

ONE PCN 10 MINUTE CLINIC PODCAST SHOW NOTES

LOW BACK PAIN

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Low back pain is one of the most common problems seen in primary care, and about 8 in 10 people have back pain that is not caused by any particular condition, known as 'non-specific low back pain'. Fortunately the vast majority of people with non-specific low back pain get better quickly with simple treatments and self-care. Other conditions can also cause low back pain though and in this podcast we look at these, along with how to assess someone with back pain, red flag symptoms that must not be missed, the value of imaging, and an overview of medication used in back pain. We also look at referral guidelines, and 10 'top tips' to tell our patients to help reduce their risk of back pain developing or recurring.

Key take home points

- Low back pain is very common with up to 80% of people experiencing it at some time
- Most cases are not due to serious injury or disease, but from minor strains and are typically self-limiting
- Other common causes include muscle spasm, arthritis, and disc problems

- Factors such as obesity and smoking increase the risk of back pain occurring
- Red flag symptoms may suggest a fracture, infection, cancer or problems linked to a prolapsed intervertebral disc
- If the diagnosis appears to be simple uncomplicated low back pain, no investigations are usually required
- In general, plain X-rays of the back should not be done routinely
- Blood and urine testing may have a place in the diagnostic process if appropriate
- Paracetamol should not be used as monotherapy for pain relief
- A short course of a non-steroidal anti-inflammatory drug is appropriate treatment, sometimes with a muscle relaxant
- Antidepressants should not be used in treating low back pain
- The majority of patients with low back pain can be managed in primary care
- Immediate referral criteria include cauda equine syndrome and if serious spinal pathology is suspected.
- Progressive neurological deficit symptoms or non-resolving nerve root pain should be referred urgently
- Manipulative treatment by an appropriately trained practitioner is worth trying in the first 6 weeks in patients requiring additional support with pain relief

References

[Overview | Low back pain and sciatica in over 16s: assessment and management | Guidance | NICE](#)

[Back pain - low \(without radiculopathy\) | Health topics A to Z | CKS | NICE](#)

[Sciatica \(lumbar radiculopathy\) | Health topics A to Z | CKS | NICE](#)

Patient resources

[Back pain - NHS \(www.nhs.uk\)](#)

[Back pain | Causes, exercises, treatments | Versus Arthritis](#)

[Back Pain - British Chiropractic Association \(chiropractic-uk.co.uk\)](#)

[British Association of Spine Surgeons - Acute Back Pain](#)

