

# New strategies to manage back pain

May 19 2015, by Owen Thomson

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Patients need a scientific understanding of what's causing their pain. Credit: Thinkstock

Improved mobility, less time off work and decreased reliance on painkillers are just some of the potential benefits of rethinking the approach to back pain treatment.

Early [psychological intervention](#) has the potential to improve a patient's quality of life and mental outlook by helping them to understand their pain while preventing it becoming chronic, says researcher Dr Toby

Newton-John.

"It really needs to start before behaviours and treatment regimes become entrenched," says Dr Newton-John, a clinical psychologist who has been working in [pain management](#) for 20 years. "Many people suffering [chronic pain](#) have built up a lot of implicit assumptions, such as, 'if your back's sore, you should stop what you're doing and rest'.

"These types of assumptions can cause significant problems when their pain doesn't go away, and can see them eventually caught on the medical merry-go-round involving doctors, physios and other manual therapists, as well as on escalating doses of [pain medication](#) that don't fix the pain but cause major side effects such as constipation, lethargy and, eventually, dependence."

Dr Newton-John, also a senior lecturer in the Graduate School of Health at the University of Technology, Sydney (UTS), says a key part of intervention involves, in effect, re-wiring a patient's brain to alter their perception of what pain means.

"Psychological intervention is about helping people to change their assumptions and develop new habits," he says. "It's about convincing them they can still do things like go to work, engage in favourite leisure pursuits and look after their kids, despite ongoing pain.

"One of the important starting points is to help patients develop a more scientific understanding of what's causing their pain, so they are less apprehensive about using their bodies more normally again."

Dr Newton-John and his colleagues in the Graduate School of Health will begin seeing patients at a health psychology clinic to be run at UTS from July. Collaborating with the pharmacy and, from 2016, physiotherapy disciplines, the pain clinic will treat adults referred by

local GPs and other health professionals.

Considering the cost and prevalence of chronic pain in the community, the prospective payback from improved management is significant. Whether it's caused by work, sport, car accident or general wear and tear, back pain will afflict eight in 10 people at some stage in their lives. Of those, 5 to 7 per cent will develop chronic and disabling pain.

Painaustralia, a national not-for-profit body aiming to improve the treatment and management of pain, says about 40 per cent of early workplace retirements can be attributed to pain. It also says that in 2012, lost productivity as a result of arthritis and back pain was estimated to have cost the economy \$4 billion.

Sydney GP Dr Bruce Wakefield has been pursuing a multidisciplinary approach to back pain for more than a decade.

"Psychological intervention is most beneficial when people have been to a number of practitioners and are looking for an answer regarding what their back pain is," says Dr Wakefield.

"Once people start experiencing pain, they become distracted by it and it can start to govern their lives. For me, the role of the psychologist is working out whether a patient's pain has begun to dominate their lives so much that it's changed the way they view the world and how they interact with their family and workplace.

"The psychologists are great at getting people to focus on other things and give them hope that their pain won't be all-encompassing. They may not get back to 100 per cent, but they'll get back to being functional and relatively happy. The benefits are overwhelming."

Intervention can lead to a reduced dependency on healthcare resources

and medication while also enabling people to return to work sooner or even to stay at work despite continuing back pain.

Early action is the key, and is recommended in instances where pain persists beyond three months – the point at which it's no longer regarded as acute and short term.

Dr Newton-John says psycho-social factors pertaining to domestic life are a critical factor in pain management and the reason that intervention strategies should involve the partners of those afflicted.

"There's a lot of evidence that partner response has a significant influence on whether someone becomes disabled," he says. "If a partner is not supportive of the [pain](#) management approach, it's going to be much more difficult to make that neuroplasticity effect happen."

Provided by University of Technology, Sydney

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