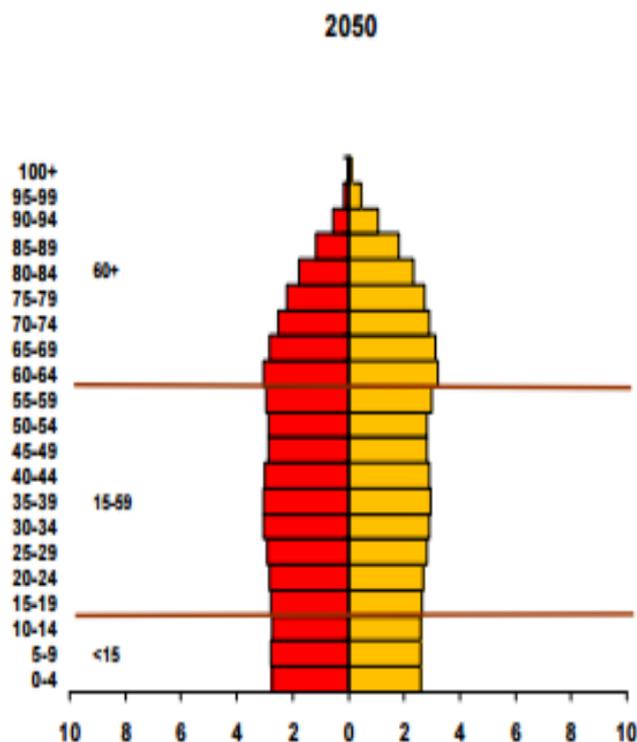
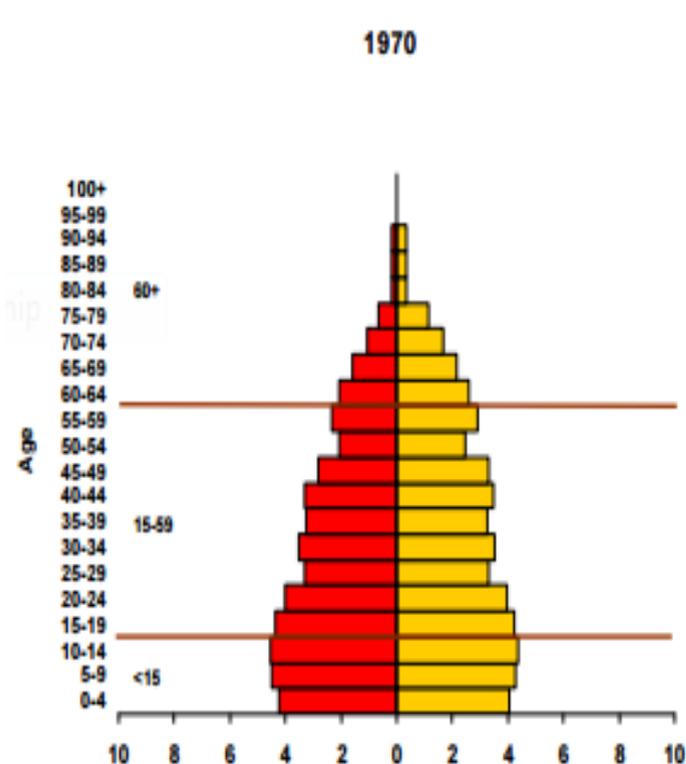




**The challenge of managing back pain in  
older adults: It's not all about the back!**  
Dr Esther Williamson

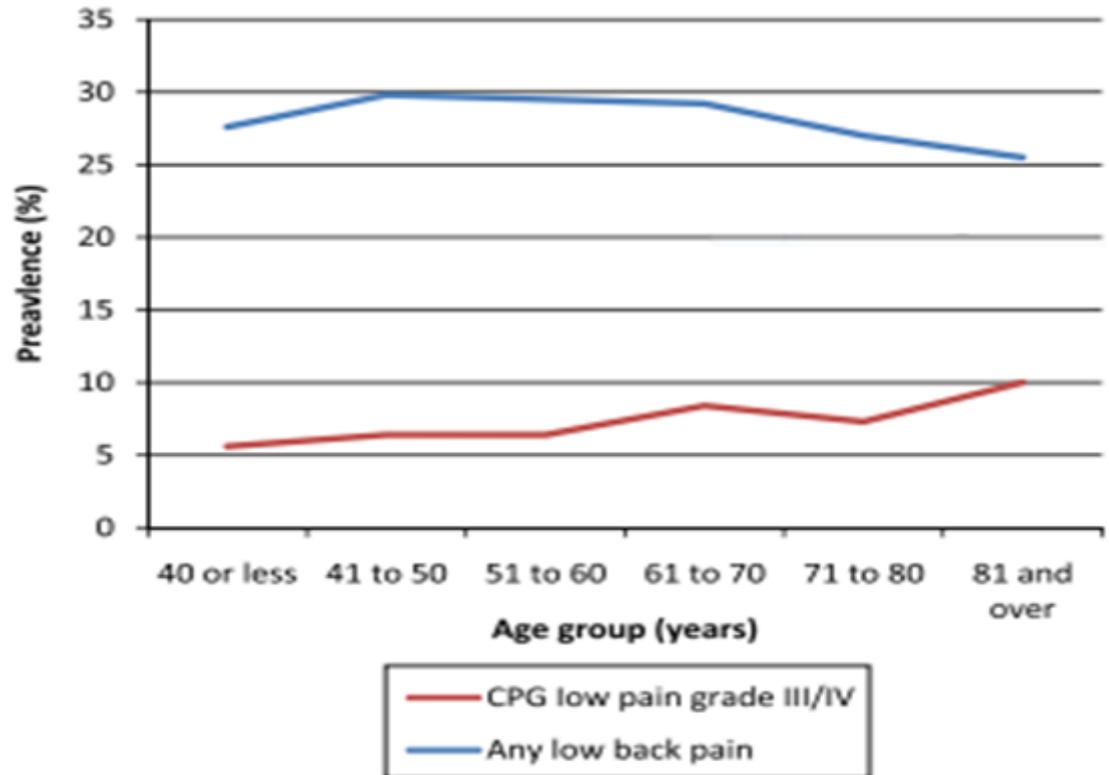
# The ageing population



# How common is it?

Increase in  
more severe  
back pain in  
older people

Less likely to  
consult about  
back pain



# Beliefs held by patients

Back pain is an inevitable part of ageing

Nothing can be done

Less positive attitudes towards treatment  
like exercise or CBT

An aversion to walking aids— being seen to  
be old



# Beliefs held by health professionals

Back pain is ignored and not prioritised

It's part of ageing

Less likely to be referred for physio or exercise interventions

Do clinicians think that treatment is worthwhile?



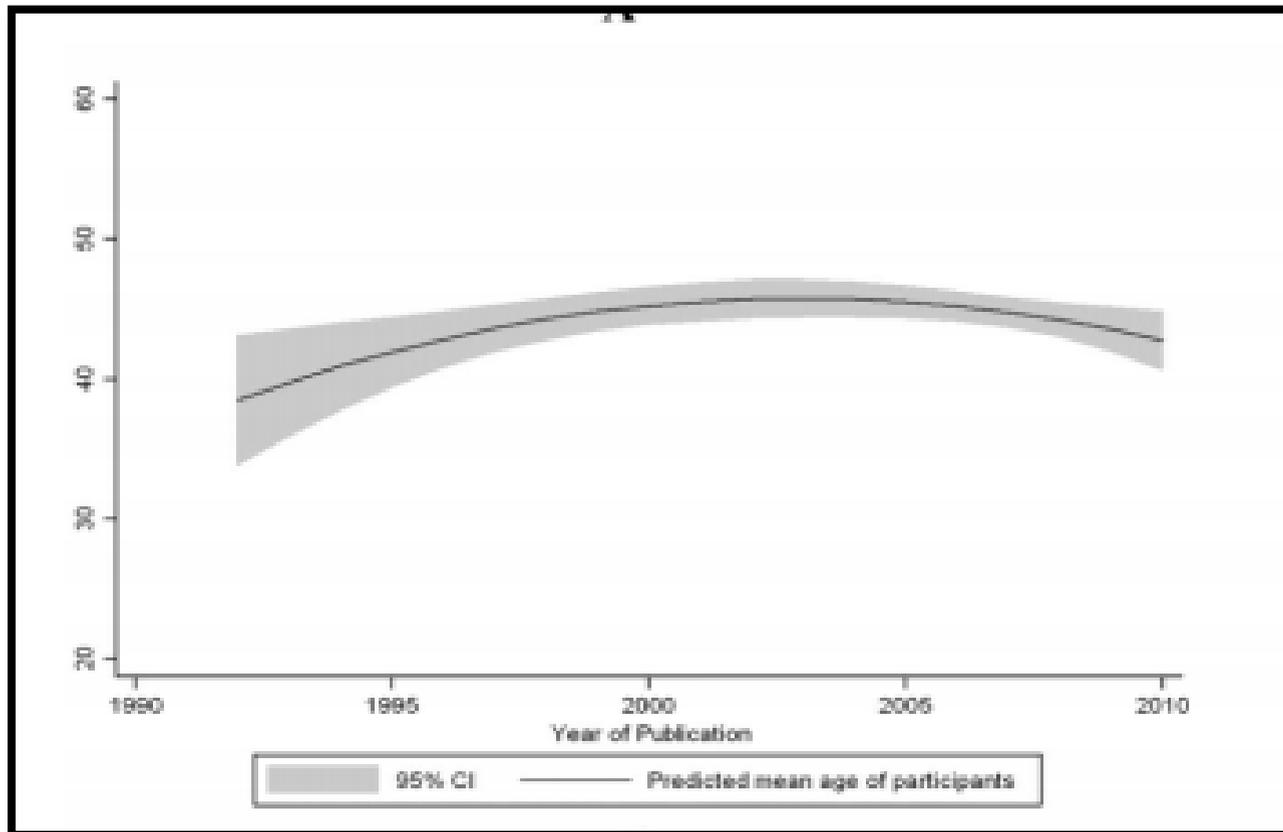
# Why is it important that we optimise back pain treatment for older adults?

Compared to those without back pain, greater decline in physical function and mobility over time

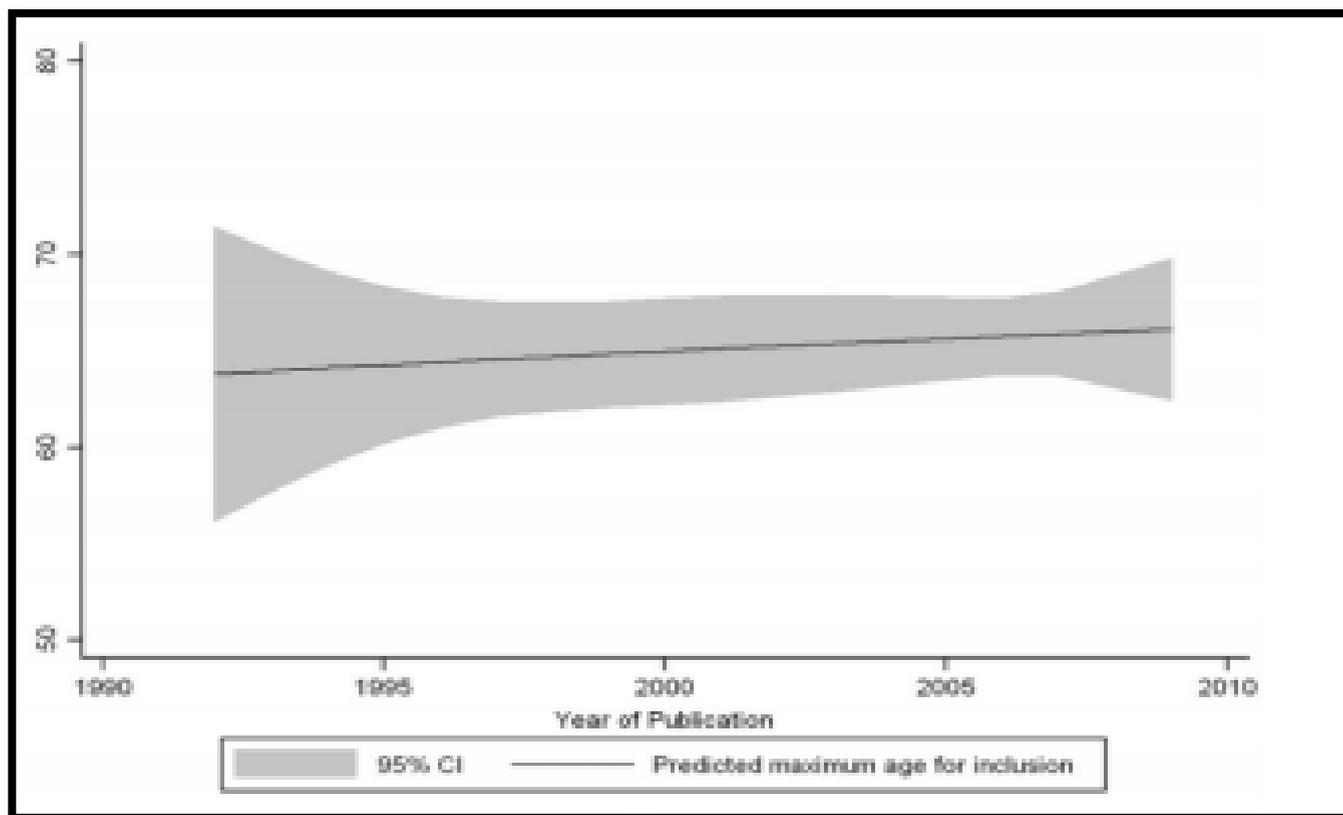
A risk factor for falling

The potential to impact on broader health outcomes

# Optimal management- where's the evidence?



# These are not old people.....



# Can we just extrapolate from studies of younger adults?

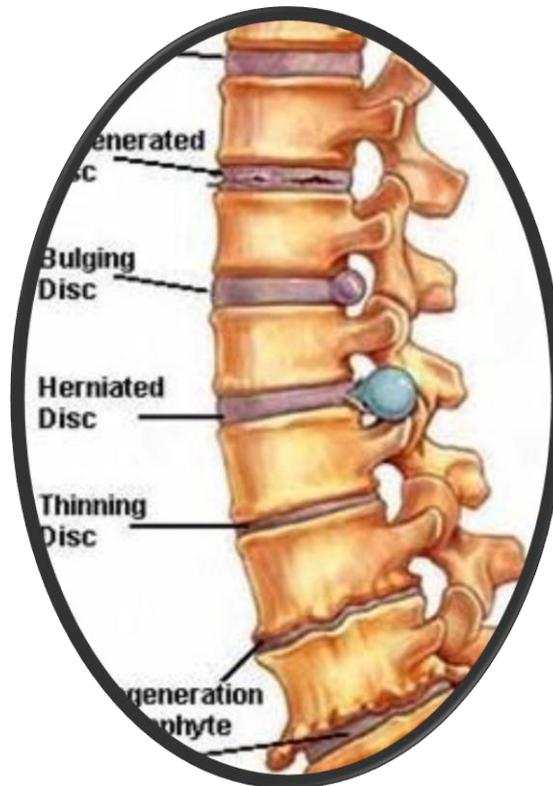
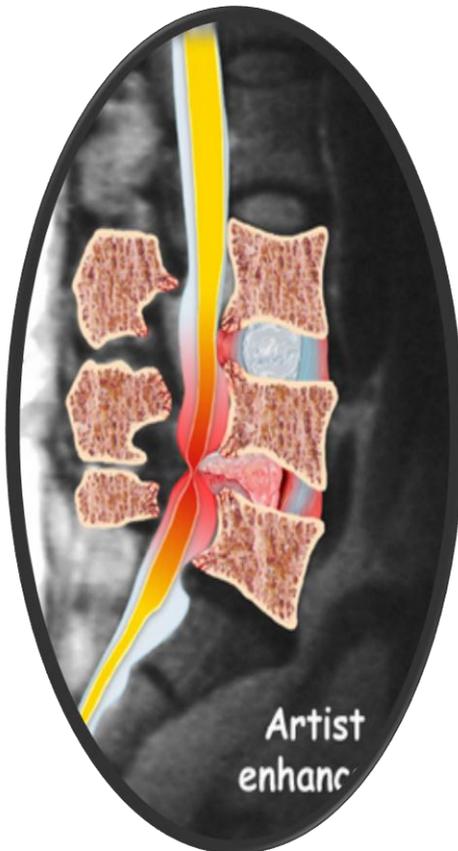
Probably not

Older participants in the BeST study did not respond as well to a Cognitive Behav Approach than younger patients

Increasing frailty and fragility may mean some treatments are not as safe

Comorbidity and polypharmacy may impact on treatment

The nature of LBP changes with  
advancing age – not necessarily  
“non-specific”

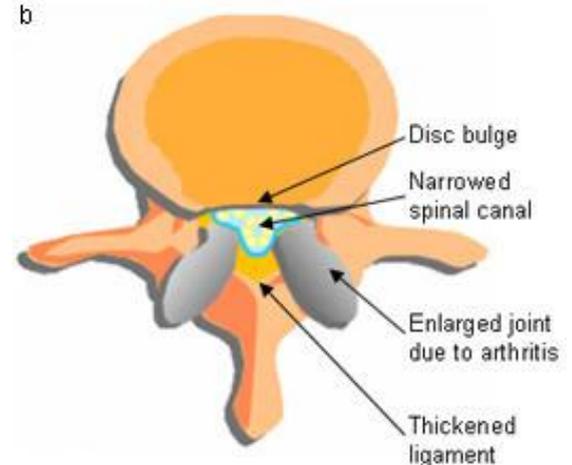
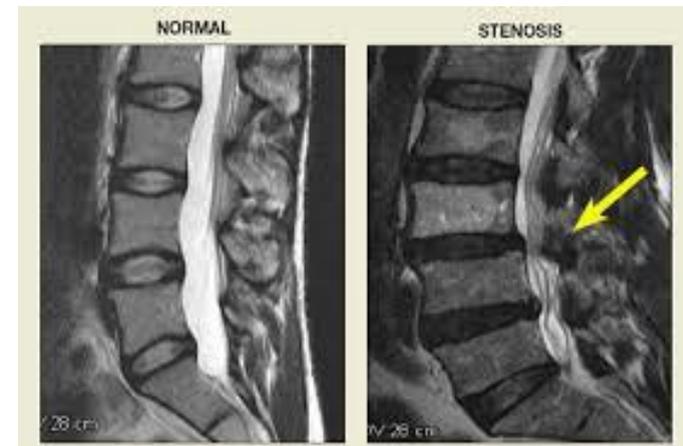


# Spinal stenosis & neurogenic claudication

Spinal stenosis = narrowing of the spinal canal due to degenerative changes within the spine:

- Bulging disc
- Thickened ligamentum flavum
- Thickened facet joint

May result in neurogenic claudication (i.e. pain and other symptoms in lower limbs)



# Neurogenic claudication



- Standing provokes symptoms
- Pain/weakness in the legs



- Patients lean forward while walking to relieve symptoms



- Sitting or bending forward relieves symptoms

# Neurogenic claudication

11-14% of adults over 70 report symptoms of neurogenic claudication (Japan)

Reduced quality of life & particularly impacts on an individual's ability to walk.

Substantial disability and health costs in older people.

Fear of movement identified as a problem - related to the unpredictability of the condition

# Current Treatments

**Surgical options:** Decompressive or fusion surgery

**Non-surgical:** Exercise, physiotherapy, spinal injections

At least 6 systematic literature reviews looking at conservative treatment for neurogenic claudication/spinal stenosis

All conclude that there is a lack of high quality evidence upon which to make clinical recommendations

**More research is needed**

# Shortcomings in current research

Small numbers with only short term follow up

Poor statistical analysis

Physiotherapy treatments tested – biomedical focus, don't test treatments currently used in the NHS & fail to acknowledge the complexity of older age alongside pain

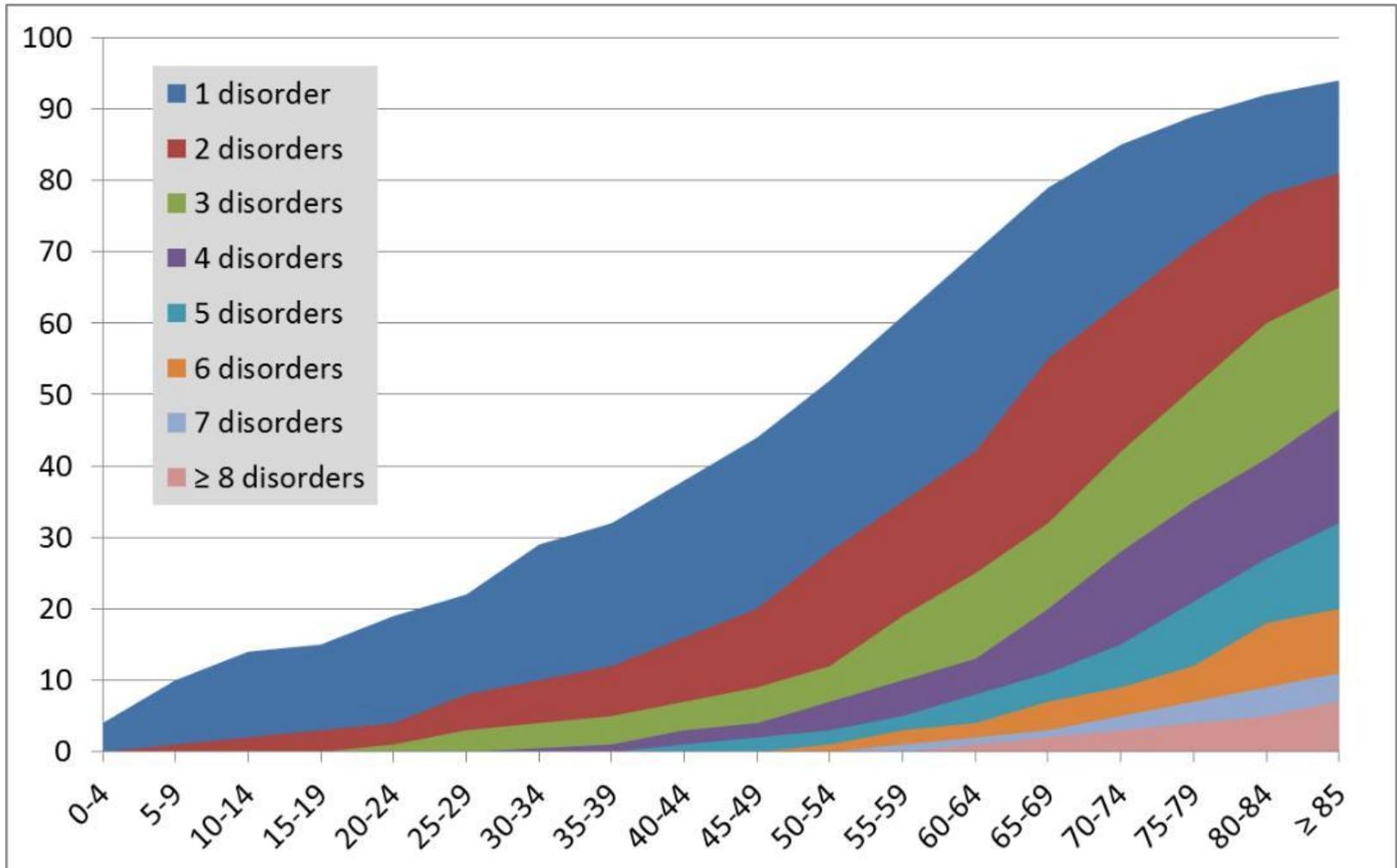
How can we optimise treatment?

# Impact of ageing

Physical changes including reduced muscle strength, fitness and balance which are exacerbated by pain and inactivity



# Comorbidities



# Comorbidities

Polypharmacy, medication interactions and side effects

Higher risk of complications during and after surgery which may limit treatment options

Multiple condition management and prioritisation

# Back pain: more likely to have other health conditions

In the last year....	No back pain	Back pain	
Vision problems	82%	84%	
Hypertension	58%	62%	
<b>Depression</b>	23%	35%	**
Hearing problems	31%	31%	
<b>Angina</b>	18%	25%	**
<b>Disk herniation</b>	9%	25%	**
<b>Osteoporosis</b>	9%	23%	**
MI	21%	24%	
Diabetes	19%	19%	
.....Parkinsons	2%	2%	

# Back pain: great prevalence of other symptoms & problems

In the last year	No back pain	Back pain	MH OR
<b>Knee pain</b>	36%	59%	2.6 (1.98 – 3.4)
<b>Hip pain</b>	16%	44%	4.2 (3.0- 5.6)
<b>Dizzy standing up/ Balance</b>	35%	45%	1.6 (1.2-2.0)
<b>Fallen</b>	32%	37%	1.3 (0.98-1.65)
<b>Bad fear of falling</b>	19%	27%	1.6 (1.2 – 2.1)

# Geriatric syndromes

Frailty, immobility, delirium, cognitive impairment, disability, falls, urinary incontinence

Pain will contribute to the development of these geriatric syndromes.

Back pain is a risk factor for falling

Back pain can contribute to a downward spiral of decline and loss of independence

# Frailty

Synonymous with disability, comorbidity and advanced old age

Decreased reserves

Vulnerability to adverse outcomes

Decreased BMI, strength, endurance, walking performance and low activity

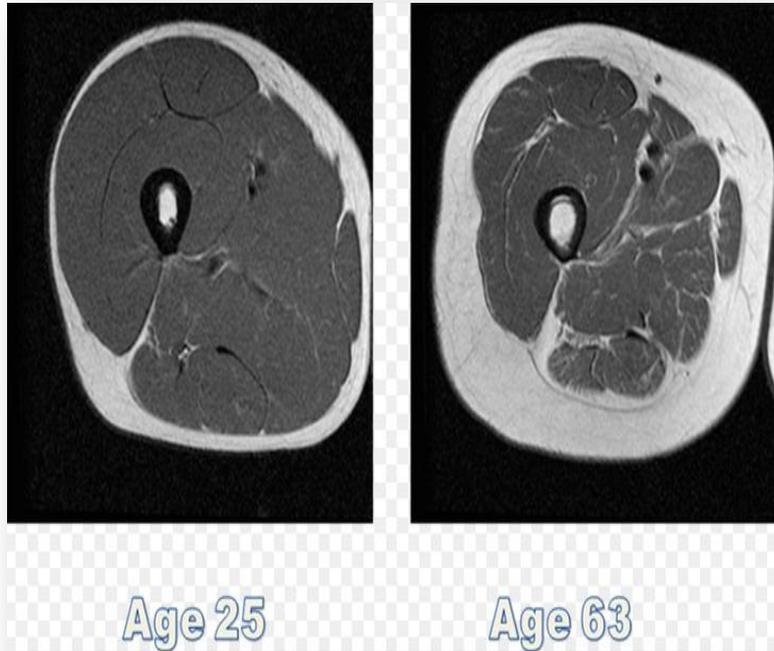
# Sarcopenia “poverty of flesh”

Reduced muscle mass and strength associated with ageing

Adequate muscle strength is needed to maintain ability to function.

Exacerbated by pain and physical inactivity.

Is reversible.



# Cognitive impairment

850,000 people living with dementia in the UK today

It is estimated that between 5 and 20 per cent of people aged over 65 have Mild Cognitive Impairment

People with dementia are excluded from rehabilitation

Develop skills to work with this patient group

# What matters to older adults?

Active independence and maintaining mobility

Does your treatment back pain treatment target walking?

# Clinical implications

Treating back pain has the potential to impact on broader health outcomes

Think beyond the back

Comprehensive geriatric assessment and management

Target muscle strength, balance and physical activity

Addressing beliefs related to back pain and ageing



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# Contact us:

[Esther.Williamson@ndorms.ox.ac.uk](mailto:Esther.Williamson@ndorms.ox.ac.uk)

[https://twitter.com/RRIO\\_news](https://twitter.com/RRIO_news)