

Patients with severe back pain who quit smoking report less pain than patients who continue to smoke

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For years, research has shown a link between smoking and an increased risk for low back pain, intervertebral (spine) disc disease, and inferior patient outcomes following surgery. A new study, published in the December 2012 *Journal of Bone and Joint Surgery (JBJS)*, also found that smokers suffering from spinal disorders and related back pain, reported greater discomfort than spinal disorder patients who stopped smoking during an eight-month treatment period.

Nearly all adults will be seen at some time by a physician for back pain or other painful spinal disorders. As smoking has been identified as a modifiable risk factor for chronic pain disorders, researchers reviewed the smoking history and monitored the reported pain of more than 5,300 patients with axial (back) or radicular (leg) pain from a spinal disorder, treated surgically or non-surgically, over an eight-month period.

At the time of entry into care, patients who had never smoked and prior smokers reported significantly less back pain than current smokers and those who had quit smoking during the study period. Current smokers reported significantly greater pain in all visual analog scale (VAS) pain ratings — worst, current and average weekly pain — when compared with patients who had never smoked.

Other Key Findings:

- Those who quit smoking during the course of care reported greater improvement in reported back pain than those who continued to smoke.
- The mean improvement in VAS pain ratings was clinically significant in nonsmokers.
- The group that continued smoking during treatment had no clinically significant improvement in reported pain.
- Using the [Oswestry Disability Index](#) (the most commonly used outcome measure for [low back pain](#) assessment), greater mean improvement was observed in patients who had never smoked when compared to current smokers.

"We know that nicotine increases pain," said study author Glenn R. Rechtine, MD, University of Rochester Department of Orthopaedics. "In this study, if you quit smoking during treatment, you got better. If you continued to smoke, there was statistically no improvement, regardless of the treatment you had. Smoking is bad for you. Basically, the likelihood to improve your care — surgical or non-surgical — was dramatically decreased if you are a smoker.

"This study supports the need for smoking cessation programs for patients with a painful spinal disorder given a strong association between improved patient reported pain and smoking cessation," said Dr. Rechtine.

Provided by American Academy of Orthopaedic Surgeons

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