When looking at the numbers, about 10 percent of visits to primary care doctors are related to back and neck pain. And we spend about $86 billion a year taking care of this kind of pain. But, according to a new study published in *JAMA*, doctors may not be treating this kind of pain according to well-established guidelines.

The guidelines stress conservative management including use of nonsteroidal anti-inflammatory drugs (NSAIDs) or acetaminophen and physical therapy. However, researchers from Massachusetts Beth Israel Deaconess Medical Center and Harvard Medical School analyzed data from 24,000 spinal cases between 1999 and 2010 and found that there was a 51 percent increase in narcotic painkiller prescriptions. On the other hand, the use of non-opiate drugs decreased in that same time period. Furthermore, more doctors were ordering expensive CT and MRI scans for their patients, and there was an increase in surgery and other invasive treatments. There was no change found in the use of physical therapy.

According to Dr. Bruce Landon, Physicians want to offer patients treatments that are going to work sooner and patients are demanding them and sometimes it’s just easier to order the MRI or order the referral. However, he stresses that this is not the best course of action. Patients expect and want it to get better in seconds and that’s not always going to happen. But if you give it time, work on it, do stretching and physical therapy exercises, that’s what’s going to make it better in the long run.

ACSH’s Dr. Gilbert Ross agrees with Dr. Landon. Patients often do want a quick fix, and who can really blame them. Back pain can be excruciating and greatly affect daily life. However, resorting to prescribing narcotics for back pain can lead to dangerous addictions in patients if not used correctly and this is something that doctors really need to be aware of. In reality, the best choices are watchful waiting tincture of time and Tylenol or anti-inflammatory agents for pain.

Dr. Bloom notes, The essence of this story is that back pain is a serious unmet medical need. There are no good options. NSAIDs are sometimes effective. Tylenol is not even remotely strong enough to treat moderate to severe back pain. It has recently been shown that steroid injections
do not work, and physical therapy is hit and miss. While long-term use of opiates certainly has its
drawbacks, so does living with pain. There are no good options here just a number of poor ones.

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