

EDITORIAL

Low Back Pain: A Major Problem with Low Priority

Whether viewed anecdotally or by epidemiological data, low back pain (LBP) is a major national problem. Nearly all adults know someone who has had a debilitating episode of LBP or have experienced it themselves. By their 55th birthday, 80 percent of Americans have had at least one debilitating episode of LBP (1). More than 5 million Americans are currently disabled due to LBP (2); half of them permanently (3). LBP is gender neutral; it occurs during the most wage-productive years (4), and the resulting work time lost is second only to that due to the common cold (5).

Alarming as these societal factors are, they become even more worrisome when the financial cost to the nation is considered. It has been estimated that in 1992 the national cost for the treatment, compensation, and time lost at work due to LBP was approximately \$72 billion (2,4), approximately 1.2 percent of that year's Gross National Product. The medical costs alone were a staggering \$24 billion (4); three times the medical costs for AIDS. We also know that disability from LBP has increased dramatically over the past decade and continues to increase at a rate estimated to be four times that of the growth of the population (6). Therefore, it is certain that the costs which accrued in 1996 were considerably higher, outpacing by a considerable distance the growth of our Gross National Product.

With such a compelling need, it is reasonable to ask why we do not have more effective means for diagnosing, evaluating, and treating LBP and its concomitant disabilities. Why are we often unable to inform the individual of the cause and source of the LBP? Why do we not have objective means for ascertaining the presence of LBP and for evaluating the progression of prescribed rehabilitation treatments? LBP remains mysterious only because we have not looked at its origins effectively, not because they present an insurmountable challenge. We are discovering how to live and work in micro-



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gravity; organ transplants have become standard medical practice; and scientists are decoding the human genetic system. Are we prepared to admit that LBP presents an unsolvable conundrum?

It is certainly true that the issue of LBP has not risen to the national prominence of cancer, cardiovascular diseases, and AIDS. Perhaps its widespread presence and considerable cost have failed to alarm the national consciousness because LBP is not generally considered to be a life-threatening ailment. Most people with acute

LBP recover within a few weeks and require little medical care. However, we should not lose sight of the fact that 5 percent of individuals with LBP, those with chronic affliction, account for almost 90 percent of the total expenditure (7). This translates to over \$200,000 per year per person with chronic LBP.

Does it not make good economic sense to invest funds in research directed at reducing the dramatic cost engendered by relatively few patients?

The question before us remains one of scale appropriate to the task. For example in fiscal year 1995, the four major Federal agencies (including the National Institutes of Health) awarded \$7.1 million to LBP research or approximately 0.1 percent of their research budgets. If NIH is excluded, the percentage is still a low 1.15 percent of the \$136 million awarded for research on rehabilitation and injury prevention. The available funds are unquestionably insufficient for the magnitude of the required research; particularly since the cost of LBP is so great—a staggering \$72 billion in 1992 alone.

If not for humanitarian reasons, if not for clinical reasons, if not for intellectual reasons, then

surely for economic reasons, it is time to acknowledge the institutional disregard for LBP. And it is time for funding agencies to direct appropriately significant resources to the study of LBP.

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