Editorial

The back pain epidemic

In their supplement to this issue of *Acta Orthopaedica Scandinavica*, Allan and Waddell (1989) provide an historic perspective to a medicosocial paradox: disability due to backache has reached epidemic proportion while heavy physical labor has decreased dramatically. The authors explain how chronic disability due to backache simply did not exist until legislated social support became available at the end of the last century. Improved understanding of intervertebral disc disease and sciatica accentuated the problem, because rest became the panacea for all types of backache. Finally, the improved access to physicians who routinely prescribe rest—i.e. sick leave—on the basis of subjective symptoms rather than of objective signs of disease has, indeed, released the avalanche of chronic back disability.

In Sweden, back problems including those ascribed to the cervical spine now amount to one fourth of the total costs generated by disease. In a recent report to the Swedish Government, Nachemson (1989) pointed out that the incidence of operations for intervertebral disc herniation has remained constant over the last 30 years both in Sweden and in other industrial countries; during the same period, absence from work due to back disability has continuously increased. Thus, during a period when heavy manual work in farming, forestry, factories, and mines has decreased, sick leave for back disease has increased exponentially without any corresponding evidence of objective signs of disease. By contrast, in West Germany, where backpain is not classified as work-related, the expenditures are but one tenth of those in Sweden.

Allan and Waddell (1989) and Nachemson (1989) are unanimous in their explanation of the basic cause of the paradoxic back pain epidemic: it is not due to physical work-related factors or to a universal weakening of the locomotor system. Rather, the culprits are 1) the idea that back problems generally improve with rest, and 2) the social-security reaction to this idea with prolonged sick leave and early retirement. In Sweden the problem has been compounded by legislation that delays return to the work place after a period of so-called work-load related disease.

However, no one goes on sick leave for chronic backache without having been seen by a physician. Why, then, do more and more people seek medical advice for backache? Nachemson's answer is that even minor, "normal" back problems now justify sick leave, which in itself is often tedious and/or psychologically stressful. On this basis, his recommendations are threefold:

1. Do not permit lackadaisical, passive treatment such as rest. Instead, a diagnosis should be made expeditiously by trained physicians; and active excercises supervised by physiotherapists and psychologic group therapy should be started promptly.

2. Both employers and labor unions should review the work environment. Now that most physically heavy work conditions have been eliminated, it is high time to turn the attention to work-related psychologic burdens.

3. Social legislation should be reviewed to promote early rehabilitation instead of passively provide economic compensation.

Hopefully, this program will contribute to make the pendulum swing towards a more holistic view of the back patient. However, we should not interpret such a trend to mean a defeatist, less scientific attitude. In fact, the new radiology, with computed to-

mography and the magnet camera, has helped us identify an entire new group of back problems, so-called spinal stenosis, where improved diagnosis and therapy, including surgery, seem to be well on their way to provide a fresh orthopedic challenge.

The well-founded concern with the socioeconomic consequences of backache does not provide a rationale for so-called alternative medicine. In fact, the simplistic explanation models of chiropractors, naprapaths, zone therapists, and the like confuse a complicated issue. Nor should we forget that only a few decades ago a sportsman's knee was diagnosed as an internal derangement, and radiotherapy was commonly prescribed for hip and knee pain.

We now need to lend more attention to locomotor problems in medical school, and to urge primary physicians to accept an active role in rehabilitation of patients with backache. The mass movement to bring order to the present chaos will have to be spearheaded by the orthopedic profession, notably by a scientific approach, by creating relevant medical statistics, and by continued research.

References

Allan D B and Waddell G. An historical perspective on low back pain and disability. Acta Orthop Scand 1989;60(Suppl 234).

Nachemson A L. Ont i ryggen (Back pain). Report to the Swedish Council of Technology Assessment in Health Care, Novemeber 1989.