

Managing Chronic Low Back Pain While Minimizing Use of Dangerous Prescription Opioids



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Low back pain that lingers for months is called chronic low back pain. People should be cautious about using opioid pain relievers to treat their chronic low back pain. They should explore other options before taking opioid medications.¹

- Opioids address back pain by acting on pain receptors in the brain and spinal cord. Some alternatives act directly on the back.
- For nonspecific back pain, sensible treatment typically starts with a talk about the causes of back pain, use of nonnarcotic pain relievers, and advice on how to resume normal activities.
- If that fails, several low-risk approaches may be worth trying, including: self-management through mindful meditation, exercise, injection of pain-numbing and steroid medications into the back, therapeutic massage, acupuncture, physical therapy, and spinal manipulation.
- It usually is best to try opioid pain relievers as a last option because they may have serious side effects and can be addictive.
- Patients with chronic low back pain who take opioid medications are more likely than patients who do not take opioids to visit an emergency room within 30 days after the initial treatment.
- Other medications—notably benzodiazepine tranquilizers including Xanax, Ativan, and Valium—interact with opioid pain relievers and can lead to an overdose.

■ **Causes and Contributors of Chronic Low Back Pain**

- **Osteoarthritis:** An inflammation of joints (called facet joints) that connect the vertebrae (bones of the back) to one another and form the spine (or backbone).
- **Osteoporosis:** A condition wherein bones lose their density and become thin and weak. This weakening can lead to vertebral fracture and collapse.
- **Intervertebral disk degeneration:** Disks are round, pillow-like structures made of cartilage and fibers on the outside and a gel-like substance on the inside. Disks can wear out over time and lose their protective function. They may bulge or rupture.
- **Obesity:** Excess weight pushes down on the back and causes strain. This extra pressure can contribute to osteoarthritis and wear away the outer fibers of the intervertebral disks. Excess abdominal fat also can cause changes in posture that contribute to chronic low back pain.



■ *What to Tell the Medical Provider*

If you are having chronic low back pain, get examined by a health care provider. Before the visit, write down answers to the following questions, which can help the provider to determine what is causing your pain:

- What type of pain is it (stabbing, burning, shooting, dull, constant, or “comes and goes”)?
- What brings on or aggravates the pain? How is it affected by walking, twisting, lifting, bending, lying down? Does it require getting out of bed and pacing at night?
- What relieves the pain (sitting, standing, walking, bending over, lying down, etc.)?
- Where is it located (middle or side, multiple locations), and does it move down a leg or elsewhere?
- When did it start? Was it the result of an injury? Has it changed over time (gotten worse or better), or has it stayed the same?
- Are there any other symptoms along with the chronic lower back pain (e.g., numbness, weakness, bowel/bladder problems, weight loss, or fever)?
- What medicines are you taking, and what treatments have you tried? Include vitamins, medicinal creams, over-the-counter drugs, and alternative treatments (e.g., acupuncture) on the list.

1 For more information and citations, please see the PAW Managing Chronic Low Back Pain issue brief.



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