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CLINICAL CHARACTERISTICS OF PATIENTS WITH LOW BACK PAIN IN WOMEN

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ABSTRACT: - Comorbid diseases have also been studied in patients with LBP. Among patients with LBP, 80.0% of patients had concomitant diseases, of which a significant proportion of the examined patients had 3 or more different concomitant pathological conditions. The average number of comorbidities per hospitalized patient was 3.6±0.9. We have established the dependence of the average number of concomitant diseases among patients with dorsalgia on the sex and age of patients.

KEY WORDS: - Comorbidities, dorsalgia, spinous processes, comorbid pathologies, hypodynamia.

INTRODUCTION

Moreover, it should be noted that among patients with LBP, the percentage of patients with a comorbid background was higher both in general and in individual nosologies. In the study of correlations between a particular disease and the characteristics of LBP, no close links were found. As expected, with the age of patients, the spectrum of concomitant diseases increased, and in such patients the pain syndrome was more pronounced both in intensity and duration, there were frequent exacerbations, and the duration of treatment was also long.

THE MAIN FINDINGS AND RESULTS

Among male patients, the average number of concomitant diseases increased from 1.3±0.2 diseases per 1 patient aged 18–40 years to 2.1±0.4 at the age of 50 years and older. Among female patients, there was also a tendency to increase the average number of comorbid pathologies - from 2.6±0.5 at the age of 18-40 to 3.8±0.7 at the age of more than 50 years.

Comorbid conditions were more common in women, the spectrum of diseases was wider compared to men. The degree of comorbidity (Charlson Comorbidity Index, scores) (CI) in women was very significant - the average and high degree of comorbidity index together amounted to 82.6%.

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During a clinical examination, 62 patients (49.6%) noted a limitation in the volume of active movements in the lumbar spine, 84 patients (67.2%) noted pain on palpation of the paravertebral points and spinous processes at the level of the lumbosacral spine, in 69 patients (55.2%) showed defence of the paravertebral muscles of the lumbar region, in 36 patients (28.8%) the pastosity of the lumbar region was revealed, which manifests itself both in the horizontal and vertical position.

In the neurological status, 34 patients (27.2%) had sensory disorders of a non-radicular type in the lower extremities, 26 patients (20.8%) had a unilateral decrease in knee and/or Achilles reflexes, 25 patients (20.0%) on examination, symptoms of "tension", movement disorders, trophic disorders or muscle tone of the lower extremities were not detected.

CONCLUSION

The most common risk factors for vertebrogenic lumbosacral radiculopathy in female patients are elderly and older age (81.2%), heredity (66.7%), obesity (73.9%), spontaneous physical activity (69.6%), hypodynamia (81.2%). 87.3% of patients at the initial examination indicated the presence of a stress factor accompanying the pain syndrome. An objective examination revealed clinically significant affective disorders in 34.8% of patients, dyssomnic disorders in 79.5% of the patients.

The intensity of the pain syndrome, the nature of complaints and the features of the clinical picture, as well as the indicators of the quality of life in women depended on the number and nature of comorbid pathology (CI-%). Factors leading to the chronic course of vertebrogenic lumbosacral radiculopathy in female patients hormonal imbalance in menopausal syndrome (78.3%), moderate and high degree of comorbid index (82.6%).

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