

In 85–90% of patients with low back pain, no clear cause is ever determined. Although symptoms usually resolve within 4–6 weeks, all patients with back pain should be evaluated thoroughly so that significant neurologic or life-threatening diseases may be ruled out. Because back pain is so common, many patients shrug off symptoms that might indicate a medical emergency. The 'red flags' of back pain are important historical and physical signs of potentially dangerous conditions. Identification of a red flag means that close attention and/or further diagnostic testing is needed.

A red flag doesn't always mean panic and surgery. But it does mean further testing and vigilance may be necessary to monitor your progress and improvement. You may be referred to a specialist doctor, and have laboratory or blood tests and investigations including X-ray, MRI or CT scan to rule out any serious or sinister underlying cause of your back pain.

RED FLAGS

Duration of Symptoms

Low back pain falls into 3 categories based on its duration:

- acute pain, which lasts less than 6 weeks;
- subacute pain, which continues for 6 to 12 weeks; and
- chronic pain, which persists for more than 12 weeks.

Pain that lasts longer than 6 weeks raises a red flag as the majority (80–90%) of cases resolve within 6 weeks. This is particularly so in patients who have been assessed and received treatment during that time and there has been no change and the pain persists. However, if pain persists but you have done nothing about it and received no therapy, then delaying investigations and receiving conservative treatment first will be advised provided there are no other red flags.

In the patient with chronic symptoms but who has already undergone a complete evaluation, ongoing reviews or follow-up may be advised over time in case something was missed.

Could My Back Pain Be...?



Age

Age is a red flag in:

- patients under the age of 18 years – higher incidence of congenital and bony abnormalities;
- patients older than 50 years – nonmechanical causes of pain are more common; and
- patients older than 65 years – spinal stenosis and degenerative processes can result in nerve damage.



Location and Radiation of the Pain

'Normal' back pain remains localised in the back and may radiate into the buttock or thighs. Pain that radiates below the knee, into the calf or foot is a red flag for a herniated disc or nerve root compression.



History of Trauma

Major trauma is a red flag for the possibility of fracture and prompt X-rays of the spine should be taken. Minor trauma in elderly patients, such as falling from a standing or seated position, should raise concern for fracture because of the fragility of their bones (for example underlying osteoporosis).



Systemic Complaints

Back pain associated with fever, chills, night sweats, malaise (a feeling of discomfort, illness or unease), fatigue or undesired weight loss may suggest infection or even malignant cancer. These symptoms are of even greater concern if the patient has additional risk factors for infection, such as diabetes, recent bacterial infection, immunocompromised status, or injection drug use.



Atypical Pain Features

'Normal' back pain is typically described as a dull, aching pain that generally worsens with movement but improves with rest. Red flags for a tumour or infection include pain that occurs at night, awakens the patient from sleep, or is unrelenting despite appropriate analgesia (pain) medication and rest.



Associated Neurologic Deficits

Any severe or rapidly progressive neurologic (nerve) deficit or complaint raises a red flag. This includes bowel or bladder incontinence (even if just one episode or many) associated with lower back pain. Other neurologic complaints, such as pins and needles, numbness, weakness and gait disturbances (changes in how you walk), need to be fully explored. Numbness or altered sensation in the saddle area (your undercarriage – the space between your front pelvic bone, vagina/penis and rectum) needs to be examined.



History of Cancer

Patients with a history of breast, lung, thyroid, kidney, bowel or prostate cancer, myeloma lymphoma or sarcoma are at high risk for metastatic disease to the spine. Back pain may be the first and/or only symptom in many of these cancers.



Urinary, Abdominal, or Chest Complaints

Although there are no specific red flags, it is important to review these areas to avoid overlooking disease processes referring or radiating pain to the back.

The information contained in this article is intended as general guidance and information only and should not be relied upon as a basis for planning individual medical care or as a substitute for specialist medical advice in each individual case. ©Co-Kinetic 2024