



## **Back pain among Al-kindy college of medicine students**

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A project Submitted to AL-Kindy College of Medicine In  
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3rd stage Students

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## **Abstract :**

### **Background**

Low back pain (LBP) is a serious health problem among medical students , many studies show the back pain related to multifactorial and sociodemographic variables (age, sex, income, level of education), behavior (smoking, use of alcohol, poor diet, sedentary lifestyle), day-to-day activities (strenuous daily activities, harmful postures, repetitive movements), The stressful and time consuming curriculum of medical students predisposes them to this problem there are many causes to back pain in medical students:. We aimed to investigate the prevalence and associated factors for LBP among al-kindly medical students

### **Method and results**

a cross-sectional study among medical students at of Medicine in AI\_kindy students , a total Participants is 152 by self-assessment questionnaire, while who have back pain is 102 . the female 65.7% ,male(34.3%) p value( 0.074). In the method of prevalent posture ,the participants are sitting while reading, 79.4%, stand or walk 20.58%,P value (0.499) Students who read less than eight hours per day 75 .5%, more than eight hours constitute 24.5% . use a computer during study is 64 students 62.74 % . students who do not use it, 37.25%.,P value (0.223). students were studying while lying down(40.19 %) Study on a chair was 61 (60%) p value ( p=0.387). use backpack 43(42.15%) ,do not use backpacks 59(57.84 %) p value ( p=0.829). participants are between the ages of nineteen and twenty , of 54.9% . The age of (21-22) is 45 with 28.4 % . (23-24) 16.6% , P value ( 0.54).In the body mass index ,the participants have a normal weight, 71.56% , 7.8% are underweight, 15.7% are overweight, and 4.9% suffer from obesity. p value(0.539) Non-smoker students 94 ( 92.15%) while the smoker (7.84%) p value 0.39. 57 students have good health ,55.88% .23 students with fair health (22.54%) , poor health 7.84% ,very good health 13.7% P value (0.374).

### **Conclusion**

The high lifetime prevalence of back pain was observed in undergraduate students. Medical students appeared to be more at risk. Preventive measures are required to improve the quality of life in future health care professionals.

**Keywords :** back pain, medical students, radicular back pain

## **Introduction:**

LBP can be defined as a pain or discomfort located below the margin of the 12th rib and above the inferior gluteus fold, with or without leg pain and it can affect older and younger adults, and it is a common complaint among students [1,2].

, the prevalence and burden of LBP are very high throughout the world. Out of the 291 conditions studied, LBP was found to have the sixth highest burden and to cause more disability globally than any other condition. In 2010, the age-standardized point prevalence was highest in Western Europe (15%) and North Africa/Middle East (14.8%). The age-standardized point prevalence in Central Europe, including Serbia, was 11.5% (12.6% in males and 10.3% in females) and ranked the fifth place [3].

However, it is estimated that over 80% of the population will experience an episode of LBP at some time during life, and that about 18% of the population experience LBP at any given moment [4].

Medical students are more vulnerable to back pain due to stress and several hours of training and studying. The curriculum in medical colleges is associated with long study hours leading to the sedentary lifestyle of medical students and thus making them prone to repeated episodes of back pain. Also, with the increased use of computers and laptops, physical activity is decreased among undergraduate students. Bad postural habits during the study may also contribute to the prevalence of back pain [5,6].

The main risk factors for LBP are age, gender, obesity, psychosocial factors (stress, anxiety, and depression), level of education, occupational factors, decreased flexibility and mobility of muscles, hypermobility, competition sports, type and way of carrying and transporting weight, postural habits, level of physical activity, smoking, and domestic factors such as watching TV and computer/ video game [7,8]. LBP often begins in childhood, and the prevalence rate for adolescents approaches that seen in adults [9].

Epidemiological studies have shown an increase in LBP in children, teenagers, and young adults [10], but studies exhibit great variability in prevalence rates [9].

It is challenging to compare the prevalence of LBP between populations and over time due to methodological heterogeneity across studies such as the age of the sample, the sample size, the definition of LBP, the LBP recall period, the strategy

for extracting data, the methodology used, and difficulties in obtaining true population estimates [8, 9].

LBP can be divided into specific LBP and nonspecific LBP [11]. Nonspecific LBP has been reported to account for 80% to 90% of overall LBP despite the recent progress in diagnostic tools such as radiography. In addition, treatment choices for chronic nonspecific LBP lack clarity; outcomes are often mixed because of the difficulty identifying the pain generator and multifactorial characteristics [13, 14].

Specific pain includes nociceptive and neuropathic pain associated with muscle and fascia injury, spinal osteoarthritis, osteoporosis, and radicular back pain. Back pain can also be categorized by the origin of the pain: discogenic LBP, radicular back pain, facet joint osteoarthritis back pain, muscle and fascia-induced back pain, and spontaneous occurring LBP [13].

Radicular back pain is a type of pain that radiates along the course of a spinal nerve root into the lower extremity. Radicular pain is caused by both nerve root compression and inflammation. Nerve root compression can occur in conditions including herniated disc, foraminal stenosis, peridural fibrosis, spondylolisthesis, and spondylolysis. Inflammatory cytokines are induced by herniated IVD and are considered to affect dorsal root ganglia to cause radiculopathy [15].

Most people with low back pain do not seek medical care. Many self treat with over the counter medications and lifestyle changes [16]. Most cases of acute, nonspecific low back pain resolve within two weeks. Reassurance and counselling patients to stay active are cornerstones of treating such pain, though some may benefit from short term pharmacotherapy. A Cochrane review found that advice to stay active had a small but consistent beneficial effect for pain reduction and functional improvement compared with bed rest in patients with acute, non-specific back pain [18].

Several systematic reviews have concluded that strong evidence supports the use of non-steroidal anti-inflammatory drugs for non-neuropathic low back pain, though the treatment effect is small and the evidence is greater for acute than chronic pain. Paracetamol (acetaminophen) is slightly less effective than non-steroidal anti-inflammatory drugs but has fewer or less severe side effects. Physicians are increasingly referring patients for complementary and alternative medical treatments, with some studies showing that more than half of primary care doctors routinely recommend or prescribe them for backache. In practice

guidelines published jointly by the American College of Physicians and the American Pain Society , fair to good evidence is cited supporting numerous alternative treatments for chronic and subacute (more than four weeks, low back pain, including acupuncture, yoga, massage, spinal manipulation, and Cytokine expression in the epidural space: a model of non-compressive disc herniation-induced inflammation.

## **method :**

A 152 Study Participants. a cross-sectional study was conducted between November 2022 until April 2023 among medical students at of Medicine in Al-kindy (a total student was 1420 participants only 152 ). The study was approved by Institutional Review Board of the Faculty of Medicine, University of Baghdad Alkindy .

## **Study Tool**

A pretested, self-administered, structured questionnaire (appendix 1) was used for data collection. It included items to record socio-demographic characteristics and assess the presence of risk factors for LBP among the medical students the questionnaire is a screening tool for identifying risk-factors for long-term disability and work loss in patients with LBP. Additional questions regarding students' Involvement in various activities and secondary lifestyle.

There were 28 questions to screen for social and physical factors associated with LBP. For question regarding where pain was present in the body other than back ( age , gender , height, weight, stage , smoking status, years of smoking, using backpack, study hours , using computer, way of study, Prevalent posture , duration of back pain, radiation, severity , pattern and time of pain , nature of pain , health status, doing exercises, if going to doctor and what type of treatment is used)

## **Analysis**

Data were entered in Microsoft Excel and transferred into SPSS. Findings were presented as group proportions, and difference in proportions for a given factor was assessed by the Chi-square test. A P value cut off for statistical significance was set at 0.05.

## Results :

The prevalence of back pain among Alkindy college students is 67.1% from all participants . the female more incidence than male (65.7% ) and(34.3%) male , p value( 0.074). In the method of prevalent posture the, the majority of the participants are sitting while reading, making up 79.4%, Those who stand or walk during their studies are the least part of the sample, 21 students with a rate of 20.58%. P value (0.499). In the number of study hours, students who read less than eight hours per day constitute the highest percentage of the sample, students at a rate of 75 .5%, while those who read for more than eight hours constitute 24.5% of the total percentage .The number of students who use a computer during their studies is 64 students, with a rate of 62.74 %. As for the students who do not use it, they are the lowest category in the sample 38, with a rate of 37.25%,P value (0.223). The number of students who were studying while lying down was 41 (40.19 %) and who were studying on a chair was 61 (60%) p value ( p=0.387).The number of students who use backpack 43(42.15%) The number of students who do not use backpacks 59(57.84 %) p value ( p=0.829).As for the age, the majority of the participants are between the ages of nineteen and twenty , 56 are at an average of 54.9% . The age of (21-22) is 45 participating students with percentage 28.4 %. Between the ages of (23-24) 17 of whom had back pain, with a rate 16.6% , P value ( 0.54).In the body mass index, it was found that most of the participants have a normal weight, those who have back pain, 71.56% of it appears , 7.8% are underweight, 15.7% are overweight, and 4.9% suffer from obesity, p value(0.539).Non-smoker students constitute the largest percentage of the sample,94 ( 92.15%) while the smokers are 8 participating students(7.84%) p value 0.39. Most of the participating students enjoy good health, 57students have good health ,55.88% .23 students with (fair) moderate back pain (22.54%) students with poor health 7.84 And 14 enjoy in very good health 13.7%P value (0.374).

Table 1: The distribution of back pain with associated variables

Variable	Back pain		P-value
	No	%	
Gender			
Male	35	34.3	0.074
Female	67	65.7	
Age			
19-20	56	54.9	0.54
21-22	29	28.5	
23-24	17	16.6	
BMI			
Underweight	8	7.8	0.539
Normal weight	73	71.8	
Over weight	16	15.7	
Obese	5	4.9	
Prevalent posture			
Sitting	81	79.4	0.499
Standing	21	20.6	
Way of study			
Lying down on the bed	41	40.2	0.387
Study on chair and table	61	59.6	
Backpack usage			
Yes	43	42.2	0.829
No	59	57.8	
Study hours			
Less than 8 hours	77	75.5	0.694
More than 8 hours	25	24.5	
Using computer during study			
Yes	64	62.7	0.223
No	38	37.3	
Smoke			

Yes	8	7.8	0.39
No	94	72.2	
General health			
Poor	8	7.8	0.374
Fair	23	22.6	
Good	57	55.9	
Very good	14	13.7	

## Discussion:

In this study we found the The prevalence of back pain among Alkindy college students is 67.1% .studies elsewhere have reported back pain is significant in medical students but the incidence of back pain in Aikindy college is so high than them , such as among medical students in Saudi Arabia—23.2% (AlShayhan & Saadeddin, 2018), Malaysia—27.2% (Alshagga et al., 2013). While LBP was less common among Brazilian medica students with point prevalence of 9.2% (Falavigna et al., 2011). Also, some authors reported point prevalence of 13.0% among Medical students at one university in Pakistan (Hafeez et al., 2013). Contrary to these findings, 32.5% of undergraduate students of a medical college in Delhi suffered from LBP at the time of survey (Aggarwal et al., 2013), as well as 34.6% of students studying at health-related faculties at one university in Turkey (Yucel & Torun, 2016). The prevalence of LBP was found to be the highest among medical students in Saudi Arabia: for example, the week prevalence of LBP among medical students ranged from 40.5% at university hospitals in Riyadh (Algarni et al., 2017), to 52.5% among medical students of Jazan University (Dighriri et al., 2019). Variations in the LBP prevalence between studies can be due to differences between populations, study protocols, academic curriculums, as well as cultural, educational, lifestyle or dietary factors. the female higher incidence than male female have higher incidence than male a possible explanation for these findings includes that female students, in comparison with males, are more emotionally sensitive and feel fatigued more easily [19]. Also, females have greater sensitivity to painful stimuli and lower pain thresholds compared to males [20].

the study conducted among Australian adolescents indicates that being female and sitting posture are related factors for LBP, and that greater proportion of female participants than male participants were complaining of back pain that was made worse by sitting , which is very similar to the results of our study. the sex relationship with posture may be related to sex differences in the shape of the pelvis, greater back muscle endurance in women, sex-specific motor activation



patterns, inappropriate furniture at the university and hospitals, behavioral issues, and other social factors such as anxiety and depression [21] In addition the female have fewer red blood cells and smaller amounts of hemoglobin, leading to lower oxygen levels in their blood, thus a slightly attenuated capability to increase their arterial-venous O<sub>2</sub> difference (23)

also have smaller hearts, which results in higher resting and submaximal heart rates, lower stroke volumes, and a higher oxygen pulse. Though the distribution of muscle fiber types is similar between the genders, females have fewer and smaller muscle fibers (23). Although females and males have different characteristics of muscle fibers, studies have not shown any gender differences in improvements with endurance (24). There is no current evidence linking these factors to LBP, however, future investigations may include these factors as potential contributory variables. Increased weight and tall height is a risk factor for low back pain [25]. There are some studies showing the relationship between obesity and low back pain among university students [26,27]. Avşar et al [28] found the value of BMI to be normal in 76.5% of students. In our study, it was revealed that low back pain was not affected by the value of BMI values of students with and without low back pain were within normal intervals. From the result of the present study, the age between 19-20 years old was found to be the higher incidence of LBP among other age group. However, all of age group still found to be higher incidence of LBP. A study by Issa et al. (2016) also supported this present study finding that the age range between 19-22 years old was found to be the higher prevalence (72.1%) among university students. Nordin, Devinder, and Kanglun (2014), revealed that the higher incidence of LBP among health sciences student was in the student that more than 23 years old. This previous study also supported that the result in the present study showed the age group with more than 24 years old was the second higher incidence of LBP despite the most age group that affected LBP is 19-22 years old. Nylad and Grimmer (2003), revealed that student aged 20 and 21 were more at risk of LBP which is supported this present study findings. However, their study only using physiotherapy student as their subjects. Despite these previous studies, our study states young age is not significantly associated with LBP, which is consistent with previous studies[29], The data does not agree with the idea of smoking using lower back pain, as the percentage smokers who had lower back pain was 7.8 %.cannot be stated unequivocally that smoking preceded back pain. Long-term follow-up studies are needed to eliminate the possibility that chronic back pain preceded smoking, to better estimate dose-response correlations, and to perform biologic measurements to elucidate possible mechanism, Our study shows that backpack usage is not significantly correlated with low back pain score and Daily Pain Intensity. Where the percentage of those who use a back bag and have lower back pain was 42.2%.The reason may have been because most of the students in the initial stages do not use backpacks, and if they use them, their weight is not heavy, as studies have shown that the weight of the bag is the main cause of lower back pain in people who use backpacks [30]. In our study, prevalent posture is non

significant . Although most of the students who suffer from lower back pain read in a sitting position, unlike those who stand during the study, and this change may be due to the small number of participants in the survey. In Hartvigsen et al.,<sup>55</sup> Spyropoulos et al.,<sup>(27)</sup> and Tavares et al.,<sup>(28)</sup> reported no association between sitting time and LBP prevalence. In this study though, the computer use did not influence the low back pain prevalence. This is in contradiction to the reports of Alshagga et al.<sup>[31]</sup> which showed that prolonged computer use was associated with MSPs

### **The limitations of our study is :**

1) A self-assessment questionnaire was chosen for pain assessment. Because self-feeling rather than a scale was used to measure the pain levels, the reliability and validity were relatively low. To ensure standardization, the questionnaire was fully illustrated and explained prior to the launch of the formal survey. The presurvey indicated that differences in the severity of pain were not significant among different individuals. Cases of severe pain were rather rare.

(2) A cross-sectional study cannot establish causal relationships

(3) Students suffering from chronic pain may be more willing to complete the questionnaire, while emotionally depressed students are more likely to avoid the survey. In addition, the mental state of the depressed students is rather susceptible to hints

(4) this study has been undertaken in a single medical college of Alkindy and its findings may not fully reflect the situation for medical students elsewhere in Iraq or internationally. The sample group selected also may not fully reflect the population of population of students at our school. Further, the subjects' assessment of LBP (both current and past episodes) may be subject to recall bias and subject bias.

### **Conclusion:**

the study has provided useful insight into the problem of back pain among medical students. This research should be expanded to other Iraqi medical schools to get a broader assessment of the problem of back pain among Iraqi medical students .This study also highlights the need for a back school or a college health program for medical students, that provides education and guidance to all. Students should be taught methods promoting a pain free life, including correct body postures, the benefits of exercise, and exercises to relax the back and release tension. More focus should be given to student in third and academic years professional students, perhaps through opportunities for

recreation and restructuring of medical curriculum to redistribute the subjects in different professional years to lessen the stress of the medical curriculum

## **Recommendation :**

Thinking about the risk factors and avoiding them may lead to lower incidence of this pain. Students should be encouraged to perform the recommended amount of physical activity by providing education and facilities and reserving a couple of hours exclusively for exercise and sports activities. Moreover, education on ergonomics and providing sound ergonomic chairs to the students could help minimize LBP prevalence.

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## **appendix 1:**

## ***Back pain among Al-kindy medical students 2022***

To identify the prevalence of back pain and related factors among medical students, and to measure the level of disability that this pain can cause in these students

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\* Required

**:Stage \***

Choose

**:Gender \***

☐ Male 🧑

☐ Female 🧒

**:Age \***

☐ 19 -20

☐ 21-22

☐ 23-24

☐ Other:

**(Height (In cm \***

Your answer

**(Weight (In kg \***

Your answer

**?Do you smoke \***

Your answer

***?Do you drink alcohol***

☐ Yes✓

☐ No✗

**backpack usage**  \*

☐ Yes✓

☐ No✗



***Your way of studying \****



- ☐ Lying down on the bed
- ☐ Study on chair and table

**: Prevalent posture**

- ☐ Standing
- ☐ Sitting

***?Do you have back pain at present \****

- ☒ Yes✓
- ☐ No✗



**:From how long do you have this back pain**

- ☐ Less than 7 days
- ☐ 7 days - 7 weeks
- ☐ more than 7 weeks

**?Where does it go**

- ☐ Anterior thigh
- ☐ posterior thigh
- ☐ Buttocks
- ☐ legs of foot
- ☐ Neck
- ☐ Other:

**?How will you best define the nature of your complaint**

- ☐ Stiffness
- ☐ Nagging feeling
- ☐ Numbness
- ☐ loss of strength



- ☐ spasm/cramp
- ☐ pain
- ☐ Other:

***?Have you sought consultation with any doctor for back pain***



- ☒ Yes✓
- ☐ No✗

***?How is your health status in general***

- ☐ Very poor
- ☐ poor
- ☐ fair
- ☐ good
- ☐ very good



**: what type of treatment have you undergone for back pain \***

- ☐ Bed rest
- ☐ medicine
- ☐ back support
- ☐ No treatment

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**?How badly is your sleep affected by your back pain**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ often
- ☐ All of the time

**:what do you think is the cause of your back pain**

- ☐ Trauma or injury
- ☐ sudden movement
- ☐ disease
- ☐ lifting a weight
- ☐ bad posture for a long time
- ☐ Any other

**:Did the pain star:**

- ☐ Suddenly
- ☐ gradually



Is your pain

- ☐ Constant
- ☐ intermittent

***How severe is your back pain***

- ☐ Mild
- ☐ Moderate
- ☐ severe

When do you feel the pain during the day

- ☐ Morning
- ☐ Evening
- ☐ Before sleep time
- ☐ During sleep
- ☐ whole day
- ☐ Any time during day



: what type of treatment have you undergone for back pain \*

- ☐ Bed rest
- ☐ medicine
- ☐ back support
- ☐ No treatment

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