

key points

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In the UK, low back pain is the most common cause of disability in young adults and every year 6-9% of adults consult their GP about back pain. A thorough history and examination is required to exclude an alternative diagnosis, such as pain arising from the hip or trochanteric bursa and to categorise patients as having either: serious spinal pathology, nerve root/radicular pain or non-specific back pain.

Inflammatory back pain is often missed, particularly in the early stages when examination may be normal. The primary features are pain arising in patients under the age of 40, thoracolumbar or sacroiliac pain and alternating buttock pain. Stiffness in the early morning and after rest is a hallmark of inflammatory back pain. There may also be peripheral joint involvement with evidence of inflammatory arthritis as well as extra-articular manifestations such as iritis, psoriasis and colitis.

Mechanical back pain is extremely common and typically worse at the end of the day or after a period of movement. There is no associated morning stiffness. The pain arises from facet joint osteoarthritis, lumbar paraspinal muscle spasm and degenerative disc disease.

Sphincter disturbance leading to loss of bladder or bowel control should also be explored as it is a sign of spinal cord compression or cauda equina syndrome. There may also be saddle anaesthesia in the sacrum and reduced anal tone on rectal examination. Both spinal cord compression and cauda equina syndrome are neurosurgical emergencies and need urgent referral for further investigation and possible intervention.

The majority of patients with low back pain can be managed in primary care as the pain will usually be self-limiting. Patients with suspected inflammatory back pain should be referred to rheumatology as soon as possible in order to institute early management and prevent long-term deformity and disability. Patients with suspected serious spinal pathology should be referred urgently for further investigation.

Red flag symptoms should raise concerns regarding a possible sinister cause such as malignancy and more than one red flag mandates urgent further investigation. However, individual red flags have a low positive predictive value in primary care when used alone.