



Low back pain and sciatica - management

Information for the public

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Low back pain and sciatica: the care you should expect

This information explains the care that NICE has said works best for people over 16 who have low back pain or sciatica. It will help you, your family and carers know what to expect from health and care services.

Why is this important for you?

NICE aims to help people to get the best possible care no matter who they are or where they live. This NICE advice aims to help you relieve pain, get back to your normal activities and reduce the impact of low back pain and sciatica on your daily life.

For more information, see where can I find out more?

Your healthcare team should know what NICE has said. Talk to your doctor if you don't think you are getting the care NICE has said you should have.

What are low back pain and sciatica?

Low back pain is soreness or stiffness in the back, between the bottom of your rib cage and the top of your legs. Most people's low back pain is described as 'non-specific'. That means the pain is unlikely to be caused by an infection, a fracture or a disease like cancer.

A common symptom of sciatica is pain going down one or both legs. Sciatica sometimes also causes numbness or tingling down your leg. It's often caused when your sciatic nerve (which runs from the back of your pelvis through your buttocks and down to your feet) is irritated, causing pain.

Seeing a health professional for low back pain or sciatica

Your healthcare professional should talk with you about your symptoms and how they affect you day-to-day. They should check that your pain isn't caused by another health problem, such as cancer, a fracture or an infection. This is particularly important if you get new or changing symptoms.

Your healthcare professional should give you advice and information about low back pain and sciatica. They should explain what you can do to help manage the pain.

They may refer you to a physiotherapist or a specialist to help with diagnosing and treating your back pain or sciatica. The therapist or specialist can check if an X-ray or MRI may be needed.

They should encourage you to carry on with your normal, everyday activities if you can. This should include supporting you to go back to work, if needed.

Exercise and physical activity

Your healthcare professional should explain that exercise and movement may help ease the symptoms of low back pain and sciatica. They should discuss with you what types of exercise may be right for you, and which you prefer. They should give you some guidance or tell you who to talk to about this. They may refer you for an exercise programme.

If other treatments haven't helped and your pain hasn't gone away, your doctor may arrange for you to attend other sessions. These may include a mix of physical exercise and other types of support to help you cope with symptoms and enjoy a better quality of life.

Health staff should not treat your back pain or sciatica with equipment such as belts, corsets, foot supports or shoes with special soles. They should not offer you acupuncture, traction (stretching the back using weights or machines), or electrotherapy (passing electric current or ultrasound waves through the body).

Anti-inflammatory drugs for low back pain

Depending on your age and health, your healthcare professional may offer you a non-steroidal antiinflammatory drug (NSAID). These can sometimes cause stomach pain so they should also offer you another medicine to help with this. They should not offer you paracetamol on its own, but may suggest using it along with weak opioids (a type of medicine to treat pain).

Your doctor may offer you a weak opioid pain medicine, like codeine, if anti-inflammatories haven't helped or your doctor thinks they are not right for you. But opioid pain medicine can cause dependence. This is when your body develops a need for the medicine, which means you can have withdrawal symptoms when you stop taking it. Your doctor should not offer you this type of pain medicine if you have had pain for a long time.

Further treatment and support

If other treatments haven't helped, and if you have had pain for a long time, your doctor may refer you to a specialist to try other approaches. This could include:

- sealing off some of the nerves to the joints of your spine (for back pain)
- injections of local anaesthetic or steroids into your spine (for sciatica)
- surgery on your back to relieve pressure on the spinal nerves (for sciatica).

Making decisions together

You should be part of all decisions about your care so you can agree which approaches are likely to suit you best. Your healthcare team should involve you by:

- talking and listening to you so that they understand what matters to you
- giving you all the information you need so that you can make your mind up
- explaining if they think something that is mentioned here won't work for you and why, and discussing other options you could try instead
- giving you details for someone in your care team that you can contact if you have any questions.

There is more information about how you should be involved in your care on our <u>website</u>.

Questions you could ask

- What caused my low back pain to come on? Was it something physical, like lifting a heavy weight?
- What can I do to manage my low back pain or sciatica?
- How can I reduce the effects of the pain on my daily life?
- I'm not being referred for tests. But if I'm still in pain, doesn't this mean there's something seriously wrong?
- Is there anything my family or colleagues could do to help me?
- Why is exercise so important, and how should I do this?
- Is there anyone who can advise me on home and workplace adaptations?
- Why isn't it a good idea to just stay in bed and rest?
- Should I carry on working?
- Is it likely I might have low back pain again? Will it be caused by the same thing?
- Can you give me any leaflets or other information that I can take away?

Where can I find out more?

- BackCare, 0845 130 2704
- Pain Concern, 0300 123 0789
- NHS back pain guide

What are NICE guidelines?

NICE gives advice to doctors, nurses and other staff working in health and social care. Our guidelines tell them about how to look after people with different conditions and needs.

We wrote this guideline with people who have been affected by low back pain and sciatica, and staff who treat it. All of the decisions are based on the best research available.

You can read the guideline written for healthcare professionals.

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Accreditation

