



Making decisions with my healthcare professional:

Back problems or sciatica in people aged 16 and over

Primary and self-care

Use this tool to prepare for appointments, during appointments, or both.

Sharing information about my condition

Name:

.....

I think that my back problems are due to: (Please write below)

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Today, I hope that we can:

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.....

I would like some help with: (please circle what matters most to you)

Activity	Family and friends	Mobility	Pain	Sleep	Mental wellbeing	Work and finance	Fatigue
							

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What is likely to happen with my back problems or sciatica?

Back problems and sciatica vary a lot among people. Most people can manage with simple treatments including exercise or medication.

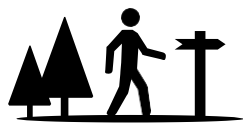
About 5 out of every 10 people with back pain will get better in less than 6 months. Afterwards, 2 out of every 10 people will have mild back pain sometimes. But 3 out of every 10 people will have more severe problems that need more treatments.

About 6 out of every 10 people with sciatica will get better in less than 6 months. A few people get sciatica pain that is still severe after 4 to 6 weeks, and may need a referral for specialist care.

Understanding my options

Can we please talk about my options?

What can I do myself?



Being active

What adjustments might help me?



House and home

What types of tests and treatments might help?



Physical therapies



How I feel



At work



Mental health



Healthy weight



Getting around



Medicines and other treatments



Community groups



Managing with money



Tests and scans

General Questions:

What are the advantages and disadvantages of these options?

How much better will I feel, and when?

What practical things should I know?

Should I choose one option or try several?

Notes

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What should I do?

People who stay active or go to work with back problems recover faster and have less pain than people who rest.

Understanding my treatment options

What does the evidence say about back pain?

After a healthcare professional has diagnosed your back problems, you can discuss these options with them to find out if they are right for you. If you have exhausted the choices listed here and want to discuss further options, please ask for *Back pain: thinking about a referral*.

Exercise and physical activity

Most people who have back pain or sciatica will have less pain if they exercise. No one type of activity or exercise is better than another, so people should choose something they enjoy. Many people will find group exercise programmes helpful. At first, exercise may make pain worse, but this does not mean that the back is being damaged. It's best to start with a small amount of activity and build up.

Paracetamol

Paracetamol is not recommended for people with low back pain. This is because there is no good evidence it helps.

Non-steroidal anti-inflammatory (NSAID) tablets, such as ibuprofen or naproxen

Most people with back pain will have less pain in the first 3 months of taking NSAID tablets. These should be taken at the lowest dose that works for the shortest possible time, and usually with tablets to protect the stomach. It is not clear whether NSAIDs are any help to people with sciatica. People with some health conditions should avoid NSAID tablets. NSAID creams have fewer side effects, so they should be tried first. NSAIDs work better if you take them regularly instead of waiting for pain to get bad.

Opioids

People with back pain should only use weak opioids such as codeine if they cannot take NSAIDs, if NSAIDs have not worked well enough or have caused side effects. People should only use opioids for short periods, as opioids can cause side effects and addiction. Guidelines recommend avoiding strong opioids, including tramadol, morphine and oxycodone. Opioids are not recommended to treat sciatica in the long term.

Nerve pain treatments such as amitriptyline, gabapentin and pregabalin

Nerve pain treatments are not recommended for people with low back pain or sciatica. This is because there is no good evidence they help. Drugs like gabapentin or pregabalin can cause significant side effects.

Tests and scans

Usually, a healthcare professional can diagnose someone from their symptoms and by examining them, so most people do not need tests or scans.

Some people's back problems may be caused by conditions that need other kinds of treatment. Your healthcare professional will explain options recommended by the National Institute of Health and Care Excellence, or NICE. This will help you make a decision together about what is best for you.

Sharing decisions

Please complete this section together with your healthcare professional.

- ☐ I would like to make some decisions today
- ☐ I would like to talk to my family and/or friends before making a decision
- ☐ I would like to make another appointment
- ☐ I would like to have more information

We agreed that:

I will:



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My healthcare professional will:

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I should come back to see a healthcare professional if:



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If I have a problem or a concern, I should contact: (name and contact details)

.....

I can find more information:

1. [nhs.uk/conditions/back-pain/](https://www.nhs.uk/conditions/back-pain/)
2. [arthritis-uk.org/back-pain](https://www.arthritis-uk.org/back-pain/) or call our helpline on 0800 5200 520
3. [nice.org.uk/guidance/ng59/ifp/chapter/Low-back-pain-and-sciatica-the-care-you-should-expect](https://www.nice.org.uk/guidance/ng59/ifp/chapter/Low-back-pain-and-sciatica-the-care-you-should-expect)
4. [citizensadvice.org.uk](https://www.citizensadvice.org.uk) or 03444 111 444
5. [fitforwork.org](https://www.fitforwork.org)

Local services I can access include:

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This decision support tool was developed by Arthritis UK with support from the Primary Care Centre Arthritis UK at Keele University and funding from NHS England. For information on the evidence sources used, please contact content@arthritis-uk.org