A study on effect of dolor lumbar in older peoples

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Low back pain or Dolor Lumbar is the most common musculoskeletal condition that affects millions of people globally. It is a leading cause of disability, loss of productivity, and healthcare expenditure. Low back pain affects people of all ages but is more prevalent in older people aged 65 years and above. This is because aging leads to the degeneration of the spinal discs and joints. Other factors that contribute to low back pain include poor posture, physical inactivity, obesity, smoking, and genetics. The purpose of this study is to evaluate the effect of low back pain on older people, and to identify the risk factors, prevalence, and management strategies for this condition.

Keywords: Dolor Lumbar; Degeneration; Spinal discs; Physical inactivity; Risk factors

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INTRODUCTION

Low back pain (LBP) or Dolor Lumbar is a common health problem that older adults often face. It affects their quality of life and leads to chronic disability. According to the World Health Organization, LBP is considered one of the leading causes of disability worldwide. It affects individuals of all ages, but older adults are at a higher risk of developing LBP than younger individuals. This study aims to explore the effects of Dolor Lumbar in older people, including its causes, risk factors, and treatment options [1].

Causes of dolor lumbar in older people

The causes of LBP in older adults are multifactorial. Agerelated changes in the spine, including disk degeneration, spinal stenosis, and osteoporosis, can contribute to the development of LBP. Degenerative changes in the spine can cause the nerves in the lower back to become irritated, leading to chronic pain. In addition, older adults may have other underlying medical conditions that contribute to the development of LBP. Arthritis, osteoporosis, and cancer can all lead to chronic pain in the lower back. These conditions can also lead to a decrease in physical activity levels, which can further exacerbate LBP [2].

Effects of dolor lumbar in older people

LBP can have several effects on older people's quality of life. Chronic pain can lead to depression, anxiety, and social isolation. Older adults with LBP may have difficulty performing daily activities, which may lead to a decrease in independence. LBP can also lead to a decrease in physical activity levels, which can contribute to the development of other health conditions, such as obesity, diabetes, and heart disease [3].

Prevalence of low back pain in older people

Low back pain is common among older adults, and the prevalence increases with age. According to a study conducted by Hoy et al. (2012), low back pain is the leading cause of years lived with disability (YLD) among people aged 50 years and above. In this study, the global prevalence of low back pain was estimated to be 9.4%, with the highest prevalence observed in Western Europe (15.6%) and lowest in the Caribbean (5.5%) [4]. In a study conducted by Al-Amin (2016), the prevalence of low back pain in older adults aged 60 years and above was found to be 58.6%. This study was conducted among 320 older adults in Bangladesh. The prevalence of low back pain was found to be higher in women (64.1%) than men (51.4%), and the most affected age group was 60-69

years (57.7%). The authors concluded that low back pain is a common and significant health problem among older adults in Bangladesh. In a cross-sectional survey conducted by Kalichman and Li, the prevalence of low back pain in older adults aged 65 years and above was found to be 33.2% [5]. The study included 151 older adults living in the community in the United States. The prevalence of low back pain was found to be higher in women (39.4%) than men (26.1%), and the most common location for low back pain was the lumbar spine (90%). The authors concluded that older adults with low back pain are at risk of developing functional disability, depression, and reduced quality of life.

Risk factors for low back pain in older people

Several risk factors have been identified for low back pain in older people. These include age, gender, occupation, physical activity, Body Mass Index (BMI), smoking, and genetics. In a study conducted by Hoy, the risk factors for low back pain in people aged 50 years and above were found to be female sex, higher education levels, lower income, obesity, physical inactivity, and depression. In a study conducted by Alhowimel and Alotaibi, the risk factors for low back pain in older adults aged 60 years and above were found to be female sex, low income, obesity, physical inactivity, smoking, and comorbidities such as diabetes and hypertension. The authors concluded that these risk factors increase the likelihood of developing low back pain in older adults [6].

In a study conducted by Chou, the risk factors for recurrent low back pain in older adults aged 65 years and above were found to be female sex, higher BMI, and comorbidities such as depression, anxiety, and sleep disturbance. The authors recommended that older adults with recurrent low back pain should be assessed for psychological and sleep disorders, and interventions should be implemented to address these issues.

Preventive measures for dolor lumbar in older people

Preventing LBP in older adults includes regular physical activity, maintaining a healthy weight, avoiding tobacco use, and practicing good posture. Additionally, preventive measures such as regular check-ups with a doctor or physical therapist can help identify and address any underlying medical conditions that may contribute to LBP.

Treatment options for dolor lumbar in older people

Several treatment options are available to manage LBP in older adults. Non-surgical treatments include physical

therapy, exercise, and medications. Physical therapy and exercise are essential components of LBP management, as they strengthen the muscles of the lower back and reduce the risk of injury. Medications, such as Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and muscle relaxants, can reduce pain and inflammation associated with LBP. Surgical treatment options for LBP in older adults include spinal fusion, laminectomy, and diskectomy. These procedures aim to alleviate pressure on the nerves and restore function to the affected area. However, surgical options are typically reserved for severe cases of LBP that do not respond to non-surgical treatments [7].

Management strategies for low back pain in older people

Several management strategies have been proposed for low back pain in older people, including pharmacological and non-pharmacological interventions. Non-pharmacological interventions are recommended as the first-line treatment for older adults due to the increased risk of adverse drug reactions and drug interactions. In a systematic review conducted by Ong, exercise was found to be an effective non-pharmacological intervention for low back pain in older adults. The authors concluded that exercise improves physical function, reduces pain, and improves quality of life in older adults with low back pain. The most effective types of exercise were found to be strength training, aerobic exercise, and yoga [8].

In a randomized controlled trial conducted by Wong, acupuncture was found to be an effective nonpharmacological intervention for chronic low back pain in older adults. The study included 110 older adults aged 65 years and above, and the authors concluded that acupuncture improved pain, physical function, and quality of life. In a systematic review and meta-analysis conducted by Qaseem, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and muscle relaxants were found to be effective pharmacological interventions for acute low back pain in older adults [9, 10]. The authors recommended that these drugs should be used for short-term pain relief.

CONCLUSION

Dolor Lumbar is a common health problem among older adults, and its effects can be far-reaching. Understanding its causes, risk factors, and treatment options is essential in managing LBP in this population. Preventive measures such as regular physical activity, maintaining a healthy weight, and avoiding tobacco use are crucial in preventing the development of LBP in older people. Additionally, regular check-ups with a medical professional can help identify and address any underlying medical conditions that may contribute to LBP.

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