

Chronic Low Back Pain

So Your Back Hurts...

Learn what works, what doesn't
and how to help yourself



Toward
Optimized
Practice



INSTITUTE OF
HEALTH ECONOMICS
ALBERTA CANADA

Introduction

The goal of this booklet is to give you a better understanding of chronic low back pain. It contains important facts about chronic low back pain, and explains what medical research has told us about the diagnosis and treatment of this condition.

The guide is not meant to replace the care provided by your health care provider, but rather to remind you of things he or she may have already discussed with you. If you have questions about anything in this booklet, please discuss them with your health care provider.

The information in this booklet is based on an extensive review of medical research conducted by the Institute of Health Economics and health care providers from across the province of Alberta. This team has also developed a guideline for the assessment and treatment of chronic low back pain by Alberta community-based health care providers. The guideline and patient information sheets are available at www.topalbertadoctors.org

This booklet was designed with permission from the Institute for Work & Health (IWH) in Toronto and adapted for Alberta in 2011.

The recommendations are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. They should be used as an adjunct to sound clinical decision making.

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What Is Chronic Low Back Pain?

Healthcare professionals define chronic low back pain as pain in the lower part of the back and sometimes in one or both legs that lasts for more than three months.

In North America and Europe, chronic low back pain is the most common type of chronic pain. Health surveys indicate that more than 8% of Canadian adults suffer from chronic low back pain.

Chronic low back pain can be caused by a variety of health conditions and it is often not possible to identify a clear cause.

Chronic back pain can be different for different people. It can differ in its location, the intensity of the pain, its impact on a person's ability to carry out everyday activities, and its affect on the lives of family members.

Frequently Asked Questions

My back hurts a lot, is my back pain caused by something serious?

Bad pain rarely means that you have something serious. Back pain can be bad even when it is caused by strains to the muscles and joints.

However, in some cases really bad back pain can be caused by serious diseases. Your doctor, chiropractor, and physiotherapist are trained to identify when serious diseases could be the cause of back pain. They do this by asking you questions and through physical examination. If they think you may have something seriously wrong they will order more tests and/or refer you to someone who can make a diagnosis.

Can X-rays and MRI scans show what's wrong with my back?

In most cases: no. These tests do a poor job at showing muscle problems. Also, as people age, they get wear and tear to their joints that may show up on x-rays or MRI scans but are not related to the cause of the pain. Your doctor may order an x-ray or MRI scan to help find out what's wrong, but these tests don't show everything and can't "see" pain. In many cases, the results of these tests do not change the treatment that will be recommended.

How can you be sure that I don't need surgery?

There has been a lot of research to see who benefits from back surgery. Because of that research, surgeons now know which specific problems can be helped by surgery. Your doctor, physiotherapist, and chiropractor can tell you if you might be helped by surgery and will refer you to a surgeon who will do special tests to check if you may be helped. As a general rule, back surgery is often more helpful for back-related leg pain than it is for the back pain itself.

Frequently Asked Questions

My doctor wants to give me opioids for my pain. That scares me. What should I do?

If you don't like what your doctor's suggests, it makes sense to make a follow-up appointment with your doctor to discuss your worries. There is information which may be helpful for you to know.

Research has shown that opioid medications are effective pain relievers for some people with moderate to severe chronic low back pain.

For most people, the risk of becoming addicted to opioids is quite low.

Your doctor has guidelines on how to assess your risk for addiction to these medicines. Even if your risk is high, there may be effective ways to protect you from opioid addiction that your doctor can discuss with you.

People seem to be saying that my pain “is in my head”. I am beginning to wonder myself. Could I be doing this to myself?

It is very rare for chronic low back pain to be caused by psychological problems. However, being in constant pain can be the cause of significant emotional distress and can lead to mental health issues.

If you are concerned about your emotions, you should make an appointment to discuss your worries with your doctor.

Sometimes when a person with chronic low back pain looks healthy, people with no experience with chronic pain may think that the problem is psychological. Having a frank talk with them about your situation can “clear the air” and help restore a comfortable and helpful relationship.

Frequently Asked Questions

My doctor tells me that it will help if I am more active. When I try to start doing what I used to do, my back hurts more. That doesn't make sense to me. Is my doctor wrong about this?

Your doctor is very likely right and the problem is the way you are trying to get back your usual activity. If you've been inactive for a long time, your muscles may be tight and weak and trying to go back to what you did before is likely to cause aches and pains. The best way is usually to start slowly and gradually increase your activity level as your strength and flexibility increases.

In many communities in Alberta, there are trained professionals who will be able to help you design a re-activation program that reduces the amount of pain you will have while you get yourself fit again. Your doctor, chiropractor, and physiotherapist will all have helpful information.

What Works For Chronic Low Back Pain?

There has been a great deal of research on treatments for chronic low back pain. Treatments are believed to be effective if they reduce pain intensity by 30% for about one-third to one-half of the people who have been studied. None of the treatments that have been studied provide 100% relief for the majority of people.

Much of this research has focused on “non-specific chronic low back pain,” that is caused by problems with muscles, ligaments and joints in the lower back. These conditions do not get better with surgery. People with nonspecific chronic low back pain are usually treated by their family doctor, chiropractor, or physiotherapist.

For people with severe pain and disability, additional more specialized types of treatment have also been studied.

As a general rule, the treatments for chronic low back pain do not cure the cause. The main idea of treatment is to reduce pain and increase the person’s ability to get on with their usual life.

Effective chronic pain management requires treatments provided by a health professional together with what you can do to help yourself.

What Works For Chronic Low Back Pain?

The following is a list of medicines that research has found to be helpful for chronic low back pain:

- Acetaminophen (e.g. Tylenol)
- Non-steroidal anti-inflammatory drugs (ibuprofen, e.g. Motrin or Advil)

If you are over 45 or at higher risk for stomach complications, your doctor may recommend additional medication to take alongside the anti-inflammatory drugs to help protect the stomach.

- Muscle relaxants (for short-term relief of acute muscle spasm)
- Low dose tricyclic antidepressants (amitriptyline and nortriptyline)
- Narcotic or opioid medications (for moderate to severe chronic low back pain)

The following professionally delivered treatments have been shown to be effective:

- Cognitive behaviour therapy and progressive muscle relaxation
- Physical exercise and therapeutic exercise (including aquacise)
- Yoga therapy
- Active rehabilitation
- Massage therapy when combined with exercise and active rehabilitation
- Acupuncture
- Prolotherapy (for selected patients in combination with exercise therapy)
- Epidural steroid injections (for selected patients for relief of leg pain)
- Facet joint injections for carefully selected patients
- Multidisciplinary pain clinic treatment (for patients with severe pain and disability)

The decision of what treatment options to try is best made in consultation with your doctor.

What Can I Do to Help Myself?

Research has shown that there are many things a person with chronic low back pain can do to reduce their pain and get back to their normal activities. These include:

- Being more physically active, including doing regular exercise
- Learning and using coping strategies
- Learning and using other self management techniques, such as pacing your activities through the day and the week and using proper body postures
- Using relaxation techniques
- Doing activities you enjoy and are within your physical limits

What Treatments Have Unclear Benefits, or, Are Potentially Harmful?

What treatments have unclear benefits?

Spinal manipulative treatment or spinal mobilization are common treatments for low back pain. The benefits of these treatments for chronic low back pain are unclear. Some research studies show benefit and others do not.

There are many other treatments for chronic low back pain where little or no research has been done. These include: therapeutic ultrasound, low-level laser therapy, spa therapy, intramuscular stimulation, interferential current therapy and many of the treatments considered to be complementary or alternative treatments, such as touch therapies.

Are any treatments for chronic low back pain clearly without benefit or harmful?

Research has not shown that the common treatments for chronic low back pain are harmful or without potential benefit. Based on research, we do not recommend the use of motorized traction or use of massage, prolotherapy and transcutaneous electrical nerve stimulation (TENS) as a sole treatment. It is important to understand that all treatments, particularly medications, can have side effects and may cause harm. When thinking about a new treatment, it is always helpful to talk with your health care provider about possible side effects and harm.

The Bottom Line for Chronic Low Back Pain

- You aren't alone. Chronic low back pain is one of the most common chronic conditions in Canada.
- Even though your back hurts a lot, chances are you do not have a life threatening or serious medical illness.
- Most low back pain and stiffness are related to a problem with muscles and ligaments that surround and support the spine, and not with the spine itself.
- Spine surgery does not help muscle and ligament problems and is rarely helpful for people without specific causes of low back pain identified by your doctor, chiropractor, or physiotherapist.
- Your doctor, chiropractor, or physiotherapist will rule out any serious causes for your low back pain. Unless certain warning signs or "red flags" are present, you will not need a back x-ray or specific imaging tests like CT or MRI scans.
- Non-prescription medications such as Tylenol and Motrin can help you deal with the pain.

The Bottom Line for Chronic Low Back Pain

- The causes of chronic low back pain are not well understood. But you can take steps to help yourself get your life back again.

These steps include:

- Being more physically active
 - Doing regular exercise
 - Learning and using coping strategies
 - Pacing your activities
 - Using proper body postures
 - Doing activities that you enjoy and are within your physical limits
- Many Alberta communities have chronic disease management programs with classes that can be very helpful for people with chronic low back pain. Your family doctor and other health professionals will know what is available in your community. You may also obtain information from HEALTHLink Alberta at 1.866.408.5465.