



Often Harmless, Always Painful

Backache-- It is a common reason to consult the doctor. It can be uncomfortable and stressful but often resolves spontaneously with or without specific measures. Treatment includes oral and topical pain killers and physical exercise.

TEXT: JANE FUNKE AND HANNELORE GIESSEN

Backache or back pain is a wide-spread condition and can affect anybody. Growing older increases the chance of developing lower back pain due to muscular imbalances, bad *posture* or – and more severely – an underlying degenerative disk disease. The human back is composed of a complex structure of muscles, *ligaments*, *tendons*, *disks*, and bones, which work together to support the body. Each of these structures may be affected when back pain develops.

The main symptom of back pain is an ache or pain anywhere in the back, and sometimes all the way down to the *buttocks* and legs. Some back trouble can cause pain in other parts of the body, depending on which nerves are affected. Unspecific back pain is usually provoked by multiple factors.

Red Flags

Back pain is usually harmless and often goes away without treatment or just with physical exercise, massage and the application of heat.

Fast medical help should be sought when *numbness* or *tingling* are present. Other warning signs are back pain:

- that does not improve with rest
- after an injury or fall
- with numbness in the legs
- with weakness
- with fever
- with unexplained weight loss
- severe pain during the night.

Diagnosis often Complicated

Basically, back pain is categorized into two types: acute pain that starts suddenly and lasts for up to 6 weeks; chronic or long-term pain that develops over a longer period, lasts for over 3 months and causes ongoing *debilitating* problems.

In addition to a physical examination and an *inquiry* about the patient's medical history, imaging scans may be necessary. An X-ray, magnetic resonance imaging (MRI) or a computed to-

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mography scan can provide information about the state of the soft tissues in the back. The cases in which an imaging procedure should be carried out is, however, still being discussed.

An Assortment of Painkillers

Over-the-counter (OTC) pain relief medication, usually non-steroidal anti-inflammatory drugs (NSAIDs), can relieve discomfort. In Germany approved substances for mild and moderate back pain are ibuprofen, diclofenac and naproxen – all available in non-prescription dosing. The daily dosage should not exceed 1,2 g ibuprofen, 100 mg diclofenac and 750 mg na-

Vocabulary

English	Deutsch
posture	Haltung
ligament	Band
tendon	Sehne
disk	hier: (Band)scheibe
buttocks	Gesäß
numbness	Taubheit
tingling	Kribbeln
debilitating	zehrend, entkräftend, beeinträchtigend
inquiry	Untersuchung
to take into account	in Betracht ziehen
ointment	Salbe
to exert	ausüben
to alleviate	erleichtern
lumbar region	Lendenwirbelsäule
awkward	unangenehm
sedentary	sitzend
heartburn	Sodbrennen
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proxen. The possible risk of gastrointestinal and in particular cardiovascular side effects when using ibuprofen and diclofenac should be *taken into account*.

Quite popular for self-medication are topically applied products, e.g., thermal patches and *ointments* or pain-relieving creams. There is good evidence for the effective external use of diclofenac and ketoprofen for pain in the back muscles and the bones. A patch or an ointment with capsaicin is often helpful in unspecific back pain.

Back pain that does not respond well to OTC painkillers may require a prescription NSAID. Codeine or hydrocodone, which are narcotics, may be an alternative prescribed for short periods, most often three months. These require close monitoring by the doctor.

Furthermore, antidepressants, such as amitriptyline, venlafaxine or duloxetine, may be prescribed in a low dosage, as they



exert a pain-relieving effect. The antiepileptic drugs gabapentin or pregabalin are sometimes prescribed, also in a low dosage, when the pain has a neuropathic component.

Drugs may *alleviate* the pain for a short period but in the long run physical activity is the best way to reduce and prevent backache. Moving not resting is the best therapy. *

Jane Funke ist geborene Britin und erstellt als Native Speaker gemeinsam mit Apothekerin Hannelore Gießen seit vielen Jahren die Serie „English for PTA“, die sich mit klassischen OTC-Themen befasst.

Dialogue

Customer: Good afternoon, I'd like something for backache and stiffness, please.

PTA: How long have you had it?

Customer: About a week.

PTA: Where does it hurt?

Customer: The lower back, the lumbar region I believe it's called.

PTA: Is there any tingling or numbness?

Customer: No.

PTA: Have you ever injured your back?

Customer: Not that I can remember.

PTA: Have you done anything recently that might have caused it, such as heavy lifting or **awkward** movements?

Customer: No – it just appeared from nowhere.

PTA: Do you have a job that requires physical strength?

Customer: No, I work in an office.

PTA: Ah so, your job is mainly **sedentary**! What have you done so far against the pain?

Customer: Basically, I've tried to rest and I've had a couple of hot baths. The pain disappears while I'm in the water but comes back as soon as I get out.

PTA: I'm afraid resting is usually contra-productive. Gentle movement and specific exercises are often the best therapy.

Customer: But movement is painful!

PTA: I'm sure it is and because of that it is better to take a painkiller in order to alleviate the discomfort. I can recommend some pain-relieving medication. There are a variety of oral and topical products available but in order to determine the best options for you, I need to know whether you have any other diseases. Have you had any trouble concerning the heart, stomach, liver or kidneys?

Customer: I occasionally get heartburn and indigestion.

PTA: Then we need to take that into consideration. The best intake time is at mealtimes and perhaps you will also need an acid blocker. Painkillers will definitely help to make movement easier. If, however, the pain continues for another three to five weeks, you should make an appointment with your healthcare provider.

Customer: What will he do?

PTA: After a thorough examination, your doctor will check your medical history and your discomfort in more detail. If the origin of your pain remains unclear, you might be sent for an X-ray, a computed tomography or an MRI scan to reveal problems with bones, muscles, tendons etc.

Customer: Do you think I might need surgery? My neighbour thinks that might be the case.

PTA: That's very unlikely. If the pain is intense, you might get a cortisone injection. Once the cause of your back pain is clear, you will probably be referred to a specialist for physiotherapy. These people can show you how to strengthen your back and improve your posture. Many people also find yoga helpful.

Customer: I can't see myself doing yoga.

PTA: Then maybe you could sign up with a gym. There are special programmes to strengthen the muscles in the back. It's certainly worth trying it out. Would you like me to look for a suitable pain reliever for you?

Customer: Yes, please.

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