



A Safer Approach to Long-term Relief from Back Pain

Understanding the role of chiropractic care as the first option in providing drug-free, non-invasive effective back pain management

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When The Centers for Disease Control and Prevention (CDC) delivered the grim news in October 2012 that the fungal meningitis outbreak attributed to a Massachusetts compounding pharmacy amounted to 233 cases in 15 states with 15 deaths¹, Americans were shocked. It hardly seemed possible that individuals seeking relief from debilitating back pain had literally lost their lives in the quest for a solution. With about 80 percent of adults in the U.S. bothered by back pain at some time in their lives, it is feasible that virtually everyone will have a relative, loved one, friend -- or know of somebody -- who could be impacted by this devastating situation.²

But the news was actually worse: the CDC allowed for the possibility that 13,000 patients might have received products from the company. In NJ alone, a total of 634 people are at risk because of epidurals they received at six hospitals, surgery centers and doctors' offices for back pain from May 21 to September 26, 2012.³

The fungal meningitis concern is the latest in a series of major issues associated with different forms of pain medication -- but it is far from the first. Just last summer, the CDC advised that one-third of prescription painkiller overdose deaths were caused by Methadone, and pointed out that some doctors

¹ Multistate Fungal Meningitis Outbreak Investigation; October 16, 2012; <http://www.cdc.gov/HAI/outbreaks/meningitis.html>; Accessed 10.17.2012

² Alderman, Lesley; Sit Up Straight. Your Back Thanks You.; *New York Times*, June 24, 2007; http://www.nytimes.com/2011/06/25/health/25consumer.html?_r=0; Accessed 10.14.2012

³ Livio, Susan K.; Two more fungal meningitis cases confirmed in N.J.; *Star Ledger*, October 12, 2012; http://www.nj.com/politics/index.ssf/2012/10/two_more_fungal_meningitis_cas.html; Accessed 10.14.2012

are now prescribing methadone to treat chronic problems such as back pain – making the drug more widely available.⁴ The conclusions and comment from the CDC sound this alarm:

“The primary advantages of using methadone over other opioids for pain treatment are its long duration of action, relatively low cost, and availability in liquid formulation for oral use. Its primary disadvantages are its long and unpredictable half-life and associated risk for accumulating toxic levels leading to severe respiratory depression; its multiple interactions with other drugs, including frequently abused drugs such as anti-anxiety agents; and its ability to cause major disturbances of cardiac rhythm .

Data suggest that some of the current uses of methadone for pain might be inappropriate. According to an analysis conducted by FDA, the most common diagnoses associated with methadone use for pain in 2009 were musculoskeletal problems (such as back pain and arthritis)... Most methadone prescriptions were written by primary care providers or mid-level practitioners... Nearly a third of prescriptions appear to have been dispensed to patients with no opioid prescriptions in the previous month...”⁵

Unfortunately, opioids -- any synthetic narcotic that has opiate-like activities but is not derived from opium -- are the most abused drugs in the chronic pain setting. The most potent opioids are morphine, meperidine, methadone, while other opioids include hydromorphone–Dilaudid[®], codeine, oxycodone–Percodan[®], propoxyphene–Darvon[®], Naloxone–Narcan[®], and Pentazocine–Talwin[®].⁶

The prevalence of lifetime substance use disorders – commonly known as SUDs -- ranges from 36 percent to 56 percent in patients treated with opioids for chronic back pain; 43 percent of this population has current SUD, and 5 percent to 24 percent have aberrant medication-taking behaviors. About 14 percent to 16 percent of pain patients not having SUD use illicit drugs in combination with prescription drugs for pain, while 34 percent of patients with SUD combine legal pain medication with illicit drug use. These statistics highlight the difficult situation of balancing pain treatment with abuse management,⁷ and clearly, there is growing concern about the use and addiction consequences of these extremely common and widely available pain-control related medications.

As the public digests the information linked to tainted steroid injections and prescription overdose, they are also learning of the dangers and overuse of another popular back pain reliever – Cortisone – arguably

⁴ CDC: One-Third of Prescription Painkiller Overdose Deaths Caused by Methadone; <http://www.drugfree.org/>; Accessed 10.14.2012

⁵ Centers for Disease Control and Prevention; Vital Signs: Risk for Overdose from Methadone Used for Pain Relief – United States, 1999-2010; July 6, 2012/ 61(26); 493-497. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6126a5.htm?s_cid=mm6126a5_w; Accessed 10.14.2012

⁶ The Free Dictionary; <http://medical-dictionary.thefreedictionary.com/opioid> ; Accessed 10.14.2012

⁷American College of Preventive Medicine; Use, Abuse, Misuse & Disposal of Prescription Pain Medication Clinical Reference; <http://www.acpm.org/?UseAbuseRxClinRef> ; Accessed 10.14.2012

termed the *wonder drug* of athletics. Long a staple of trainers' rooms, and in its natural state a steroid hormone produced by the human adrenal gland, Cortisone has been available in synthetic form since 1950. Weekend warriors are as likely to tap into its anti-inflammatory powers as pro-athletes.⁸

The dilemma with Cortisone is not simply its use, but also its frequency, as well as the short- and long-term damage created from too many shots. Given the current issues surrounding epidural injections, the public now has every reason to be concerned about the safety of cortisone injections.

But drugs and injections are not the only culprits: this paper would not be complete without the discussion of surgery. Back surgery has become a booming business over the past decade, with about 800,000 Americans undergoing back surgery each year, according to the [American Academy of Orthopaedic Surgeons](#). More complex procedures such as spinal fusions — in which vertebrae are permanently bonded — have nearly doubled, from 203,000 in 1997 to 381,000 in 2007, according to the group.

But evidence is mounting that for many patients, surgery is no better at relieving pain than non-invasive care options. Surgeons are now admitting that some patients are even worse off after surgery, leading the profession to coin the term "failed back surgery syndrome."⁹ Unlike other interventions, back surgery is not reversible, and according to [Dr. Steven Atlas, an assistant professor at Harvard Medical School](#) who has studied the escalation in back surgery, "...too many surgeons don't take that kind of time to urge alternatives." He says that doctors make more money doing procedures than counseling caution.¹⁰

While Americans continue to battle back pain with sophisticated and expensive drugs, diagnostics, physical therapies, and surgical techniques, they are now re-examining the safety of these high-tech, invasive medical interventions. The problem is that often-prescribed "cures" are worse than the disease, and people don't seem to be any closer to getting relief than they were decades ago. While we live in a society where we expect to live pain-free, there is now widespread alarm that these approaches may be doing more harm than good – and, in some instances, they could be life-threatening.

The good news is that there is a logical, evidence-based approach that may allow individuals to sidestep many of the pitfalls associated with recovering from – or least managing – back pain. Chiropractic care is

⁸ White, Paul; Cortisone: Is it worth the shot?; *USA Today*, October 9, 2012; <http://www.usatoday.com/story/sports/mlb/2012/10/08/mlb-cortisone-shots/1621781/>; Accessed 10.14.2012

⁹ Martin, Richard; For back pain, surgery can be less than a fix; *Tampa Bay Times*; November 7, 2010; <http://www.tampabay.com/news/health/for-back-pain-surgery-can-be-less-than-a-fix/1132456>; Accessed 10.14.2012

¹⁰ <http://www.tampabay.com/news/health/for-back-pain-surgery-can-be-less-than-a-fix/1132456>; Accessed 10.14.2012

fast becoming the first option in providing a drug-free, non-invasive approach to effectively manage back pain.

Multiple Challenges of Back Pain

“*Back Pain*” is not an esoteric symptom or rare disease -- and there is no telethon to fund a cure. The fact is, nearly everyone experiences back pain eventually. [A report by the National Center for Health Statistics](#) found that more than a quarter of adults had low back pain in the past three months. It's the second most common neurological ailment in the United States, trailing only headaches, according to the [National Institute of Neurological Disorders and Stroke](#).¹¹ Only those who have never experienced a bout of back pain will joke about its implications upon day-to-day activities, but anyone who has experienced it may have tried everything from bed-rest to pain medication to surgery.

Back pain is no laughing matter: a survey conducted by the Consumer Reports Health Ratings Center showed that more than half of the 14,000 subscribers who experienced lower-back pain in the past year said the pain severely limited their daily routine for a week or longer, and 88 percent said it recurred throughout the year.¹²

It's also expensive: the economic burden of low back pain is very large and appears to be growing.¹³ The February 2010 *Archives of Internal Medicine* reported that the direct costs of treatment for low back pain in the United States are over \$50 billion a year - more than half the amount spent yearly on cancer treatment.¹⁴ Individuals suffer the loss of productivity and income along with the expense of medical, rehabilitation, and surgical intervention. In the workplace, lower back pain comes in second only to upper respiratory conditions as stated cause for loss of work.¹⁵

Back pain can be depressing: many patients that suffer from extended episodes of lower back pain require treatment for depression related to it. And primary care doctors continue to prescribe anti-

¹¹ <http://www.tampabay.com/news/health/for-back-pain-surgery-can-be-less-than-a-fix/1132456>; Accessed 10.14.12

¹² Relief For Your Aching Back -- what worked for our readers; *Consumer Reports*, April 2009; <http://www.consumerreports.org/health/conditions-and-treatments/back-pain/overview/back-pain.htm>; Accessed 10.13.2012

¹³ Dagenais S, Caro J, Haldeman S.; A systematic review of low back pain cost of illness studies in the United States and internationally; [Spine J.](#) ; 2008 Jan-Feb;8(1):8-20

¹⁴ Texas Physical Therapy Specialists; <http://www.texpts.com/SpineCare.aspx>; Accessed 10.13.12

¹⁵ Back Pain, What is the Cost of Treatment?; <http://www.backsurgerycost.com/>; Accessed 10.13.12

depressants to their chronic low back pain patients, with some studies showing at a rate of about 25 percent.¹⁶

Surgery doesn't do the trick: In recent years, several published studies have raised questions about back surgery:¹⁷

- A [2006 Dartmouth Medical School study](#) on surgery for a type of disc herniation found that patients who had nonsurgical treatments fared just as well as those who underwent surgery. Another 2006 study by researchers at Leiden University Medical Center in the Netherlands yielded similar results.
- Researchers with Oregon Health & Science University found that a majority of patients with general low back pain caused by conditions like osteoarthritis who undergo surgery don't get good results. That and other findings led the American Pain Society to recommend rehabilitation such as exercise and weight loss, plus medications as an effective alternative to surgery.
- The American Academy of Orthopedic Surgeons announced in 2010 that it was recommending against the use of the popular back procedure vertebroplasty — used to treat fractures — after a pair of clinical trials published in the *New England Journal of Medicine* found it to be ineffective.
- A study this year in the journal *Spine* that examined 1,450 patients in Ohio who were candidates for spinal fusion found that just 26 percent of the patients who had surgery returned to work after two years, compared with 67 percent of patients who didn't have surgery. The study also noted a 41 percent increase in the use of painkillers, including opioids, in the patients who had surgery.

A Safer Option

Armed with the knowledge and facts surrounding fungal contamination of steroid preparations, the dangers of prescription overdose for treating back pain, and the problems associated with back pain surgery, Americans may now be convinced that there needs to be a safer way to address this condition.

Clearly, the use of prescriptions as well as many over-the-counter pain products is not only out-of-control, but is also having deadly consequences. Both physicians and consumers have long underestimated and downplayed the damage caused by these medications and to a large extent, ignored the effects of the life-altering addiction that accompanies their utilization.

¹⁶ Borigini, Mark MD; Overcoming Pain: Chronic Low Back Pain and Depression; *Psychology Today*, February 26, 2009

¹⁷ <http://www.tampabay.com/news/health/for-back-pain-surgery-can-be-less-than-a-fix/1132456>; Accessed 10.14.12

In all too many cases, what starts out as a desire for pain relief becomes a life of long-term dependency and a downward spiral in lifestyle and quality of life. In their quest for a quick fix or miracle cure, the good intentions of the physicians and the patients involved do not mitigate the problem. The easy solution offered by the prescription pad, the pharmacy and surgical interventions are exacting a horrific price.

Current, evidence-based practice guidelines are emerging across the country -- seeking to change these damaging and costly circumstances for patients suffering from back pain. The goals of these guidelines include:

- improving patient outcomes through far less reliance on drugs
- being alert to signs of addiction and how quickly they appear
- avoiding surgical procedures until they are unquestionably the only option for the patient
- saving the healthcare system billions of dollars

An example of this clinically enlightened approach calls for up to three months of conservative care, such as that provided by Doctors of Chiropractic (D.C.), before more aggressive, more dangerous and more costly interventions are considered.

This approach, aside from helping patients avoid the complications of common drug approaches and the associated addiction involved, helps to make patients active participants in their recovery and teaches the lifestyle modifications that will help them to improve faster and avoid future periods of pain and disability.

While nobody is likely to die as a direct result of back pain, an untimely death from medication or surgical treatment is quite possible. There is a growing body of evidence that suggests an aggressive medication or a premature surgical approach could yield more damaging and debilitating outcomes that could well be fatal. For example, the University of Pittsburgh Medical Center (UPMC) Health Plan, a health maintenance organization affiliated with the university's School of Medicine, has adopted landmark guidelines for the management of chronic low back pain that seek to avoid inappropriate medication and surgery in favor of conservative approaches such as chiropractic care.¹⁸

As of January 1, 2012, candidates for spine surgery must receive "prior authorization to determine medical necessity," which includes verification that the patient has "tried and failed a 3-month course of conservative management that included...chiropractic therapy..." Surgery candidates also must be graduates of the plan's LBP health coaching program. The program features a Web-based decision-

¹⁸ Crownfield, Peter; Chiropractic Before Spine Surgery for Chronic LBP; *Dynamic Chiropractic*, May 20, 2010; <http://www.synergypainrelief.com/blog/2012/05/chiropractic-care-is-recommended-before-back-surgery-for-chronic-low-back-pain/> ; Accessed 10.14.2012

making tool designed to help plan members “understand the pros and cons of surgery and high-tech radiology.” It is the first reported implementation of such a policy by a health care plan.¹⁹

According to the December 2011 issue of the UPMC Health Plan Physician Partner Update, which informed participating providers of the new guidelines and rationale for their implementation, “We feel strongly that this clinical initiative will improve the quality of care for members who are considering low back surgery, and that it will facilitate their involvement in the decision-making process.” The update also noted, “Surgical procedures for low back surgery performed without prior authorization will not be reimbursed either the specialist or the hospital level.”

A conservative approach, such as chiropractic care, which includes manual and or instrument spinal care, postural advice, exercise and stretching counsel – along with general lifestyle suggestions and feedback - holds the potential to help individuals avoid the negative outcomes of the routine approach to back pain problems while enhancing their search for a pain-free way of life.

¹⁹ <http://www.synergypainrelief.com/blog/2012/05/chiropractic-care-is-recommended-before-back-surgery-for-chronic-low-back-pain/> ; Accessed 10.14.2012