with non-specific back pain.

Rare causes

In less than 1 in 100 cases back pain has a more serious cause. These include infection, fracture, tumour or inflammation.

When to seek medical help

- Severe pain that doesn't improve.
- If you have had a fall that caused your back pain to start.
- If you have had cancer in the past.
- If you are taking steroid tablets or have osteoporosis.
- If you have a fever or are generally unwell.
- If you have difficulty or changes in passing urine or opening your bowels.
- Numbness around your genitals or back passage.
- Weakness of the leg(s) that is getting worse.

Natural history

About 8 out of 10 people will get back pain at some point in their lives; it often re-occurs but will settle for most people in a matter of weeks.

Investigations

The doctor, physiotherapist or nurse will be able to diagnose your problem by taking a full history of your difficulties and an examination of your back and legs. Investigations such as X-rays and scans are rarely needed as they don't help the clinicians to diagnose your problem and they don't provide a cure. X-rays involve a dose of radiation so need to be used responsibly.

Painkillers

It is advisable during an acute flare up to take painkillers; this can be guided by your GP or pharmacist. It is best to take them regularly rather than taking them now and again if it enables you to continue with day-to-day activities more comfortably.

Exercise

A gradual return to exercise and general activity is very helpful for your recovery. Regular exercise may also help to prevent the back pain from returning. Try to set a new goal everyday - for example, a walk around the house on one day and a walk to the shops the next day.

Activity

Try not to rest in bed; pace your activities. You are more likely to stay pain-free in the future if you keep active rather than resting a lot.

Sleep

There is a link between poor sleep contributing to increased pain. You may want to consider strategies to improve your chances of a good night's sleep. For example- trying to get to bed at the same time every night, reducing screen time prior to bed, avoiding caffeine before bed, relaxation strategies or taking a painkiller just before bedtime.

Pain

Pain doesn't equal harm. Most people recover quickly and have no lasting problems. Sometimes people do become worried or depressed. Please see your GP if you think this is a problem for you.

Work

If you have a job, try to return to work as soon as possible. It is safe to return to work before you are pain-free. Talk to your GP and your employer about this at an early stage to assist your speedy return to work. The longer you stay off work, the harder it may be to return. Research tells us that you are more likely to improve quickly by getting moving and getting back to work as soon as possible.

Online Resources

We strongly advise you take some time to look at these online resources. They offer the latest evidence based guidance on the many ways an individual can make a difference to their back pain and outcome.

- 10 things you need to know about your back – clear, simple advice on how to manage your back pain and prevent future episodes (Chartered Society of Physiotherapy)
<http://www.csp.org.uk/yourback>
- Information about back pain and simple exercises that might help (Chartered Society of Physiotherapy)
<http://www.csp.org.uk/publications/back-pain-exercises>
- The truth about back pain – helpful information and advice on how to manage back pain (STarT Back – Keele)
<https://youtu.be/9zEhGOhdI9Y>
- How to prevent and treat back pain and what to do at each stage (North of England Back Pain Programme)
<https://youtu.be/ijUkj0u6A-Y>
- Arthritis Research UK
www.arthritisresearchuk.org

Local Services

- Live well Dorset – Weight management, stop smoking, exercise advice, lifestyle changes
<https://www.livewelldorset.co.uk/>
- Steps to wellbeing – for help with feelings of anxiety, depression, bereavement and trauma/PTSD
<http://www.steps2wellbeing.co.uk/>



This leaflet has been written using information supplied by Keele University, Research Institute for Primary Care and Health Sciences to accompany the STarT Back Screening Tool.