SUMMARY

BACKGROUND

Low Back Pain (LBP) or Lumbago has been an age long problem since the evolution of man as a bipedal being. The lumbar region is one of the most mobile areas in our body making it susceptible to injuries. Low Back Pain has being found to be a cause of significant disability with disruption of individual’s daily activities and particularly affecting the productive middle years of adult life. Psychosocial factors (yellow flags) are important risk factors for both acute back pain and transition to chronic pain and disability.

AIM: To assess the psychological and functional disabilities in patients with LBP presenting at the Family Medicine clinics of ISTH

METHOD: Two hundred and forty five consented patients with LBP attending the family medicine clinics were recruited into the study during the six months period. All the patients were clinically assessed by history, physical examination and plain Radiographs of the lumbosacral spine for those who had chronic episodes of LBP or radicular symptoms. The General Health Questionnaire and Oswestry Disability questionnaire were used to assess psychological and functional disabilities in these patients. Analysis of data was done using the Statistical Package for Social Science (SPSS) version 20.0. The period prevalence of LBP for six months was calculated.
RESULTS: The prevalence of LBP was found to be 3.1%. There were more females (68.6%) compared to males (31.4%) in this study population with more respondents in the age group 51-60 years representing 29% of the total respondents seen, followed by those in age group 41-50 years which was 24.5%. The major occupational activities of the patients were farming (28.6%), trading (16.7%), civil servants (22.1%), students (9.8%) other occupations represented 22.8%. Acute onset LBP (46.1%) was slightly higher than chronic LBP (42.9%) with (11.0%) being sub–acute. Subjectively, (42.9%) had severe pain while (32.2%) and (24.9%) reported moderate and mild pain respectively. Majority of the patient (82.0%) had psychological disability using the General Health Questionnaire while 18% did not have psychological distress. Using the Oswestry Low Back Pain Disability Questionnaire, about (45%) of patients were found to have minimal disability while (31.4%) had moderate disability, (21.6%) had severe disability but (2.1%) of patients however were severely disabled by pain functionally in several aspects of life.

There was a statistically significant association between the duration and severity of pain and psychological disability (P= 0.002) as well as radiation of pain and psychological disability (P=0.027). There was statistically significant relationship between duration of pain, intensity of pain and functional disability (p=0.001).

There was no significant statistical relationship between age, weight, height, BMI, blood pressure and LBP.

CONCLUSION: The prevalence of LBP was found to be 3.1% in the Family Medicine clinics of ISTH. Majority of the respondents were psychologically disabled while functional disability occurred in varying degree with the proportion of those minimally disabled highest. The intensity and duration of pain in these patients determined both the extent of
psychological disability as well as the degree of functional disability with functional disability worsening with increase in pain intensity. Assessment of these disabilities in every patient is therefore important for better treatment outcome.