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Original research article

A study of low back pain in women before and after menopause

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Abstract

Pain in the lower back is a widespread issue in today's population, making it a significant social and economic burden. It affects a significant proportion of females, particularly those between the ages of 45 and 60. Pain in the lower back is one of the many symptoms that are linked to entering the perimenopausal stage of a woman's life.

Keywords: Menopause, low back pain

Introduction

Because modern women live longer than previous generations, menopause now accounts for one-third of their total lifespan [1]. Women are more likely than males to suffer from chronic pain, and the likelihood of experiencing it rises with age [2-4]. According to Whelan et al., even eighty percent of women have various symptoms (including pain) throughout the perimenopausal phase [5], which is typically described as the age range of 45-55. The transition from a premenopausal phase to a postmenopausal one occurs because the ovaries produce less oestrogen and other female hormones at a slower rate. The progression of this process is slow and steady throughout the course of one's lifetime and it is a normal aspect of the ageing process. There are several different symptoms that have been recognised as being connected to the perimenopausal phase. Psychological symptoms can include irritability and anxiety, mood swings, sadness, and sleep difficulties. Physical symptoms can include back and joint pain, night sweats, hot flashes, and chronic weariness. The studies that were analysed showed an association between the menopausal period and depression, hot flashes, and sleep disorders; however, little attention was paid to pain (in spine and peripheral joints) as an equally prevalent symptom associated with this period of life ^[6]. The connection between perimenopausal and postmenopausal stages of life and low back pain is the primary subject of this review (LBP). In addition to that, it discusses the physiotherapeutic techniques that are employed in the treatment of low back pain. In today's world, one of the most serious problems facing people's health is back discomfort, particularly in the lumbar region. Between 36.4% and 58% of persons in the United States and European countries will suffer from low back pain at some point in their lives [7, 8]. This presents a significant difficulty in both the medical and socioeconomic spheres, to the extent that some academics classify it as an illness related to lifestyle choices. It is the leading reason for employees to miss time from work, and it is the second most common reason for people to see their primary care providers. Because it makes it difficult for a person to go about their everyday life, back discomfort can have a detrimental impact on their mental health. It also creates a significant socioeconomic issue, as it is expensive for businesses when employees must miss work due to illness or disability [9].

Aims and Objectives

To understand the Low back pain in women before and after menopause.

Materials and Methods

This study was done in the Department of OBG along with the help of Department of Orthopedics, Kamineni Institute of Medical Sciences, Andhra Pradesh. The study was done from Oct 2014 to Oct 2016.

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Exclusion

Women with spine problem.

The study divided women into five groups:

- 1. Premenopausal women who had had a regular period in the past three months.
- 2. Early perimenopausal women who had an irregular period in the past three months.
- 3. Late perimenopausal women who had menstruated irregularly in the last 12 months but not in the last 3 months.
- 4. Postmenopausal women who had not menstruated in the last 12 months.
- 5. A separate group of women who have hormone replacement therapy.

From each group 200 women formed the sample size.

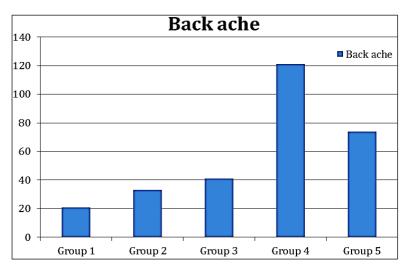
Results

Table 1: Age Distribution

Premenopausal women	•		Postmenopausal	Postmenopausal on hormone replacement therapy
WOILCH	perimenopausai	perimenopausai	(101 /12 111)	normone replacement incrapy
39.65 ± 2.17 years	44.18 ± 1.02 years	46 ± 0.98 years	51 ± 3.28 years	$59 \pm 0.17 \text{ years}$

Table 2: Back ache distribution

Group 1	21
Group 2	33
Group 3	41
Group 4	121
Group 5	74



Graph 1: Back ache distribution

Table 3: Association with BMI

	Normal BMI	BMI >30	p-value (<0.001)
Total	641	359	
With Back ache	48	242	Highly Significant
Without Backache	593	117	

Discussion

Exercise, manual therapy, massage, and other forms of physical therapy are some of the physiotherapeutic methods that can be used to treat low back pain. There is also the application of pharmacology, such as with non-steroidal anti-inflammatory medicines ^[10, 11]. According to Mishra *et al.* ^[12]. Findings, a postmenopausal woman's exercise routine should consist of endurance (aerobic) exercises, strength exercises and balance exercises. Aerobics, weight-bearing exercises, and resistance training are the three types of workouts that are most helpful for boosting bone mineral density in the spine in postmenopausal women ^[13]. This is a very desirable result to have, especially taking into consideration the fact that a woman's bone mineral density often starts to decrease around this time in her life ^[14]. The evidence on exercise treatment for low back pain that was available was analysed in a meta-analysis by Hayden *et al.* ^[15] and the researchers came to the conclusion that the therapy is helpful at slightly reducing discomfort. However, it is important to note that the therapy was defined as "a series of

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specific movements with the aim of training or developing the body by a routine practise or as physical training to promote good physical health" ^[15]. This is something that should be taken into consideration. This points to the fact that activities for the treatment of lumbar spine pain are not targeted in any particular way. Nevertheless, advising perimenopausal women to engage in general physical activities is helpful because these exercises unquestionably lead to weight loss. This is an essential factor because perimenopausal women have a tendency to be less physically active ^[24]. In addition, Hayden *et al.* came to the conclusion that the most beneficial exercise therapy technique for chronic LBP was high-dose stretching and muscle strengthening exercise programmes that were supervised and individually designed, and that included home practise ^[15].

Conclusion

There is a correlation between the perimenopausal stage of life and an increased risk of experiencing low back pain. One of the elements that contributes to an increased occurrence of pain is a body mass index (BMI) that is greater than 30.

References

- 1. Poomalar GK, Bupathy A. The quality of life during and after menopause among rural women. J Clin Diagn Res. 2013;7:135-139.
- 2. Branden JB, Zhang L, Fn MY, *et al.* Mental health service use by older adults: the role of chronic pain. Am J Geriatr Psych. 2008;16:156-167.
- 3. Stang PE, Brandenburg NA, Lane MC, *et al.* Mental and physical comorbid conditions and days in role among person with arthritis. Psychosom Med. 2006;68:152-158.
- 4. Von Korff M, Crane P, Lane M, *et al.* Chronic spinal pain and physical mental comorbidity in the United States: results from the national comorbidity survey replication. Pain. 2005;113:331-339.
- 5. Whelan TJ, Goss PE, Ingle JN, *et al.* Assessment of quality of life in MA. 17: a randomized, placebo controlled trial of letrozole after 5 years of tamoxifen in postmenopausal women. J Clin Oncol. 2005;23:6931-6940.
- 6. Cray L, Mitchell E, Woods N. Symptom clusters during the late menopausal transition stage: observations from the Seattle Midlife Women's Health Study. Menopause. 2010;17:972-977.
- 7. Palmer K, Walsh K, Bendall H, *et al.* Back pain in Britain: comparison of two prevalence surveys at an interval of 10 years. BMJ. 2000;320:1577-1578.
- 8. Van Tulder MW, Koes BW, Bouter LM. A cost-of-illness study of back pain in the Netherlands. Pain. 1995;62:233-240.
- 9. Chaitow L, Fritz S. A Massage Therapist's Guide to Lower Back & Pelvic Pain. Elsevier Churchill, Livingstone, 2007.
- 10. Chou R, Qaseem A, Snow V, *et al.* Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. Ann Intern Med. 2007;15:478-491.
- 11. Saper RB, Sherman KJ, Delitto A, *et al.* Yoga vs. physical therapy vs. education for chronic low back pain in predominantly minority populations: study protocol for a randomized controlled trial. Trials. 2014;15:67.
- 12. Mishra N, Mishra VN, Devanshi. Exercise beyond menopause: Dos and Don'ts. J Midlife Health. 2011;2:51-56.
- 13. Li WC, Chen YC, Yang RS, Tsauo JY. Effects of exercise programme on quality of life in osteoporotic and osteopenic postmenopausal women: a systemic review and meta-analysis. Clin. Rehabil. 2009;14:888-896.
- 14. Kim KZ, Shin A, Lee J, *et al.* The beneficial effect of leisure-time physical activity on bone mineral density in pre-and postmenopausal women. Calcified Tissue International. 2012;91:178-185.
- 15. Hayden J, Van Tulder MW, Malmivaara A, Koes BW. Exercise therapy for treatment of non-specific low back pain. Ann Intern Med. 2005;142:765-775.