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Presence of mind

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Something in the water

This reader grew a small business out of her own fitness woes. **PAGE 62**

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IS YOUR BACK KILLING YOU? YOU'RE NOT ALONE. BUT DON'T TAKE IT LYING DOWN: MODERN THINKING SUGGESTS YOU'LL BOUNCE BACK BY STAYING ACTIVE

back on your feet

By Sarah Lang

IT'S A CRY that echoes down the ages: "Ouch, my back!" Shakespeare had a bad back. Today, so does Bono, Lily Allen, Ellen DeGeneres... and I won't even start on sports stars. Yet until my own brush with back pain, I'd always thought it was something that happened to other people – mainly the elderly and the sporty, right?

Wrong, as I found out on the day I backed out of a parking bay and a car collided with mine at slow speed. *No big deal*, I thought, *perhaps I've pulled a muscle*. But the twinge in my right thigh gradually became an insistent throb, then a terrible pain that spread from my lower back to my foot. I was in agony. I couldn't work. I couldn't sleep. I could barely breathe.

My GP, a physiotherapist, an osteopath and a massage therapist

tried and failed to diagnose the problem, let alone treat it. Finally, the medical merry-go-round led me to an orthopaedic surgeon. Within minutes he'd diagnosed a prolapsed disc (PD), confirmed by an MRI. Normally, anything spinal would freak me out, but I was just relieved that someone knew what was wrong.

Informally and misleadingly called a slipped disc, and sometimes called a herniated disc, a bulging disc – or even the ultimate euphemism, "a pinched nerve" – a PD can be incredibly painful and disabling. It's not a pretty concept, but bear with me: essentially, one of the discs sandwiched between your vertebrae ruptures. Most common in 30- to 50-year-olds, ▶

it's often caused by a sudden injury, but can result from repetitive straining or degenerative wear and tear. The nucleus of the disc pops out and presses directly on the sciatic nerve, which radiates pain down your leg in what's known as sciatica. Some women have described it as worse than childbirth.

Many PD sufferers get better without surgery as the nucleus reabsorbs. But if the pain is significantly disrupting your life for an extended period, surgery is advised. In my case, with the pain virtually unbearable, I elected to have a microdiscectomy to remove the offending nucleus (the disc remains, but the nucleus no longer presses on the sciatic nerve).

Surgery isn't appropriate for most back pain sufferers but it was for me, and proved successful; the pain in my leg was banished – hallelujah. But as no op could repair my damaged disc, I now live with back pain that prevents me from sitting for long stretches – which is not a good idea anyway. These days I swear by my adjustable sitting/standing desk.

Although PDs are responsible for less than five per cent of cases, back pain itself is common, with four in five of us affected at some stage (largely by lower-back pain). But don't despair: "For many of these people, back pain is a trivial issue," says

“Most acute back pain will get better if you don't scare the patient into staying in bed and not exercising”

Nikolai Bogduk, director of the Department of Clinical Research at the University of Newcastle and a renowned back-pain expert. "For those with persistent pain that's interfering with their lives, or disabling, the Australian figure is around 10%."

Bogduk says it's important to distinguish between acute (short-term) and chronic (long-term) pain. Chronic back pain tends to develop gradually, lasts more than three months and impacts physically, mentally and socially – and it's not always easy to find the cause or a cure. Indeed, often it's a case of "manage", not cure, an outcome rarely regarded as acceptable in today's quick-fix world.

Severity aside, there's no doubt that back pain is widespread across Australasia and developed countries worldwide. Dr Robin Griffiths, director of Occupational and Aviation Medicine at the University of Otago, calls it "a back-pain explosion". And at the recent 11th International Forum on Low-Back Pain Research in Primary Care held in Melbourne, back-pain expert Professor Rachelle Buchbinder raised the possibility of back pain becoming a "national health priority" in Australia.

Its prevalence is often blamed on a sedentary lifestyle and bad posture (particularly at work), but Bogduk doesn't buy into this theory. "A sedentary lifestyle still remains a decent suspect, [but] it hasn't been proven. Causes are extremely hard to pinpoint," he says. As a medical area, back pain

BACK PAIN MYTHS: THINK TWICE BEFORE HEEDING MODERN-DAY MIRACLE CURES SUCH AS...

STOP SMOKING Yes, smoking kills, but any link to back pain is unproven, so stopping won't make a jot of difference.

STICK TO ONE ERGONOMIC POSTURE What's good posture for one person isn't necessarily good for another.

DITCH THE HIGH HEELS There is no evidence that high heels cause back pain.

DON'T TAKE PAIN-KILLERS Rather, take the minimum needed to relieve pain.

GET FIT Fitness hasn't been scientifically linked to reduced back pain.

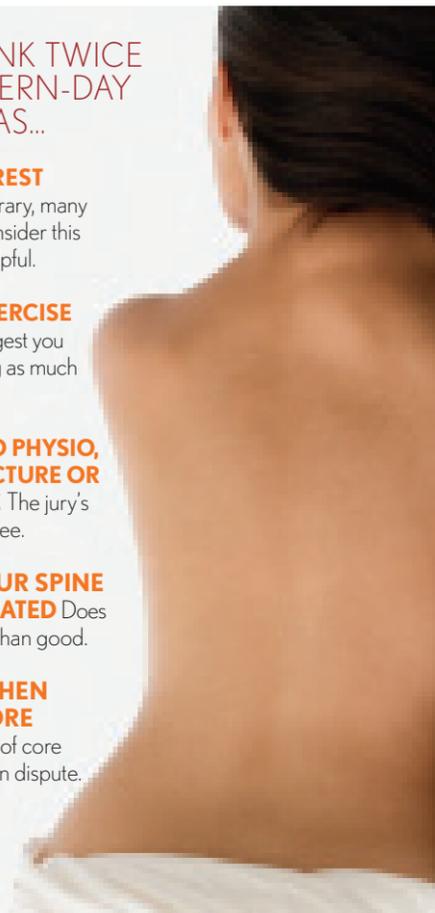
GET BED REST On the contrary, many medicos consider this option unhelpful.

AVOID EXERCISE Experts suggest you keep moving as much as possible.

UNDERGO PHYSIO, ACUPUNCTURE OR MASSAGE The jury's out on all three.

HAVE YOUR SPINE MANIPULATED Does more harm than good.

STRENGTHEN YOUR CORE The efficacy of core exercises is in dispute.



poses just as many knotty questions as it provides helpful answers. "For acute back pain, nobody knows anything," says Bogduk. "There might be 100 different theories that are all myths: words invented by wannabe messiahs who say 'I've found the cure, come to me' but who have never proved their words are biologically valid."

That kind of hot air, he says, is why we have so many misconceptions around back pain (see box, above). "People have never been taught to question the teacher. But in the past 20 years, evidence-based practice has been correcting the myths."

Bogduk cites a recent study in which 13 clinics around Australia treated back-pain patients. "Some practitioners used analgesics; others introduced exercises; still others simply explained the symptoms to patients. Afterwards, 76% of the patients were smiling within three days... and still smiling at 12 months." None of the patients felt better, Bogduk points out, because of any "quick-fix" products or devices that purportedly cure back pain.

He cautions sufferers not to pay too much attention to the posture police, either. "There is absolutely zero science behind anything in ergonomics," he warns emphatically. But there is evidence that repeated straining and stooping can cause problems. "Guys working down a coalmine shaft, somebody who's doing craft work or bent over in a stooped posture – that's going to cause trouble."

Even 100 repetitions can damage the spine.

So what should you do if back pain flares up? "Get acute pain relief and keep moving if possible," says Professor Kathryn McPherson from AUT University's Health and Rehabilitation Research Institute in Auckland. "See your GP if it persists and if you have pain that wakes you at night."

Your GP is the first stop. In Australia, in accordance with national guidelines, your GP should ask you to fill out a back-pain questionnaire – a checklist of about two dozen questions – that will weed out the few potentially serious conditions that need immediate attention. "Most acute back pain will get better if you don't scare the patient into staying in bed and not exercising," says Bogduk. "The greatest revolution has been the 'do not panic' message. Neither doctor nor patient should panic because most of these complaints will go away."

International guidelines emphasise the following as the primary line of back-pain management: Explain, educate, reassure, activate and avoid passive treatment. Yet not enough people – particularly men – are telling the doctor about their back pain, instead adopting a grin-and-bear-it attitude. Last December, cricketer Michael Slater urged blokes to "man up and bat for their backs" in the light of Arthritis Australia research that showed 2.3 million Australian men have persistent back pain.

Like Slater's ankylosing spondylitis, for example. The former batter turned cricket commentator was found to be suffering this chronic, inflammatory arthritis and autoimmune disease that mainly affects joints in the spine.

Slater spoke up about his particular brand of back pain, but more typically, four in ten Australian men admit they keep silent about it. The Arthritis Australia research found that one in two male back pain sufferers have difficulty exercising; the same number found it limited their career choices; while a third said it affected their sex lives. The pain woke four out of five at night; stopped one in four fathers playing with their kids; and depression rates generally soared.

And of those who do tell their doctor, not enough receive the right advice. Research by The George Institute, a globally recognised health research organisation, indicates that 80% of Australians with back pain are not treated in accordance with national guidelines. Only 20.5% of patients received appropriate advice and 17.7% received simple pain-relieving medications.

The upshot? Be assertive with your doctor! But whatever you do, don't resort to DIY diagnoses. Researching your symptoms online is a lottery, and experts warn. "So many things on the internet involve passive treatment, like 'buy my device or come to my parlour and I'll cure you'," warns Bogduk. "What does work is one-on-one reassurance and education by healthcare providers."

And what about physiotherapy? "I don't think there's any consensus on this issue," says Auckland rehab medicine consultant Dr Samir Anwar. "Clinically speaking, some doctors recommend it,

As a medical area, back pain poses just as many knotty questions as it provides helpful answers

while some don't; some patients benefit from it, but some don't. In reality, however, most – if not all patients – do go through a course of PT."

There's no substitute for a health professional, but there are things you can do to help yourself (see box below). Manage your pain levels, says Dr Griffiths, who thinks a reluctance to take analgesics can be unhelpful. "People should remember it's a treatment, like antibiotics. When their pain isn't managed and their life and activities change, they stop being able to cope." Indeed, another study by The George Institute showed that only 45% of people with back pain took paracetamol – and of those, less than one in five took the correct dose.

Griffiths' other take-home message is retaining function by staying active. "It works. And I do 'walk the talk'. I've had two acute low-back-pain episodes myself without any functional losses long-term."

Like Griffiths, people who have a positive attitude and get on with life often recover more quickly. If only, as Bogduk points out, because they're more likely to seek the right help and follow advice correctly.

I'm one of the lucky ones; my back pain is now manageable. To stay this way, I'm staying positive, keeping active and determined to be proactive about having good back health for life. ●

TIPS ON MANAGING BACK PAIN

Because most back pain resolves quickly, how can you manage it in the short-term?

- Stay active and positive
- Avoid bed rest
- Take regular, basic analgesics such as paracetamol, in tandem with the above

How can you manage back pain in the long-term? Make sure you see your GP, but things you can do yourself include:

- Staying active and positive
- Doing low-impact exercises such as swimming, and walking within the pain's limits – not bed rest
- Stretching regularly
- Taking breaks from working, driving, etc
- Minimising time off work, even if your return to work is gradual
- Taking painkillers as needed, rather than toughing it out, but not as the primary treatment

Using a good-quality chair that supports the small of your back

- Getting enough sleep on a medium-firm mattress
- Trying relaxation techniques
- If pain persists, look into multidisciplinary rehab such as exercise therapy combined with sessions with a psychologist

What can you do to prevent back pain happening in the first place – or from recurring?

- Take regular breaks and mini-breaks from your work every hour – preferably every half hour
- Stretch and avoid repetitive straining and stooping
- Keep within the normal BMI range; lose weight if overweight or obese
- Lift objects and children correctly (bend from the knees; avoid lifting while twisting and bending forward)

