Lower back pain (non specific)

You have presented at the Emergency Department with non-specific back pain – pain not due to a serious disease or problem, or where the exact cause of the pain is not clear. This leaflet explains the symptoms and gives advice on how to manage the pain.

Understanding the lower back

The lower back is also called the 'lumbosacral area' of the back. It is the part of the back between the bottom of the ribs and the top of the legs and is made up of the spine bones (vertebrae), discs, nerves, muscles and ligaments.

What is non-specific back pain?

This is the most common type of back pain. About 19 in 20 cases of acute (sudden onset) low back pain are classed as 'non-specific'. This is the type of back pain that most people will have at some point in their life. It is called 'non-specific' because it is usually not clear what is actually causing the pain. In other words, there is no specific problem or disease that can be identified as to the cause of the pain. The severity of the pain can vary from mild to severe.

What is the cause of non-specific low back pain?

Non-specific low back pain means that the pain is not due to any specific or underlying disease that can be found. It is thought that in some cases the cause may be a sprain (an over-stretch) of a ligament or muscle. In other cases the cause may be a minor problem with the disc between two vertebrae, or a minor problem with a small 'facet' joint between two vertebrae. There may be other minor problems in the structures and tissues of the lower back that result in pain. It is not possible to identify these causes of the pain by tests. Therefore, it is usually impossible for a doctor to say exactly where the pain is coming from, or exactly what is causing the pain.

To some people, not knowing the exact cause of the pain is unsettling. However, looked at another way, many people find it reassuring to know that the diagnosis is non-specific back pain which means there is no serious problem or disease of the back or spine.

What are the symptoms of non-specific low back pain?

Sometimes a pain may develop immediately after you lift something heavy, or after an awkward twisting movement. Sometimes it can develop for no apparent reason. Some people just wake up one day with low back pain.

Although non-specific back pain is sometimes called 'simple' back pain, simple does not mean that the pain is mild. The severity of the pain can range from mild to severe. Typically the pain is in one area of the lower back, but sometimes it spreads to one or both buttocks or thighs. The pain is usually eased by lying flat. It is often made worse if you move your back, cough, or sneeze. So, non-specific low back pain is 'mechanical' in the sense that it varies with posture or activity.

Most people with a bout of non-specific low back pain improve quickly, usually within a week or so, sometimes a bit longer. However, once the pain has eased or gone it is common to have further bouts of pain (recurrences) from time to time in the future. Also, it is common to have minor pains 'on and off' for quite some time after an initial bad bout of pain. In a small number of cases the pain persists for several months or longer. This is called chronic back pain.

How is non-specific back pain diagnosed?

Most people who develop low back pain that comes on suddenly (acutely) have non-specific low back pain. If there are no other associated symptoms and the pain is not too bad, many people are confident to just 'get on with it' and treat it themselves - and indeed most get better quickly. However, if in doubt, see your GP for a check-over and advice.

The Emergency Department doctor will usually be able to diagnose non-specific low back pain from the description of the pain and by examining you. Therefore, in most cases, no tests are needed. There is no test that can prove or confirm non-specific low back pain. Current UK guidelines are clear that routine tests such as x-rays and scans should not be done if there is a diagnosis of non-specific low back pain. Tests such as x-rays or scans may be advised only if there are symptoms, or signs during a medical examination, to suggest that there may be a serious underlying cause for the back pain.

What are the treatments for non-specific low back pain?

The usual advice is to keep active, and do normal activities as much as possible. Painkillers can help until the pain eases. In most cases, the pain clears within a week or so but may recur from time to time. Chronic (persistent) pain develops in some cases, and further treatment may then be needed.

Move around as soon as you are able, and get back into normal activities as soon as you can. As a rule, don't do anything that causes a lot of pain. However, you will have to accept some discomfort when you are trying to keep active.

Sleep in the most naturally comfortable position on whatever is the most comfortable surface. Some people find that a small firm pillow between the knees when sleeping on the side helps to ease symptoms at night.

If you have a job, aim to get back to work as soon as possible. There is no need to wait for complete freedom from pain before returning to work. Returning to work often helps to relieve pain by getting back to a normal pattern of activity and providing a distraction from the pain.

Pain relief

If you need painkillers, it is best to take them regularly. This is better than taking them 'now and again' just when the pain is very bad. If you take them regularly the pain is more likely to be eased for much of the time and enable you to exercise and keep active.

- Paracetamol is often sufficient if you take it regularly at full strength. For an adult, this is 1000 mg (usually two 500 mg tablets), four times a day.
- Anti-inflammatory painkillers. Some people find that these work better than paracetamol. They include ibuprofen which you can buy at pharmacies or get on prescription. Other types such as diclofenac or naproxen need a prescription. Some people may not be able to take anti-inflammatories. For example, some people with asthma, high blood pressure, kidney failure, or heart failure.
- A stronger painkiller such as codeine is an option if anti-inflammatories do not suit or do not work well. Codeine is often taken in addition to paracetamol. Constipation is a common side-effect from codeine. This may make back pain worse if you need to strain to go to the toilet. To prevent constipation, have lots to drink and eat foods with plenty of fibre.
- A muscle relaxant such as diazepam is occasionally prescribed for a few days if the back muscles become very tense and make the pain worse.

Other treatments

Heat such as a hot bath may help to ease pain.

Treatment may vary, and the situation should be reviewed by a doctor if the pain becomes worse, or if the pain persists beyond 4-6 weeks, or if symptoms change. Other pain relieving techniques may be tried if the pain becomes chronic (persistent).

Signs to look out for

The vast majority of people with low back pain do not have any of the following symptoms or features. Seek further medical help if you experience any of the following after leaving the Emergency Department.

- Pain that develops gradually, and slowly gets worse and worse over days or weeks.
- Constant back pain that is not eased by lying down or resting.

- Pain that travels to the chest, or is higher in the back behind the chest.
- Weakness of any muscles in a leg or foot.
- Numbness (lack of feeling) in any part of your bottom or leg.
- If you have taken steroid tablets for more than a few months.
- Symptoms that may indicate an inflammatory (arthritis) cause such as ankylosing spondylitis, such as pain which is worse in the second half of the night or after waking, stiffness, in addition to pain, of the back muscles in the morning after getting up from bed that lasts more than 30 minutes, pain that is eased (and not made worse) by activity.
- Symptoms that may indicate cauda equina syndrome, such as numbness around the anus (the 'saddle' area), bladder symptoms such as loss of bladder sensation; loss of bladder control, incontinence, loss of sensation when passing urine, incontinence of faeces.
- Symptoms that may indicate a fracture in the spine, such as back pain following major trauma such as a road accident or fall from a height, back pain following minor trauma in people with osteoporosis.
- Symptoms that may indicate infection or spread of cancer affecting the spine, such as onset of pain in a person over 50 years, or under 20 years, of age, pain that remains when lying down; aching night-time pain disturbing sleep.

What is the outlook (prognosis)?

- Most non-specific back pains ease and go quickly, usually within a week or so.
- In about 7 in 10 cases, the pain has either gone or has greatly eased within four weeks.
- In about 9 in 10 cases the pain has gone or has greatly eased within six weeks.

However, once the pain has eased or gone it is common to have further bouts of pain (recurrences) from time to time in the future. Also, it is common to have minor pains 'on and off' for quite some time after an initial bad bout of pain. In a small number of cases the pain persists for several months or longer. This is called chronic back pain.

Chronic (persistent) non-specific low back pain

Non-specific low back pain is classed as chronic (persistent) if it lasts longer than six weeks. In some people it lasts for months, or even years. Symptoms may be constant. However, the more usual pattern is where symptoms follow an irregular course. That is, reasonably long periods of mild or moderate pain may be interrupted by bouts of more severe pain.

What is the treatment for chronic non-specific low back pain?

Initial treatment is similar to 'acute' attacks. That is, aim to keep as active as possible. Also, painkillers can help. In addition to the painkillers listed above, your doctor may advise a course of an antidepressant medicine.
Also, a national guideline (from NICE - referenced below) recommends treatments such as structured exercises programmes, manual therapy, acupuncture and cognitive behaviour therapy (CBT). If these treatments do not help much then you may be referred to a specialist pain clinic. Rarely, a surgical operation called spinal fusion is considered when all other treatment options have not helped and pain remains constant and severe.

Can further bouts of back pain be prevented?

Evidence suggests that the best way to prevent bouts of low back pain is simply to keep active, and to exercise regularly. It is also sensible to be 'back aware'. For example, do not lift objects when you are in an awkward twisting posture.

Tell us your views

If you wish to discuss any aspect of your treatment and care, please speak to a senior member of staff or to the nurse looking after you. The matrons are also available during normal working hours and they welcome your views.

You can also pick up a copy of the Trust leaflet called ‘Talk to us’, which explains how you can raise concerns or give feedback on your experience at the hospital.

Friends and Family Test

Whatever your experience you can give feedback by answering the Friends & Family test question – *How likely are you to recommend our service to family and friends if they needed similar care or treatment?* - by going online www.royalberkshire.nhs.uk/get-in-touch/friends-and-family-survey.htm.

Further information and advice

- Backcare (The National Back Pain Association)
  16 Elmtree Road, Teddington, Middlesex, TW11 8ST
  Tel: 0845 130 2704 Web: www.backcare.org.uk
- The Back Book: A reliable source of information. It is written by a team consisting of a GP, orthopaedic surgeon, physiotherapist, osteopath, and psychologist and provides comprehensive advice. *Roland, M.O et al. (2002) The back book. London: The Stationary Office.*

More information is available on the Trust website: www.royalberkshire.nhs.uk

References

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- European guidelines for the management of acute nonspecific low back pain in primary care, COST B13 Working Group (2004)
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Royal Berkshire NHS Foundation Trust

London Road

Reading RG1 5AN

0118 322 5111 (switchboard)

Emergency Department

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