

Fact Sheet

## Back Pain

### About

Back pain is one of the most common health complaints in the United States. Almost everyone will have back pain at some time in their life. Most of the time, the exact cause of the pain cannot be found.<sup>1</sup> Low-back pain is also the most common cause of job-related disability and a leading contributor to missed work. Fortunately, most occurrences of low-back pain go away within a few days. Others take much longer to resolve or lead to more serious conditions.<sup>2</sup>

“Back pain affects 8 out of 10 people at some point during their lives.”

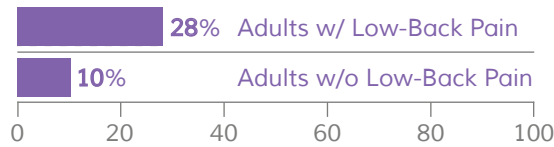
Acute or short-term back pain generally lasts from a few days to a few weeks. Most acute back pain is mechanical in nature – the result of trauma to the lower back or arthritis. Pain from trauma may be caused by a sports injury, work around the house or in the garden, or a sudden jolt such as a car accident or other stress on spinal bones and tissues. Symptoms may range from muscle ache to shooting or stabbing pain, limited flexibility and/or range of motion, or an inability to stand straight. Occasionally, pain felt in one part of the body may “radiate” from a disorder or injury elsewhere in the body. Some acute pain syndromes can become more serious if left untreated. Chronic back pain is often progressive and the cause can be difficult to determine.<sup>2</sup>

### Facts

Back pain affects 8 out of 10 people at some point during their lives.<sup>3</sup> Approximately one quarter of U.S. adults reported having low-back pain lasting at least one whole day in the past three months and 7.6% reported at least one episode of severe acute low-back pain within a one-year period.<sup>4</sup>

When asked about common types of pain experienced in the past three months, respondents of a National Institute of Health Statistics survey indicated that low-back pain was the most common (28.1%), followed by severe headache or migraine pain (16.1%) and neck pain (15.1%).<sup>5</sup>

## Reports of Limited Activity Due to a Chronic Condition



Adults with low-back pain are often in worse physical and mental health than people who do not have low-back pain: 28% of adults with low-back pain report limited activity due to a chronic condition, as compared to 10% of adults who do not have low-back pain. Also, adults reporting low-back pain were three times as likely to be in fair or poor health and more than four times as likely to experience serious psychological distress as people without low-back pain.<sup>6</sup>

Men and women are equally affected by low-back pain. It occurs most often between ages 30 and 50, due in part to the aging process but also as a result of sedentary life styles with too little (sometimes punctuated by too much) exercise. The risk of experiencing low-back pain from disc disease or spinal degeneration increases with age.<sup>2</sup>

In cross-sectional studies, current smoking was associated with increased prevalence of low-back pain in the past month, low-back pain in the past 12 months, seeking care for low-back pain, chronic low-back pain, and disabling low-back pain. Former smokers had a higher

prevalence of low-back pain compared with never smokers, but a lower prevalence of low-back pain than current smokers.<sup>7</sup>

## Cost of Low-Back Pain

On average, health care expenditures for individuals with back pain have been estimated to be about 60% higher than those without.<sup>8</sup>

One review of the literature found that the largest proportion of direct medical costs for low-back pain are physical therapy and inpatient services, followed by pharmacy and primary care.<sup>9</sup>

Approximately 5% of the people with back pain disability account for 75% of the costs associated with low-back pain.<sup>4</sup>

## Low-Back Pain in the Workplace

Indirect costs related to days lost from work are substantial, with approximately 2% of the U.S. work force compensated for back injuries each year.<sup>4</sup>

## Low-Back Pain and Race

One state-based survey of chronic, disabling back pain found that the prevalence in North Carolina was similar between black and white populations at 10.4% and 9.8%. Prevalence was lower among Latinos (6.3%), but the Latino population in North Carolina is much younger than that of other ethnic groups. The prevalence of chronic neck pain (without chronic back pain) was greater in whites. Consistent with characteristics of the general

population, blacks and Latinos with chronic back and neck pain were of somewhat lower educational status, younger, and much more likely to be poor, which we operationalized as a family income less than \$20,000 per year. Blacks were more likely to receive Medicaid and disability payments either through Medicare (i.e., Medicare and <62 years) or other types of disability insurance.<sup>10</sup>

Blacks with chronic back or neck pain had higher pain scores and worse functional status, greater number of bed days in the past month, and lower mental health scores. Blacks were also more likely to perceive extremity weakness. The Latino group was less likely to have received spine surgery in the past and there was a similar trend with Blacks. Latinos also reported somewhat higher pain intensity, but fewer problems with physical function, compared to whites.<sup>10</sup>

## Additional Resources

### **American Academy of Orthopaedic Surgeons**

6300 North River Road  
Rosemont, IL 60018-4262  
Phone: (847) 823-7186  
Fax: (847) 823-8125  
[www.aaos.org](http://www.aaos.org)

### **American Chronic Pain Association**

P.O. Box 850  
Rocklin, CA 95677  
Phone: (800) 533-3231  
Fax: (916) 632-3208  
E-mail: [ACPA@pacbell.net](mailto:ACPA@pacbell.net)  
[www.theacpa.org](http://www.theacpa.org)

### **American Pain Foundation**

201 N. Charles Street, Suite 710  
Baltimore, MD 21201-4111  
Phone: (888) 615-PAIN (7246)  
E-mail: [info@painfoundation.org](mailto:info@painfoundation.org)  
[www.painfoundation.org](http://www.painfoundation.org)

### **American Chiropractic Association**

1701 Clarendon Blvd.  
Arlington, VA 22209  
Phone: (703) 276-8800  
Fax: (703) 243-2593  
E-mail: [memberinfo@acatoday.org](mailto:memberinfo@acatoday.org)  
[www.acatoday.org](http://www.acatoday.org)

### **American Osteopathic Association**

142 E. Ontario St.  
Chicago, IL 60611-2864  
Phone: (800) 621-1773  
Fax: (312) 202-8200  
[www.osteopathic.org](http://www.osteopathic.org)

### **Centers for Disease Control and Prevention**

1600 Clifton Road  
Atlanta, GA 30333  
Phone: (800) CDC-INFO; (800) 232-4636  
TTY: (888) 232-6348  
E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)  
[www.cdc.gov](http://www.cdc.gov)

**International Association for  
the Study of Pain**

111 Queen Anne Avenue North, Suite 501  
Seattle, WA 98109-4955  
Phone: (206) 283-0311  
Fax: (206) 283-9403  
E-mail: [iaspdesk@iasp-pain.org](mailto:iaspdesk@iasp-pain.org)  
[www.iasp-pain.org](http://www.iasp-pain.org)

**National Institute of Arthritis and  
Musculoskeletal Diseases**

1 AMS Circle  
Bethesda, MD 20892-3675  
Phone: (301) 495-4484  
Toll-Free: (877) 22-NIAMS (226-4267)  
TTY: (301) 565-2966  
Fax: (301) 718-6366  
E-mail: [NIAMSinfo@mail.nih.gov](mailto:NIAMSinfo@mail.nih.gov)  
[www.niams.nih.gov](http://www.niams.nih.gov)

Resources verified July 2011.

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