

# Relief for aching backs

Hands-on therapies were top-rated by 14,000 consumers

**A**BOUT 80 PERCENT of U.S. adults have at some point been bothered by back pain. The Consumer Reports Health Ratings Center recently surveyed more than 14,000 subscribers who had lower-back pain in the past year but had never had back surgery. More than half said pain severely limited their daily routine for a week or longer, and 88 percent said it recurred through the year. Many said the pain interfered with sleep, sex, and efforts to maintain a healthy weight.

Back pain can be tough to treat. Most of our respondents tried five or six different treatments. They rated the helpfulness of the treatments tried and their satisfaction with the health-care professionals visited.

Hands-on therapies were among the top-rated. Fifty-eight percent of those who tried chiropractic manipulation said it helped a lot, and 59 percent were “completely” or “very” satisfied with their chiropractor. Massage and physical therapy were close runners-up.

Many of those who tried spinal injections found them to be very helpful, although the techniques their doctors used varied. Most respondents had used some type of medication. Forty-five percent of those who took prescription drugs said they helped a lot, double the percentage



**WELL ADJUSTED** Chiropractic care has kept Albert McCann's back pain to a minimum.

of those who said they were helped by over-the-counter medications.

## Where to go for treatment

“Everyone seems to be selling some kind of gimmick, treatment, or pill for low-back pain,” says neurologist Scott Haldeman, M.D., who co-edited the January/February 2008 issue of *The Spine Journal*, which reviewed ways of treating low-back pain. But when treatments abound, it’s usually because there’s no clear winner.

A visit to a primary-care doctor is a smart first step when back pain is severe. A doctor can help rule out disease, such as infection or cancer. Although many of our respondents who saw a primary-care doctor left dissatisfied, doctors can write referrals for hands-on treatments that might be covered by health insurance.

Enduring the pain or seeing a chiropractor or physical therapist as a first step might be OK for a recurrent, familiar back problem. Most of the 35 percent of our respondents who didn’t see a health professional had severely limiting pain for less than a week. Many of those with more prolonged pain who didn’t see a health-care professional said it was because of cost concerns or because they did not believe professional care could help.

Research suggests that chiropractic manipulation can reduce acute low-back pain, and many, though certainly not all, of the respondents who tried it said it helped. Albert McCann, 54, a respondent from Lakeland, Fla., has kept working as a petroleum transport engineer, driving a semi truck and using 20-foot-long hoses several times a day. By following a chiropractor’s recommendations and getting treatment every few weeks—including manual adjustments, electric stimulation, and a spinalator (roller-massage table)—he is able to keep his back pain to a minimum.

Massage and physical therapy were other treatments rated very helpful by 48 and 46 percent of consumers, respectively. “My back pain was unrelenting,” says survey respondent Charlene Mower of Fayetteville, Ark. “Before physical therapy, I thought I was done for.” Mower, 51, hurt her back while trying to lift her bedridden mother. She credits the training in lifting and bending techniques that a therapist gave her and continued exercise for her long-term success in staving off pain.

## Lifestyle changes help

Cindy Pickett developed low-back pain at age 22, when she was building a bookcase

## Who helped the most?

The percent of people highly (completely or very) satisfied with their back-pain treatments and advice varied by practitioner visited.

Professional	Highly satisfied
Chiropractor	59%
Physical therapist	55
Acupuncturist	53
Physician, specialist	44
Physician, primary care	34

Differences in Ratings for physical therapists and acupuncturists were not statistically significant.

and suffered two slipped disks. Over the years back pain and other factors led to a 100-pound weight gain. At 59, Pickett, a schoolteacher from Flagstaff, Ariz., retired and decided to make weight loss and exercise her full-time job. She credits her improvement to the combination of weight loss and abdominal-strengthening exercises that reduced pressure on her lower back. Pickett reports that she has not had to take pain relievers for months.

Forty-four percent of our survey respondents found exercise helpful, making it the top self-help measure. And a surprising 58 percent of respondents wished that they had done more exercises to strengthen their backs in the past year. That is more than twice the number who told us they wished that they had reduced or avoided activities that might make the pain worse.

### Use caution with surgery

Your doctor might suggest you see a surgeon if back pain is unrelenting and no other treatment seems to work. We conducted a separate survey of almost 1,000 consumers who have had back surgery in the past five years.

Those who had back surgery had tried nine to 10 treatments and described themselves as much more impaired by their pain than people with back problems who did not have surgery. Just 60 percent of the back-surgery respondents were completely or very satisfied with the results, compared with 82 percent of respondents who were satisfied after hip- or knee-replacement surgery in our 2006 survey.

But satisfaction depended on the diagnosis and the type of surgery. Those with degenerative disk disease (arthritis of the spine) were far less likely to be highly satisfied with surgery (54 percent) than those with a herniated disk (73 percent) or spinal stenosis (71 percent).

Alfonso Sanchez, 38, a state senatorial aide from Sacramento, Calif., was highly satisfied with his lumbar discectomy. His back pain turned excruciating when he was canvassing door-to-door in the hills of San Francisco last June. After failing to improve with acupuncture, physical therapy, and chiropractic treatments, Sanchez underwent a microdiscectomy last August. Remarkably, as soon as he woke up from the anesthesia, his pain was gone. He is now back to gardening and riding a bike to work.

But not everyone does so well. More than

50 percent of respondents reported at least one problem with recovery, finding it lengthier and more painful than they had expected. Indeed, 16 percent of back-surgery respondents said that their back pain did not improve, and half of those said it became worse after surgery. The most common regret was that more post-surgery rehabilitation was not planned.

If you're told you need surgery, get a second opinion from another practitioner,

preferably one who is not a surgeon. If you decide that surgery is the best approach, ask whether the surgeon is board-certified and find out how many operations he or she has done.

For more guidance, see our free diagnostic tool for back pain at [www.ConsumerReportsHealth.org](http://www.ConsumerReportsHealth.org). More detailed information is available to subscribers to that site, including consumer ratings and the medical evidence for 23 back remedies.

## 5-MINUTE CONSULT

# Be wary of narcotics to treat back pain



Orly Avitzur, M.D., a board-certified neurologist, is medical adviser to Consumers Union.

One too many sets of tennis caused lower-back pain for one of our survey respondents, Janie King, 63, of Kula, Hawaii, and prompted her to see her primary-care doctor. He prescribed the opioid (narcotic) pain reliever Vicodin (acetaminophen and hydrocodone). The drug did little to

relieve King's pain and caused severe nausea and vomiting.

### Prescriptions have doubled

Our low-back-pain survey found that more than 50 percent of those given a prescription drug received an opioid pain reliever, despite the fact that there is very little research to support the use of opioids for acute low-back pain. Opioids may reduce chronic low-back pain when compared to placebo. But clinical trials have shown that about half of the people who take them suffer adverse effects such as drowsiness, respiratory depression, and gastrointestinal symptoms such as constipation, reflux, heartburn, cramping, nausea, and vomiting.

Moreover, other adverse effects of opioids include a paradoxical increase in pain sensitivity, reduced testosterone levels, and erectile dysfunction. Substance-use disorders, such as overuse, getting drugs from more than one doctor, or giving or selling pills to friends, are also reported to affect about 25 percent of people taking opioids for back pain.

Although the side effects often

outweigh the benefits, prescriptions of opioids among patients with spinal disorders more than doubled from 1997 to 2004, at least in part because of pharmaceutical-industry marketing and promotion of the drugs. Emergency-department reports of opioid overdose have risen with the numbers of prescriptions.

## About half of the people who take opiates for pain relief suffer adverse effects.

In my practice, I find that there are almost always better solutions than opioids for low-back-pain patients. As our survey shows, hands-on therapies are very successful, and I almost always prescribe them. Exercise can be beneficial. For most people, the best first-line medicines are acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs). Depending on the circumstances, second-line medications, including muscle relaxants, tricyclic antidepressants, and antiseizure drugs, can help. King reports that she improved after six weeks and has been playing tennis since. Although she's had periodic recurrences of pain, she says she has been sure to avoid opioids.

## Relief for your aching back: What worked for our readers

About 80 percent of the adults in the U.S. have been bothered by back pain at some point. The Consumer Reports Health Ratings Center recently surveyed more than 14,000 subscribers who experienced lower-back pain in the past year but never had back surgery. More than half said the pain severely limited their daily routine for a week or longer, and 88 percent said it recurred throughout the year.

Lower-back pain disrupts many aspects of life. In our survey, 46 percent said that it interfered with their sleep, 31 percent reported that it thwarted their efforts to maintain a healthy weight, and 24 percent said that it hampered their sex life.

### Where to go for treatment

When back pain goes on and on, many people go to see a primary-care doctor. While this visit may help rule out any serious underlying disease, a surprising number of the lower-back-pain sufferers we surveyed said they were disappointed with what the doctor could do to help. Although many of our respondents who saw a primary-care doctor left dissatisfied, doctors can write prescriptions and give referrals for hands-on treatments that might be covered by health insurance.



Our survey respondents tried an average of five or six different treatments over the course of just a year.

### Who helped the most?

The percentage of people highly (completely or very) satisfied with their back-pain treatments and advice varied by practitioner visited.

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Physical therapist	55%
Acupuncturist	53%
Physician, specialist	44%
Physician, primary-care doctor	34%

Source: Consumer Reports Health Ratings Center

Patients with lower-back pain are faced with a confusing list of options. Our survey respondents tried an average of five or six different treatments over the course of just a year. We asked them to rate a comprehensive list of remedies (available to subscribers) and had enough data to rate 23 treatments. We analyzed the medical evidence for each and came up with recommendations and cautions. Here are some highlights from our survey findings:

- Hands-on treatments were rated by lower-back-pain sufferers as very helpful. Survey respondents favored chiropractic treatments (58 percent), massage (48 percent), and physical therapy (46 percent) (available to subscribers)—another testament to the healing power of touch.
- Spinal injections were rated just below chiropractic treatments by those who took our survey. Fifty-one percent of the respondents found

them to be very helpful, although the techniques their doctors used varied.

- Prescription medications (available to subscribers), which one-third of our respondents said they took, were rated as beneficial by 45 percent of them. Almost 70 percent said they took an over-the-counter medication, but only 22 percent said the drugs were very helpful.
- Fifty-eight percent told us they wished they had done more exercising to strengthen their backs.
- Although lower-back pain is the fifth most common reason people go to a doctor, 35 percent of the people in our survey said they had never consulted a professional. Most of them had severely limiting pain for less than a week. Many of those with more prolonged pain who didn't see a health-care professional said it was because of cost concerns or because they did not think professional care could help.

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