



Injury Briefing

A review of the latest studies from Dr. Michael D. Berry.

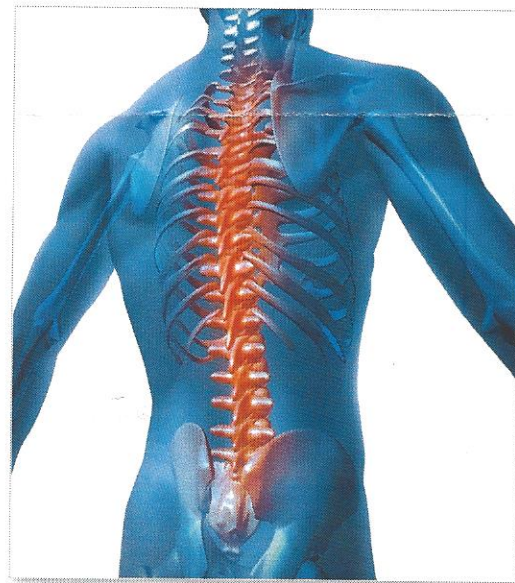
Erasing Mid-back pain After Whiplash

Nearly a quarter of auto injury patients with mid-back pain do not recover within a year, new research shows.

A study published in the *European Journal of Pain* found among 3,496 patients with mid-back pain after an auto accident, 23 percent suffered from symptoms a year after the collision.

The population-based longitudinal study tracked Canadian patients with whiplash and mid-back pain after a car accident.

Researchers found that it took a median of 101 days for a patient to recover from mid-back pain, although it often took longer. Factors that prolonged recovery included patients' expectations, general health, extent of co-existing symptoms and having experienced a previous auto injury.



Young people and women also had a higher risk of suffering from mid-back symptoms.

The study did not examine other whiplash symptoms, such as headaches and jaw dysfunction or low back, neck and shoulder pain. Earlier research has shown that neck pain and other whiplash symptoms can plague patients for up to a decade.

When seeking whiplash treatment, it's important to receive care from a doctor who can look at the injury holistically, such as a chiropractor. Doctors of chiropractic are equipped to treat a myriad of symptoms that can emerge after whiplash.

In fact, research has shown that 93 percent of whiplash patients see significant relief after receiving chiropractic adjustments. The sooner a patient can get effective treatments, the sooner he or she can get back to a normal life after an auto accident.

Pain Meds Up Risk of Depression

Popping too many painkillers may actually increase your risk of depression, a new study published in the journal *Pain* suggests.

Patients showed more signs of depression when their dosage of opioids increased, researchers from Saint Louis University found.

The longitudinal cohort study tracked 355 patients with chronic low back pain initially and at one-year

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and two-year follow-ups.

Patients from the study also reported how long they had experienced chronic pain.

Factors that could contribute to depression, according to this study and others, include both the amount of daily morphine taken, and the duration of exposure.

But lead researcher of the study, Jeffrey Scherrer, Ph.D., associate professor at Saint Louis University, said that it may be the duration of opioid use, rather than the dosage, that ultimately drives depression.

Since his study was accepted in *Pain* his research team has continued to study the link between depression and opioids by using data from the Veterans Association.

"Our results support the conclusion that most of the risk of depression is driven by the duration of use and not the dose," Scherrer told Medical News Today.

"... Patients who increase dose were the longer using patients. This is logical as longer use is associated with tolerance and a need to increase opioids to achieve pain relief," he added.

It's all too easy for patients with chronic pain to get trapped in a cycle of opioid dependency. While opioids may be warranted and unavoidable during the acute phase of an injury, treatments such as chiropractic can solve the root of the pain rather than masking the symptoms in the long term.

References

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