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Dealing with back pain

Q I am 46 years old and keep getting back pain recently. What are the common causes and what should I do about it?

A The spine is made up of many small bones, called vertebrae, which are stacked on top of one another and held together by ligaments and muscles. In between each vertebra is a soft, gel-like cushion called a disc.

The spine holds the body upright and provides mobility for daily activities such as bending, twisting and lifting. Over time, these everyday stresses will cause wear and tear of the spinal structures.

What are the causes of back pain?

Back pain could be caused by degeneration or injury of the spine:

- **Degeneration:** This can lead to slippage of one vertebra over another (spondylolisthesis), spinal deformity (scoliosis), nerve compression from disc protrusion (slipped disc), or the narrowing of nerve passages (spinal stenosis).

- **Diseases:** These include arthritis that affects the spine (ankylosing spondylitis), tumour and infection.

- **Non-spine causes:** These include abdominal and vascular (blood vessel-related) diseases.

What are the common risk factors?

They include:

- heredity (disc quality);
- age (from 30 to 40 onwards);
- lack of exercise (muscle weakness);
- being overweight;
- diseases (arthritis, cancer

- or infection);
- smoking (poorer disc nutrition);
- bad ergonomics (poor posture, prolonged sitting, immobility);
- bad lifting techniques;
- psychological conditions; and
- osteoporosis (fragility fractures).

How do I prevent back pain?

You should:

- improve your physical condition and practise better body mechanics;
- build muscle strength and flexibility (walk, swim, do yoga or pilates);
- improve your posture;
- manage your weight;
- stop smoking; and
- maintain good bone health (eat calcium-rich food, get vitamin D from sunlight exposure, go for brisk walks).

When should I see a doctor for back pain?

Back pain may occasionally be associated with more serious conditions. See a doctor if your back pain is associated with:

- unrelenting pain at night or at rest;
- new bladder or bowel problems;
- serious injury;
- pain down one or both legs;
- weakness, numbness or tingling in one or both legs; or
- unexplained weight loss.

Fortunately, most back pain improves within one to two weeks, though some may take six to eight weeks.

If the pain is still significant af-

ter several days to a week, or does not improve after six to eight weeks, do seek medical attention.

How is back pain treated?

Most back pain responds to conservative treatment, such as rest, medications and physical therapy.

If there is no improvement, further investigations (X-rays, MRI scans or blood tests) may be required to identify the specific causes of pain.

Further treatment of pain may include spinal steroid injections and radio-frequency ablation of pain nerves.

When is surgery recommended?

Spinal surgery is mostly recommended if one has:

- persistent back pain with radiating leg pain or muscle weakness from nerve compression; or
- structural problems such as a slipped disc or spinal stenosis that has not responded to conservative treatment.

Your surgeon will discuss with you the specific type of surgery and risks involved.

In elderly patients with osteoporosis and vertebral compression fractures, cement injection (vertebroplasty, kyphoplasty) may help to relieve pain and prevent vertebral collapse.

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