

The lives of patients before presentation with pain in the neck or back

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SUMMARY. More significant events occurred in the lives of patients during the three months before presentation in general practice with pain in the neck or back than in a control group of symptomless patients.

These findings were obtained by the completion by patients of a short questionnaire and their significance is discussed.

Introduction

In general practice acute or chronic back and neck aches are commonly seen. However, in understanding these lesions, the events leading up to these attacks seemed to me to need further investigation.

Aim

I therefore tried to investigate the patient's pattern of life during the previous three months and sought to identify significant life events by using a questionnaire.

Method

A questionnaire was completed by 36 consecutive patients. These patients were compared with an equal number of other patients (controls) of the same age, sex, and living conditions by a random method of choosing them from my list. Selection was by searching the N.H.S. list, looking out the patients' notes and moving towards the end of the alphabet. I took as the control the first patient of the same age, sex, and living conditions, however well known the control patient was to the doctor. These controls were asked to complete the same questionnaire. The questionnaire tried to cover all aspects of a person's life style including any change or significant life event and asked about physical activity and travel and was modelled on that of Paykel *et al.* (1971), Holmes and Rahe (1967), and Brown and Birley (1968). The questionnaire was grouped in 11 sections and scored positively only if there had been an event or change within the grouping.

Results

The findings are that there is a significant increase in the life events that the patients experienced compared with controls. The main increase in life events were in three groups:

- (1) Travel and physical activity, mainly decorating,
- (2) Family changes, i.e. marriages within the family, members leaving or coming to home,
- (3) 'Other' group.

These were significantly different from the controls. In the 'other' grouping were included important anniversaries, accidents either witnessed or suffered, or other catastrophes. One patient saw a man fall to his death and another was nearly killed by a bus. Changes in the financial position of the patient for better or worse were also found significant, but not highly.

The categories of the questionnaire were:

Total number patients 36
Total number of controls 36

	<i>Patients number of events</i>	<i>Controls number of events</i>	χ^2	<i>p</i>	
Work	13	12	—	—	
Education	8	4	—	—	
Finance	12	5	3.77	*	
Bereavement and loss	8	8	—	—	
Health	16	9	2.19	—	
Travel	20	10	5.7	**	
Legal	5	7	—	—	
Family changes	25	15	5.6	**	
Marital changes	10	11	—		
Others, e.g. anniversaries	18	9	4.53	*	
Physical activity	10	2	6.4	**	
Total	145	92	$t = \frac{\bar{x} - \bar{x}_2}{\sqrt{\left(\frac{\sigma_1}{n_1}\right)^2 + \left(\frac{\sigma_2}{n_2}\right)^2}}$ $= 6.4$ $\therefore P = < 0.001^{***}$		
Mean	4.2	2.4			
Standard deviation	1.26	1.1			
	<i>Patients</i>	<i>Controls</i>			

Conclusion

What do these findings mean? Is it that backache is common and those who have a life full of events regard themselves as needing treatment? Or are these events to be seen as causative? In biological terms it can be seen that these acute pains call for rest and quiet allowing the patient time to assimilate the new events.

I like the idea of seeing these acute necks and backs developing out of a background of increased life events or happenings, because that does not reduce the understanding to a mechanical level—but does it give a pointer to management?

By definition usually one cannot plan life events, but if a patient is liable to painful backs it would seem wise to advise patients against approaching too many life events or journeys at once. The physical activity usually described as the trigger is so commonplace that it would be difficult to avoid the twisting movements that are the immediate precipitants. The chronic backache sufferers and those with a masked depression, compensation neurosis, or functional backache do not present with acute symptoms and these findings are therefore not greatly relevant. Whether ventilation of the feelings patients have about these life events is helpful or curative remains controversial.

REFERENCES

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