LOW BACK PAIN

A GLOBAL CHRONIC HEALTH PROBLEM

The Role of Primary Care

1st JULY 2024

05.30 – 07. 30 pm
(CEST)

LIVE WEBINAR

SCIENTIFIC RATIONALE

Low back pain (LBP) is one of the most common reasons for primary care requests for help and is associated with enormous costs to healthcare and society at large.

LBP is a symptom, not a disease, stemming from various known or unknown pathologies. Global Burden of Disease studies have defined LBP as "pain in the area on the posterior aspect of the body from the lower margin of the twelfth ribs to the lower gluteal folds with or without pain referred into one or both lower limbs that lasts for at least one day". LBP is a common global problem. The point prevalence in 2017 was estimated to be about 7.5% of the global population, or around 577.0 million people. In 2020, LBP affected 619 million people globally and it is estimated that the number of cases will increase to 843 million cases by 2050, driven largely by population expansion and ageing.

LBP has been the leading cause of years lived with disability since 1990 and remains a significant global public health concern. Disability associated with LBP increased in all age groups between 1990 and 2019 and was greatest in the 50-54 age group in 2019. Approximately 70% of years lost through disability were in working aged people (20-65 years).

Studies in European countries indicate the total costs associated with LBP varies between 0.1-2% of gross domestic product. The costs associated with loss of productivity are likely to be substantial given the overall prevalence of chronic LBP in in low- and middle-income countries is estimated to be around 52% in workers . Over 80% of the total costs attributable to LBP are due to indirect costs such as loss of productivity and disability payments, especially in countries with functional social welfare systems.

Most people have at least one episode of acute LBP in their lifetime. This condition is usually self-limiting, but often becomes chronic. Chronic LBP is defined as a persistent or recurrent pain experience of more than three months that is not reliably attributed to an underlying disease process or structural lesion. Chronic LBP is a consequence of complex interactions encompassing biological, psychological, and social factors. Early exposure to guideline non-concordant care has been significantly and independently associated with the transition to chronic LBP after accounting for patient demographic and clinical characteristics, such as obesity, smoking, baseline disability, and psychological comorbidities.

Up to 85% of patients will be diagnosed with non-specific lower back pain upon primary evaluation.

Initial encounters for LBP should occur in a primary care setting. Treatment for acute episodes includes relative rest, activity modification, and physical therapy as first-line options. American College of Physicians guidelines recommend starting pharmacological treatments with non-steroidal anti-inflammatory drugs (NSAIDs) or muscle relaxants for acute or subacute LBP. Patient education is vital to prevent future episodes. Tramadol, once recommended for chronic LBP, is now discouraged by the 2023 WHO guidelines due to the risk of addiction.

Those seeking medical care often see rapid improvement in the pain condition, returning to work and normal activities within the first month. The transition from acute to chronic LBP is associated with early care not in line with current guidelines, making the role of primary care essential in preventing this transition and minimizing its impact on quality of life, pain, and disability.

AGENDA – 1st July 2024 – 05.30 - 07.30 pm (CEST)

05.30 - 05.35 pm

Welcome and Course Objectives
(Dr. Magdi Hanna)

05.35 - 06.00 pm

- Epidemiology and Economic Consequences of Low Back Pain
  (Dr. Magdi Hanna)
- Causes, Classification, and National/International Treatment Guidelines for Acute and Chronic Low Back Pain
  (Dr. Magdi Hanna)

06.00 - 06.25 pm

- Presentation of Clinical Case of Low Back Pain
  (Dr. Magdi Hanna)
- Quiz in Real Time on the Clinical case
  (Participants)
- Presentation of Quiz Results
  (Dr. Magdi Hanna)

06.25 - 06.50 pm

- Mechanism of Action, Safety Profile, and Potential Interactions of Available Pharmacological Treatments
  (Prof. Riccardo Torta)

06.50 - 07.15 pm

- The Art of Effective Communication:
  Managing Expectations in Pharmacological Treatments
  (Dr. Jaime Acosta-Gómez)

07.15 - 07.25 pm

Questions and Answers
(All)

07.25 - 07.30 pm

Conclusions and take-home messages
(Dr. Magdi Hanna)

TARGET GROUP

Medical Surgeon (General Medicine/Family doctor);
Pharmacist (SSN Public Pharmacist, Territorial Pharmacist, Pharmacist from other sectors)

CME ACCREDITATION

National educational objective (Agenas):
21 – Treatment of acute and chronic pain. Palliation
Agenas ID. Course 5452-419128; CME credits: 3,00

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Typology: **LEE (Live Educational Event) – Live Webinar**
Official language: **English**

SCIENTIFIC DIRECTOR

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FACULTY

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REGISTRATION

Participation is free but you have to register on the event web page

https://www.areaeventi-letscome3.it/Home/Edizione/low-back-pain-a-global-chronic-health-problem-the-role-of-primary-care

After registration, the organising secretariat
will communicate additional information about participation.

Organizing Secretariat & CME Provider (ID 5452)

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