MUSCULOSKELETAL DISORDERS

What’s the issue?

Musculoskeletal disorders (MSD) covers any injury, damage or disorder of the joints, ligaments, muscles, nerves, tendons or other tissues in the limbs or back [282]. There are numerous specific MSD, but information has not been given below on all possible conditions (and not even the most common or more severe ones).

Back pain is common, and often it is non-specific back pain where no specific problem or cause is diagnosed [283], although sometimes it can be due to an injury such as a sprain or strain, and occasionally the cause is a specific medical condition such as a slipped or prolapsed disc, or sciatica. In general, back pain can be reduced by staying as active as possible and trying to continue daily activities, as resting for long periods is likely to make the pain worse. Exercises and stretches for back pain, swimming, walking, yoga and pilates may also be helpful. Anti-inflammatory painkillers and hot or cold compression packs can be used to ease the pain [283]. Specialist treatment can help in specific cases [283]. Joint pain is also a common condition and can be caused by an injury or arthritis. In older people, joint pain that gets steadily worse is usually a sign of osteoarthritis [284]. Other injuries such as tennis elbow [285] and repetitive strain injury [286] can be caused by repetitive actions. Tennis elbow can be caused by tennis, decorating or playing the violin. RSI is often work-related, and can result from jobs such as working on an assembly line, at a supermarket checkout or typing at a computer [286]. Each year in the UK, about five in every 1,000 people go to see their GP about tennis elbow [285]. For these types of injuries it is necessary to stop the repetitive activity for improvement. Sometimes MSD can take a long time to improve, for instance, frozen shoulders usually takes at least 1½ to two years to get better, and can sometimes take up to five years [287]. It is estimated that 5% of people are affected by a frozen shoulder in the UK at some point in their lives [288].

Nationally, lower back and neck pain has the highest disability adjusted life years (DALY – see the JSNA glossary, www.hullpublichealth.org/jsna2017.html#82) and thus has a substantial impact on the quality of people’s lives [81].

What’s our situation?

Whilst lower back and neck pain have the highest DALYs in England, information relating to prevalence and levels of disability are relatively limited, although some information is available through benefit claimants. Almost one in ten (9.5%) working-age people are claiming Incapacity Benefit, Severe Disablement Allowance or Employment Support Allowance in Hull with 16,075 claimants [189]. Overall, 2,130 of these claimants were claiming these benefits due to musculoskeletal conditions (1.3% of working-age population). The highest claimant rates for musculoskeletal conditions were in Orchard Park and Greenwood and St Andrew’s wards (both 2.2%) followed by Bransholme East, Bransholme West and Longhill (all 1.9%). The lowest claimant rate for musculoskeletal conditions were in King’s Park and Holderness wards (both 0.5%), and Beverley and Bricknell wards (both 0.6%).

For more detailed information, see the JSNA Toolkit: General Health, Disabilities and Caring report.

What are the strategic needs?

Often there is relatively little GPs can do to relieve symptoms and pain from MSD. In general, staying active and exercising reduce pain and improves recovery time, although this depends on the specific cause or problem. Therefore, it is important that people suffering with MSD get the right treatment and are aware of the best way to deal with their MSD. People need to be aware that there are risks in taking anti-inflammatory painkillers over a long period or time, or taking too many within specific time frames. People should also be aware of the ways to reduce risk of MSD through regular exercises and stretching, staying physically active, avoiding sitting too long at work or
driving, taking care when lifting objects, maintaining good posture, avoiding repetitive actions, ensuring the mattress on the bed gives sufficient support, and maintaining a healthy weight [283].

References


