Low Back Pain

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Concord Sport & Spine Physiotherapy

Medications & Acute Low Back Pain

"Patients with musculoskeletal problems often focus so much on pain relief they fail to see the disparity between basic symptom management and true healing or resolution of a problem. In their distress, they mistake pain as the problem without understanding it is merely a signal, and that the problem may remain even after the signal is gone." Gray Cook, *Movement*, On Target Publications, CA, 2010. This quote is very relevant to many of the conditions I treat. With regard to low back pain (LBP), read on…

'Acute' is something that comes on fairly rapidly, and has only been present for a short while. Acute LBP is the most common condition I treat, and one of the most common reasons a person will visit their GP. It can be intensely painful, disabling and distressing. For those with a previous bad experience, or unfamiliar with back pain, it can also be very frightening.

By far the most common treatment prescribed for LBP is medication. This will generally take one of three forms:

1. 'Analgesia'. This refers to medications whose primary action is to inhibit pain signals to the brain - i.e. 'pain-killers'. These can be mild (paracetamol being a good example), moderately strong (e.g. panadeine forte), or very strong, (e.g. narcotic drugs like endone).
2. Anti-inflammatory. These medications are intended to reduce the inflammation associated with injury, but they also have an analgesic component. In acute LBP, it is questionable whether symptomatic benefit from these drugs is due to the reduced pain or the reduced inflammation.
3. Muscle relaxants. Muscle 'spasms' are very common with acute LBP. Often the spasms are more painful than the injury itself. These drugs are sometimes prescribed to help control muscle spasm.

How necessary and beneficial these medications are for acute LBP will vary in every case. However it is worth bearing in mind that none of these drugs will directly speed up the recovery process. While research has not looked at the benefits of drug versus non-drug recovery, experience from over 25 years treating LBP has given me an opinion. I regularly see patients whose recovery has been delayed by drugs. This can be for a number of reasons:

1. Masking pain. For 10 days to 2 weeks after the initial onset of pain, the back is highly vulnerable to recurrent injury. With the influence of medications, movements and postures that aggravate the injury often won't be felt as pain – until it's too late.
2. Inhibited movement. One of the most effective treatments for acute LBP is continued activity. Strong medications inhibit the will and even the capacity to remain active.
3. Avoidance of bed-rest. Research has consistently shown that bed-rest is counter-productive for LBP. Strong analgesics and muscle relaxants invariably make you want to sleep a lot more.
4. Perception. Strong LBP can be scary. But it's rarely serious. However being put on *seriously* strong medications reinforces people's fear that their injury must be bad.

It's interesting that many patients who have had back pain in the past, and who know what to expect, are less inclined to want medications when they have a re-injury. When you have confidence that the pain will start to improve after 1-2 days, it is easier to manage, and often doesn't seem quite as intense as when the future is unknown. So while I am not suggesting medications should be avoided entirely, keep in mind that they are frequently overused, and can do you more harm than good. As Mr Cook says, the pain is a signal. Use it to guide your recovery, and to help you manage the condition causing it.

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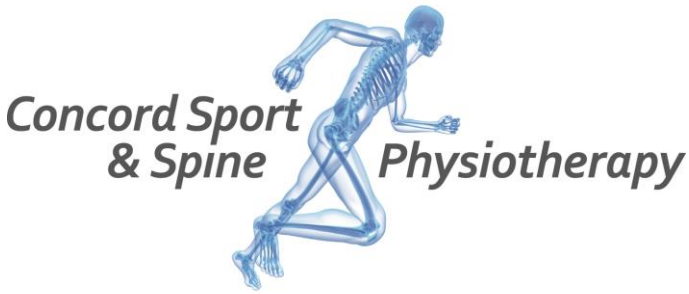

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