Efficacy and safety of analgesia in primary health care elderly patients with low back pain

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Background: Back pain is one of the most prevalent conditions afflicting Spanish elderly people. Its prevalence is higher than 14%. It is the responsible of more than the 25% of primary health care consult by the elderly patients¹⁻².

Aims: To determine the prevalence of back pain in a cohort of elderly primary health care patients. And to analyse the pain therapy efficacy, and safety, and the patient's level of satisfaction with therapy.

Methods: A prospective study on 123 patients followed during 1 year by some primary care physicians. The patients were all aged over 65 years, medium aged 71±6 years, 56.9% women. All of then were interviewed about the location and intensity of pain (EVA scale) that they have during the past 3 months, the impairment due to pain, the pain therapy and the satisfaction with the therapy.

Results: To the questions on suffered pain, a 38.5% had suffered from pain of the upper and/or lower back within the past 3 months. The female showed a high prevalence of pain (64% vs. 49%, p<0.05) than male patients. The back was the main pain region in the 56% of men and the 63% women with back pain. Women reported a higher mean intensity of back pain than men (EVA scale 5.3±0.9 vs. 3.2±1.1, p<0.05) and complained about a higher pain-related impairment (64% vs. 53%, p<0.05). Of all patients, a 72.1% visited a physician (at least once time) during the past 3 months due to pain. The most frequently applied treatments were: oral medication (75%), injections (39%), and physiotherapy (29%). Analgesia was done mainly with paracetamol + NSAIDs (65%) followed by NSAIDs + myorelaxants (24%) and NSAIDs + myorelaxants + opioids (24%). A 69% of the patients showed at least one drug-related adverse reaction (DAR). The ranking order of the DAR was: NSAIDs + myorelaxants + opioids (74%) > NSAIDs + myorelaxants (44%) > NSAIDs + paracetamol (24%) The most frequent adverse reaction were stomach pain, dizziness, vomits, hypotension, and somnolence. As was to be expected the association NSAIDs + myorelaxants + opioids showed the higher analgesic efficacy. Patients were asked to rate the therapy on a simple answer questionnaire. A 42% were not satisfied with pain relief and a 69% wished for a considerable improvement of their pain therapy.

Conclusion: Back pain in elderly people had high prevalence and lead to functional limitations. The patients who used opioids or myorelaxants were very low. It is also possible that some elderly patients did not use the analgesic correctly thus they showed an adverse reaction high frequency. The elderly patients had a low mean satisfaction with their pain therapy, thus further studies on back pain therapy should include an assessment of elderly patient's preferences and satisfaction level.