Physician Newsletter

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A. Smokers Have More Severe Back Pain, Depression

One-quarter of adults in the U.S. smoke cigarettes, and smokers live an average of five to 10 years less than those who have never smoked. Studies have shown an association between smoking and low back pain (LBP), but recent research has refuted the results of the previous studies. What is clear is that smoking decreases healing time, and increases the risk for cardiovascular disease, cancer, pulmonary diseases, and osteoporosis.

To determine the link between smoking and health, duration of pain, and severity of pain in spinal patients, the authors of this study utilized the National Spine Network (NSN) database. The initial visits of 25,455 patients at 23 health care locations were included in the final results. Patients answered questions on work status, symptoms, medical history, mental health, and demographics on the SF-36 questionnaire, which measures overall health. Practitioners provided clinical information and smoking status on their patients.

Smokers were more likely to report severe back pain symptoms (50%) and symptoms of depression (54%) than nonsmokers (37% for each category). Smokers scored significantly lower than nonsmokers on all of the SF-36 diagnostic health categories. Smokers suffered spinal symptoms for a similar duration to that of nonsmokers, but the smokers' symptoms were more severe and presented more often each day.

Categories of smokers (based on number of cigarettes smoked per day) were not identified in this study, according to the authors, so this study cannot provide information about a possible dose-response link between smoking and health. They conclude, "Patients who smoke should be carefully screened for clinical depression so that their depressive symptoms can be treated as well as the spinal symptoms."

Note: This study is useful not only because of the data it provides, but also because it contains a concise summary of health problems related to smoking, which may be useful in educating patients.

Vogt MT, Hanscom B, Lauerman WC, et al. Influence of smoking on the health status of spinal patients: The National Spine Network Database. *Spine* 2002:27(3), pp. 313-319.

II) Graded Activity Reduces LBP-Related Work Absenteeism

This study compared the effectiveness of a behavior-oriented graded activity program to "usual care" in 134 Dutch workers who had been absent from work due to LBP; subjects were assigned randomly to one of the two groups for three months, or until return to work was achieved. The graded activity program included guidance from an occupational physician concerning work-related problems and barriers to return to work, plus graded activity consisting of biweekly, one-hour exercise sessions emphasizing work-oriented conditioning. Such activities included aerobic exercises, strength exercises, and exercises intended to train the patient to return to work; most exercises were performed in a gym setting utilizing gym equipment. Usual care consisted of guidance and advice provided by an occupational physician. Patients in this group were treated according to the LBP guidelines of the Dutch College of General Practitioners. Outcome measures were number of days absent from work due to LBP, functional status as determined by the Roland Disability Questionnaire, and pain severity on a 1-11 scale.

Work absenteeism was dramatically reduced in subjects assigned to the graded activity intervention compared to subjects receiving usual care. (Average days absent from work over six-month follow-up: 58 days vs. 87 days.) Following randomization, graded activity proved effective after 50 days absence from work. Both groups improved with respect to functional status and pain severity, and these results were not statistically different.

Conclusion: According to the authors: "[The goal of this study] was to convince workers that their pain was benign by telling them that it was safe to return to work and by giving them experiences (physical exercise and resumption of work activities) that supported that message. ... In our view, this change in workers' perception of their medical condition and subsequent return to work is relatively independent from contextual circumstances, such as compensation issues and the organization of the health care system."

Staal JB, Hlobil H, Twisk JWR, et al. Graded activity for low back pain in occupational health care. *Annals of Internal Medicine*, Jan. 20, 2004;140(2):77-84.

B. Office News

Drs. Coulis and Furtado have been invited to lecture at the Yale Shoreline Medical Center with Judith Gorelick, MD of Connecticut Neurosurgery. They will be discussing "Current Trends in the Treatment of Age Related Spinal Disorders" on November 2, 2007 at 6:30 PM

Drs. Coulis and Furtado have also recently become fellows of the American Back Society and members of the American Chronic Pain Association.

UPCOMING LECTURES

7/9 – Soundrunner, Branford, CT. 7 pm. "Low Back Pain and the Runner"

7/25 – St. Georges Church, Guilford CT. "Common Causes of LBP and Self Treatment Strategies"

""Specializing in the evaluation, treatment, and rehabilitation of musculoskeletal conditions."

C. Question of the Month

Diagnosing Sacroiliac Syndrome: is it valid?

Using individual orthopedic tests or looking for a constellation of symptoms to diagnose sacroiliac syndrome has not met with much success. The established 'gold standard' in diagnosing SI syndrome has typically been injection of steroid/anesthetic into a painful SI joint under fluoroscopic guidance with elimination of the presenting complaints. When individual orthopedic tests associated with SI syndrome are compared to this gold standard, the results are anything but good. However, when several of these clinical tests are combined, the diagnostic accuracy as compared to joint injection becomes remarkably improved. When results of the Thigh Thrust test, Gaenslen's test, Distraction test and Sacral Thrust test are combined, the sensitivity becomes .91 and specificity becomes .78 if three of these four tests are positive.

Laslett. Australian Journal of Physical Therapy, 2003.

D. Contact Us

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Please be aware that Drs. Coulis and Furtado are available to give a 20 minute lunchtime presentation on how a medical physician can best collaborate with a chiropractor. They are also available to give 45 minute grand round type lectures on Introduction to Chiropractic and Non-Surgical Management of Lower Back Pain. Please contact our office to schedule either Dr. Coulis or Dr Furtado to come to your office.

If you would like some additional literature about our office and the services we provide, please contact our office and request our Introduction to the Shoreline Spine & Pain Associates package.