

Spondylosis and Osteoarthritis

- Spondylosis and Osteoarthritis usually occur together. Spondylosis is the name for changes that occur, often with age, to the vertebral joints of the back.
- Episodes of severe pain can occur but rarely signal a serious problem.
- Lifestyle changes and self-help work for most people.

What happens to the spine?

The intervertebral discs act as a springy cushion. They are made up of an outer casing called the annulus fibrosus and an inner softer jelly-like nucleus. As we age, the nucleus shrinks and becomes tougher and less jelly-like.

The bony surfaces above and below the disc thicken and spread, so that a rim of bone develops around the edge of the disc.

These changes can also affect the facet joints that lie behind and on either side of the vertebral canal. The changes in these joints are known as osteoarthritis.

Extra bony growths can grow on the vertebrae and may press on the nerve roots causing pain in the back, buttock and leg. These extra bony growths are called osteophytes.

Treatment

There is a lot you can do for yourself. Start with painkillers - follow the instructions on the packet, (taking the prescribed amount over 24 hours). Ice packs, gentle exercise and relaxation can also switch off the pain. If symptoms do not start to improve over 2 weeks, then an assessment by your GP is needed.

Bed rest is not a cure for back pain.

If you spend too long lying around (more than 24-48 hours) your muscles can start to weaken and your nervous system can start to register pain, rather than movement and other sensations.

Taking care of your health and making some life-style changes is of great importance. Good posture whilst standing, sitting, working at a computer, driving, moving things and even sleeping is essential.

- Think tall: Stand tall; sit tall; drive tall; then adjust things around you to help you *be tall*.
- When moving things pull your tummy in to support your back, keep the load as close to you as possible and bend knees to take the load.
- Learning to relax through daily practice might be helpful if worry or stress seems to set pain off again.

Back exercises can also ease the pain of muscles that are in spasm, but it is important to get good advice from an expert. If the original pain is not spreading, then you will probably be better off doing stretching and strengthening exercises to maintain the muscles of the back while getting on with life.

Following an acute attack of pain, a gradual planned return to normal activities is essential. Plan each day so that you pace yourself and do not overdo it.

In the long term

If you have a chronic (long-standing) pain condition, you may benefit from advice from a Pain Clinic or Pain Management Centres. Pain Clinics offer a variety of techniques such as use of Transcutaneous Electrical Nerve Stimulator (TENS) machines, drug and injection treatment and exercise therapy. Some pain clinics can also offer pain management programmes, which help you manage your pain more effectively. Speak to your G.P. about local clinics.

Details of clinics in your areas can also be obtained by telephoning NHS Direct on 0845 46 47 or by visiting www.painsociety.org

Surgery

Surgery should be viewed as a last resort. (Only two in every hundred persons who attend hospital outpatients is referred to a surgeon). Surgery may be necessary for those who have severe signs of nerve root compression, eg loss of power and sensation in the legs, muscle wasting, loss of control of the legs, or loss of control of the bladder and bowel. The decision to have surgery is always a complex one requiring careful assessment and discussion with your surgeon.

Relevant Information

- BackCare Factsheets – Sciatica & Referred Pain, Osteopathy, Chiropractic, Medical Acupuncture, TENS Pain Relief, Epidurals & Back Pain
- BackCare Booklets - Should I have Spinal Surgery?, Managing Back Pain, Basic Back Care
- Other Publications – “The Back Book” from the Stationery Office, www.tso.org.uk
- “New Back In Action” by Sarah Key, available from BackCare

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