



Oh, My Aching Back!

Troublesome back pain can sneak up on you when you are least expecting it. Simply bending the wrong way, or picking up your child can set off or worsen back pain. But don't worry, there are actions you can take to prevent or at least lessen most back pain.

What are the common causes of back pain?

Pinpointing the exact source of back pain can be difficult. Back pain is the result of trouble related to the bones, discs, nerves, or muscles in your back. It is most commonly attributed to weak or stiff back muscles. It can also be caused by aging, poor nutrition, injuries, or genetics. The key to reducing the risk of pain is to take charge of the risk factors you can control. Be careful, though, sometimes other conditions, such as kidney or abdominal problems, can mimic back pain.

What does it mean to have chronic back pain?

Maybe you lifted something too heavy, or slept "funny" and that pain in your back never went away. Generally, when back pain has continued for at least 3 months, it is considered chronic.

When should I see a doctor?

You don't need to wait 3 months to seek help. If back pain is so severe it interferes with daily activities or doesn't respond to over-the-counter pain medications, it is time to see your doctor.

Call your doctor ASAP if you:

- incur an injury such as a fall
- notice weakness, numbness and/or tingling in legs and/or hands
- have trouble going to the bathroom in addition to the back pain

Your doctor may run tests to determine the exact cause of your back pain. Help your doctor by describing your problems with as much detail as possible:

- When did the pain start? Did it creep up gradually or happen suddenly?
- How often do you have the pain and where is it located?
- How bad is the pain on a scale from 1-10?
- Is it sharp, dull, tingling, etc...?
- Describe activities you have difficulty performing.

Depending on your unique symptoms and conditions your doctor will order x-rays and other tests to help determine the problem.

The next page describes ways to relieve back pain. There is no miracle cure, but be proactive and work with your doctor to make the most of the options available to you.

Preventing Back Pain

To keep your back healthy, work it properly!

Maintain Good Posture - Slouching while sitting or standing actually puts more stress on your back. Use a chair with good back support or add support with a pillow.

Lift Properly - Use your legs to do the heavy lifting and recruit help with heavy objects. Lift heavy objects near your body, instead of farther away.

Exercise - Moderate, daily exercises performed correctly will strengthen muscles.

Lose Weight - Extra pounds equal extra stress on your back.

Reduce Stress - Stress, and even depression, make you more sensitive to pain.

Relief for Back Pain

The preventative measures on page one are helpful, but what can you do to relieve back pain you already have?

Over-the-Counter (OTC) Pain Relief - OTC pain relievers, such as ibuprofen, naproxen and aspirin, can help with both swelling and pain. Acetaminophen doesn't relieve swelling, but can help with pain. Use the lowest possible dose for the least amount of time and take them with food and a full glass of water to prevent stomach problems. Always limit alcohol, especially with acetaminophen (Tylenol). If these options don't help; if the pain gets worse, or if you have to take medication for longer than 10 days, contact your doctor. Let your doctor know if you have high blood pressure, kidney disease, or a history of stomach ulcers.

Additional Methods of Relieving Pain:

- Heating pad & bed rest, for a limited time. Spending more than 2 days in bed can weaken the back and delay recovery.
- OTC medicated patches, creams, and gels.

- Chiropractic care to straighten your back to relieve imbalances.
- Massage to lessen stress and relax overworked muscles.
- Acupuncture to reduce the sensation of pain.
- Back brace for extra support while sitting or while lifting.

Prescription Pain Relief - The prescription pain relief option you choose depends on the type and severity of your back pain. Your doctor will determine which option and dosage is best for you. The box below describes both OTC and prescription pain relief options.

The Risk of Addiction - The majority of patients who take their pain medicine as directed by their doctor do not become addicted, even if they take the medicine for a long time. Some people may be at a higher risk of becoming addicted than others, so be sure to share any personal and/or family history of substance abuse or addiction with your doctor.

Medications Used to Relieve Back Pain

Over-the-Counter Relief Options		
Brand/Generic Name	Dosing	Precautions
Advil, Motrin/ <i>ibuprofen, 200 mg*</i>	1-2 tablets every 4-6 hours; max of 6 in 24 hours	Do not take more than 1200 mg a day without a prescription.
Aleve/naproxen sodium, 220 mg*	1-2 tablets every 8-12 hours; max 2 in 12 hours or 3 in 24 hours	Do not take more than 660 mg a day.
Bayer/aspirin, 325 mg, 500 mg	325-650 mg every 4-6 hours	Do not take more than 4,000 mg a day.
Tylenol/Acetaminophen, 325 mg, 500 mg, 650 mg	325-650 mg every 4-6 hours or 1,000 mg 3-4 times per day	Do not take more than 4,000 mg a day.
Prescription Relief Options		
Brand/Generic Name	Category	How they Work
Celebrex/Celecoxib Ultram/Tramadol	Non-opioid pain relievers	Can be used alone or with acetaminophen or ibuprofen.
Codeine***, Hydrocodone***, Morphine, Oxycodone	Opioid pain relievers	Can be used alone or with acetaminophen or ibuprofen.
Flexeril/Cyclobenzaprine Skelaxin/Metaxalone Soma/Carisoprodol	Muscle relaxants	Relax back muscles to promote healing.
Cymbalta/Duloxetine Elavil/Amitriptyline Neurontin/Gabapentin Lyrica/Pregabalin	Antidepressants/Anticonvulsants	Help the brain to properly interpret pain signals.

*Also available in prescription strength.

**Opioids for long periods of time can become habit forming.

***Codeine and hydrocodone generally come with either acetaminophen or ibuprofen in combination with the product, so avoid use with OTC products unless you check with your doctor or pharmacist.

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IPC
1061 Peruque Crossing Ct.
O'Fallon, MO 63366

636-614-1344

www.ipc-inc.com