

Update 90

Is LBP Just the Marker of a More Generalised Loss of Overall Spinal Health Status?

The authors of a recent cross-sectional survey¹ start by pointing out, that patients with long-lasting and nonspecific low back pain (LBP) often have other complaints as well.

They then go on to contend that this comorbidity raises issues for the interpretation and the treatment of these complaints, and pose the following questions,

“Is nonspecific LBP so specific that the comorbidity is irrelevant and of chance occurrence, or are the comorbid complaints secondary complications to the condition, or does the comorbidity signal that LBP simply is part of a more general, unspecific condition?”

The authors set out with the aim of investigating if these complaints were specific or part of a more general unspecific condition comparable to subjective health complaints in the normal population.

The study group consisted of 457 patients sick-listed 8 to 12 weeks for low back pain. All subjects filled out questionnaires. The subjective health complaints in the study group were compared with reference values from a Norwegian normal population using logistic regression analysis.

The author’s report that compared with the normal reference population, the patients with low back pain had significantly more -

- low back pain,
- neck pain,
- upper back pain,
- pain in the feet during exercise,
- headache,
- migraine,
- sleep problems,
- flushes/heat sensations,
- anxiety, and
- sadness/depression.

The authors report that, “Only 7 patients (1.6%) reported pain solely localized to the lumbar part of the back”, and that, “Somatoform symptoms have biologic components that have an important role in creating a vicious circle together with cognitive, behavioural, and emotional features.”

Furthermore, they suggest, “It follows from the theoretical position of sensitization that, with longer duration of complaints, the chance of sensitization and chronification increases. To avoid development of a vicious circle and to help the patients to understand and react adequately, it is crucial to understand these pain perception mechanisms and to intervene at an early stage.”

In concluding it is stated that,

“Our findings indicate that patients with low back pain suffer from what may be referred to as a syndrome, consisting of muscle pain located to the **whole spine as well as to legs and head, and accompanying sleep problems, anxiety, and sadness/ depression.**”

References:

- 1) [Hagen EM, Svensen E, Eriksen HR, Ihlebaek CM, Ursin H.](#) Comorbid subjective health complaints in low back pain. Spine 2006;31:1491-5.