

New attention to women with painful vertebral compression fractures

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Older women who suffer vertebral fractures rarely attract the attention

of health care providers. A dissertation at Sahlgrenska Academy, Sweden, throws new light on a group of individuals with chronic pain as a constant companion.

"We must become more aware of these women and take their experiences of [pain](#) seriously," says Hilda Svensson, district nurse and Ph.D. at the Institute of Health and Care Sciences at Sahlgrenska Academy and University of Gothenburg Centre for Person-Centered Care, GPCC.

The thesis studied [older women](#), ages 65 to 80 years, with one of the most common osteoporosis [fractures](#): [vertebral compression fracture](#). This is a painful condition in which a weakened vertebra is compressed or has collapsed. For someone with a brittle skeletal structure, this can occur without much force.

The thesis is based on data from the extensive H70 population-based study in Gothenburg, the epidemiological study (SUPERB) from Sahlgrenska University Hospital Mölndal as well as in-depth interviews with 10 afflicted women.

Individual strategies to deal with pain

The interviews paints a dark picture but also bear witness to strength, ingenuity and compromises involved in coping with an everyday life limited by pain and reduced physical functionality. One woman conveyed that she used her walker as support so she could continue to cook. Another walked paths where she knew there were benches every 20 meters for short breaks.

Pain relief in the form of over-the-counter painkillers seldom helped. On the other hand, the medications that were sufficiently strong affected the users' sense of balance and increased their fatigue. What remained was

the pain, and the strategies the women had to develop themselves based on knowledge about what time of day the pain was at its worst.

The situation of the patient group is further exacerbated by the fact that a first vertebral compression fracture is often followed by others, a vicious cycle that causes unease.

"Fear of falling and fear of movement may confine them further since a more sedentary life weakens the muscles and further increases the risk of disuse osteoporosis. Women should keep moving and use their backs but with consideration to the risk of falling or additionally injury to their spine," says Hilda Svensson.

Participation and attention

Because there is no way of correcting a vertebral compression fracture per se, women often do not receive the treatment and help they need, Hilda notes. She believes there is a need for a greater focus on each patient as a unique individual with resources, needs and desires.

"More attention needs to be given to this group and the women needs to be a part of their own care and rehabilitation. Otherwise there is a risk they will continue to suffer in silence with only analgesia, which rarely works," says Hilda Svensson. "The problem is much bigger than we acknowledge when we say it is self-subsiding within a couple of months. Health care providers needs to realize that these [women](#) have a reduced physical quality of life for many more years after the fracture than was previously been assumed and they need to be treated accordingly."

More information: Finding ways forward with pain as a fellow traveler. Older women's experience of living with osteoporotic vertebral compression fractures and back pain: gupea.ub.gu.se/handle/2077/55627

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