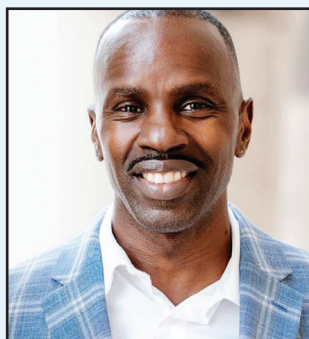


Take Charge Of Your Health Today. Be Informed. Be Involved.



CARLOS T. CARTER

Low Back Pain

This month's Take Charge of Your Health page addresses low back pain. Recently, we sat down with the new President and CEO of the Urban League of Greater Pittsburgh, Carlos T. Carter to discuss this common issue and what readers should and can do to take charge of their health. Q: Have you ever experienced lower back pain now or earlier in life? Carlos: Yes, I have, I'm sure many people have. For me, when I was a student, I experienced lower back pain a lot. It turns out that it was because of the way I was carrying my book bag on one shoulder. Thankfully for me, I never had to go to a doctor to address it because I figured out what the cause was on my own.

Q: That is great that your pain was not debilitating enough to require medical treatment. But the hard truth is that many Black people are more susceptible to lower back pain.

Carlos: Absolutely, Black people are disproportionately impacted because of the labor jobs that we fill. We are on our feet for a majority of the day and that stress on your body over time matters. Other factors like diet play a part as well. Education and accessibility to good diet help keep people healthy. Daily stretching and a balanced diet can help alleviate lower back pain. Be honest with yourself. Are there things that you can do differently? Take me for example, once I pinpointed that my back pain was being caused by the way I was wearing my backpack, I switched it up.

Q: What might motivate community members to be involved in these clinical trials on back pain?

I believe that giving financial incentives as well as communicating to Black people the importance of these trials and how the research can improve the quality of life for Black people and their families. They really need to understand how this can improve the quality of their lives.

Q: What advice can you lend others that may be in the same situation?

Carlos: Well of course, I would suggest that if your pain is too much to withstand, seeking medical advice is the best solution but when you do, it's important that you attend your meeting equipped with the right questions to ask. Make a plan when you see your doctor, bring your notes with you so you know what to ask—ask about treatment options like is medicine necessary? We want readers to take charge of their health and in order to do that they need to be empowered enough to be their own advocates.



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Blacks are disproportionately impacted by low back pain

In the United States, more than 80% of adults will experience low back pain at some point in their life. Injury, working in a job with lifting or standing for long hours or a job where there is too much sitting - all can cause back pain. Many people go on to experience chronic back pain. They receive various treatments including surgery, therapy, injections and medicines including pain medications like opioids.

Over the last decade, there has been a rise in prescriptions for and addiction to opioid medication. The National Institutes of Health (NIH) has encouraged more research into understanding pain and its treatment. In 2019, Dr. Gwen Sowa of the University of Pittsburgh and UPMC received

funding as a part of NIH's BACPAC Research Consortium on back pain, part of the HEAL initiative (Helping to End Addiction Longterm). This initiative is advancing research to address the national opioid public health crisis. Opioids are often prescribed for low back pain. These are strong and addictive medications that have been overused (sometimes misused). Opioids are not the right medicine for chronic low back pain.

Instead of these dangerous painkillers, Dr. Sowa and her team focus on how chronic back pain is experienced and tailor treatment to the triggers. Dr. Sowa is both a doctor of rehabilitative medicine and has a PhD in biochemistry. She studies ways to treat peo-



DR. SOWA

ple based on their individual symptoms and history. "Precision medicine means finding an approach that is tailored to an individual," she says. The goal is to reduce unnecessary treatments and find the right combination of treatments early on so that the pain does not become an ongoing problem.

The "Low Back Pain: Biological, Biomechanical, Behavioral Phenotypes Mechanistic Research Center" (LB3P MRC) is trying to make treatment for low back pain better. The study collects lots of information about how you move your body, how you sleep, your energy and mood levels and even markers in blood and saliva that may point toward improved treatment targets. This information helps to put patients into distinct back pain groups. This way, the center im-

proves personalized treatments while reducing use of opioids.

Most low back pain does not require surgery. Nor are medications like opioids the right treatment. Low back pain is a mixture of symptoms - it's not due to one single cause. So the health care providers should not take a "one size fits all approach." One of the mistakes often made is relying solely on x-rays or even an MRI. Studies confirm that what these images show often are not associated with the source of pain.

Given that there are so many causes for back pain, there are also many different barriers to healing. These barriers include having access to a healthy lifestyle, diet, smoking, mood and safe neighborhoods in which to walk and exercise.

The types of jobs that many Black/African Americans have in our region are physically demanding, like construction. Compared to White residents, individuals who are Black also work in lower-paying jobs that require sitting all day such as driving or call centers. So the type of job people have can increase chances of having low back pain. In the context of the COVID-19 pandemic, the many stressors related to

employment and housing have increased depression and reduced physical activity. These factors also make back pain more likely or more severe.

Once diagnosed with back pain, people who are not White also may experience differences in care. Studies show that people who are Black or other non-White ethnic backgrounds are undertreated. This means they do not get referred for management of pain as often as White patients. People may describe their pain differently depending on their cultural and language backgrounds. Health care providers may have biases that affect who gets treatment and who doesn't.

Dr. Sowa notes that addressing these disparities in treatment is a critical aspect of their research. Back pain is complex and can be related to how people move (biomechanical), how their body responds to injury (biological), and lifestyle factors (behavioral). That is why everyone's treatment needs to be considered at an individual level, taking all these factors into account.

Dr. Sowa focuses on teamwork. She says, "Lots of different experts are needed to help solve the complex problem of low back pain."

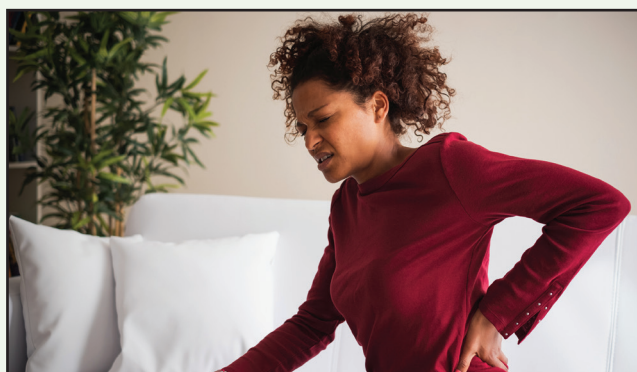


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Chronic Low Back Pain clinical trial

After working with research teams across the country to collect information on individuals with chronic low back pain, the University of Pittsburgh and UPMC will be a site for a clinical trial. The "Biomarkers for Evaluating Spine Treatments (BEST)" trial will investigate four treat-

ments for chronic low back pain and learn about for whom they are effective based on the unique traits of individuals.

The study will take place over six study visits and last a total of nine months. Interested adults experiencing ongoing low back pain for more than three months

in the last six months will be randomly placed into one of four treatments for the first stage. In the second stage, individuals who are not doing well with the first treatment will be randomly placed into another of the treatment groups.

The four treatments that are be-

ing investigated are: 1) enhanced standard of care - an online tool, patient education, medication and a walking program; 2) acceptance and commitment therapy - using mindfulness and behavior change strategies; 3) Duloxetine - a depression and pain medication; and 4) physical therapy.

Low Back Pain Research Study

The LB3P: Low Back Pain Research Study is part of a 13 site Back Pain research consortium. The three B's are for the factors that contribute to back pain - biological, biomechanical and behavioral. Researchers work together to create an integrated model of the contributors to chronic low back pain. This study will help to improve and individualize treatment. Researchers are from the University of Pittsburgh Departments of Physical Therapy, Physical Medicine & Rehabilitation, Psychiatry and Orthopaedic Surgery. The team is currently looking for individuals who are interested in helping with back pain treatment research.

The first study visit will take place at a Pitt lab on Second Avenue and Bates Street near the Hot Metal Bridge. The researchers will collect biological, biomechanical and behavioral information. This includes answering questions and providing biologi-

cal samples. Samples that will be collected are saliva, blood, urine and stool. Individuals will be sent home with wearable sensors that will record their activity for seven days.

After the first study visit, follow up questions will be asked by phone or computer. These include medication use, experience of pain and function or activity. Some individuals will qualify for another piece of the study that will collect radiographic images of their back during normal movement.

Interested persons must be 18 or older, experiencing ongoing low back pain for more than 3 months in the last 6 months.

Individuals chosen to participate will be compensated for their time.

For more information, please call 412-459-6719 or email low-backpainstudy@pitt.edu

