

Sleep disorders up health care visits, costs for low back pain

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(HealthDay)—The presence of a sleep disorder diagnosis has a

significant effect on low back pain (LBP)-related health care visits and costs, independent of pain intensity and disability, according to a study published online July 5 in *Spine*.

Daniel Rhon, D.Sc., from Brooke Army Medical Center in San Antonio, and colleagues assessed [pain intensity](#), disability (Oswestry Disability Index), and sleepiness (Epworth Sleepiness Scale) in 757 consecutive patients with LBP participating in a self-management class at a large U.S. military hospital (March 1, 2010, to Dec. 4, 2012). The Military Health System Data Repository was used to assess medical visits for a sleep disorder in the 12 months prior to the class and LBP-related [health care utilization](#) for the 12 months following the class.

The researchers found that more than one-fourth of participants (26.8 percent) were diagnosed with a subsequent sleep disorder. Health care utilization was not significantly predicted by sleepiness. Higher disability, pain intensity, and presence of a sleep disorder were associated with higher predicted visits and costs for LBP. The presence of a sleep disorder was not a significant moderator.

"The presence of sleep [disorders](#) is not often evaluated during the clinical management of [low back pain](#), but could provide an important indication of risk for high pain-related health care use," Rhon said in a statement.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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