Introduction

The effects of low back pain are far-reaching. Low back pain is one of the leading complaints among family physician visits. The direct costs of healthcare and indirect costs of lost wages and productivity amount to $100-200 billion in the US each year. While 90% of individuals afflicted with low back pain return to work within 3 months (1), there are many patients who will sustain chronic episodes of low back pain. The costs associated with chronic low back pain patients comprise 75% of the total costs of work related low back pain, while comprising only 5% of the total number of work-related low back pain patients (2,3). It is, therefore, the focus of many epidemiologic and cost-analysis studies. However, it is still unclear as to whether the physical effects of chronic back pain have any associations with individual economic characteristics and personal productivity. The purpose of this study was to measure the functional status, pain characteristics, and overall health of chronic low back pain patients and their associations with income level, disability status, and employment status.

Results

Income Level and its Associations With Pain, Health, and Functional Status

Table 1: Linear Regression Analysis Predicting Max # of Days Missed From Work, Chores, or Fun

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Beta</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Assessed Average Pain</td>
<td>.136</td>
<td>.056</td>
</tr>
<tr>
<td>Self-Assessed Physical Function</td>
<td>-.159</td>
<td>.034</td>
</tr>
<tr>
<td>Self-Assessed Physical Role Function</td>
<td>-.240</td>
<td>.001</td>
</tr>
</tbody>
</table>

Conclusions

Our bivariate analyses (Figures 1, 2, & 3) suggest that patients who have a monthly income greater than $1000 per month, are employed, and are not applying for or are on disability generally report less pain, greater functional status and better health. Our linear regression analysis (Table 1) suggests that the strongest correlates of decreased productivity are average pain levels, physical function and physical role function levels from the study survey. The results of this study suggest that primary care physicians should encourage continued patient physical activities. Physicians’ goals should be centered on keeping the patient as active as possible during episodes of debilitating chronic lower back pain. Similarly to opioid use (5), much consideration should be given before granting patients sick-leave or disability status. Such measures might prevent further debilitation and potential dependence on more expensive treatment modalities.

References

1) Bratton R. Assessment and management of acute low back pain. American Family Physician 1999; 60 (8)

Acknowledgements

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