Caring for your Spine

The Role of Diet and Weight

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The science of nutrition should be considered in the care and treatment of individuals with spinal disease. Patients with chronic back pain and osteoporosis may benefit by receiving nutritional consultation to evaluate dietary intake and eating habits. The spine physician experienced in nutrition or a nutritionist can use this information to develop a realistic nutritional plan that may benefit the patient on a long-term basis. It is important to eat a well-balanced diet in moderate quantities. Extreme dietary fluctuations or inconsistencies can lead to a loss of muscle mass, reduced bone density and altered body fat deposition. Loss of bone density in some cases can be extremely difficult to reveres.

Obesity

The loss of mobility secondary to muscular deconditioning and weight gain are a common occurrences in those suffering from chronic back pain. Weight gain can impair mobility and aggravate pre-existing back pain. The goal of nutritional intervention in these patients is to improve their dietary behavior and/or lifestyle choices to facilitate weight maintenance and/or weight loss. Nutritional recommendations are usually based upon the patient's dietary preferences, patterns, and lifestyle. This realistic approach of emphasizing improved eating habits instead of using rigid diet plans has been more successful in achieving long-term success in the prevention and treatment of obesity.

Obesity and the Relationship to Low Back Pain

Obesity contributes to myriad of health problems including back pain. Obesity can contribute to a number of different afflictions of the spine such as back pain, muscle strain, risk for compression fractures and deformity in the present of underlying osteoporosis, discogenic pain and spinal joint (facet) pain. The later condition occurs secondary to the increased magnitude of the low back curve that places additional stress upon the spinal joints (facets).

Overweight individuals are much more likely to experience low back problems than individuals who maintain a healthy weight. Individuals who carry extra weight around their midsection will be more likely to suffer low back complications than those who have more equal distribution of their weight.

Individuals who are overweight, particularly those who are obese are also more likely to experience nerve compression syndromes and related sciatic pain.

A lower BMI and Weight Loss can Lower Risk for Other Back Problems

Overweight and obese patients are exposed to increased risk for disc degeneration and spinal joint (facet) osteoarthritis.

Recovery from back surgery is strongly influenced by a patient $\hat{a} \in \mathbb{T}M$ s body mass index (BMI) and their body weight. Obese patients have a higher risk of complications and infections from surgery than non-obese patients. They are also exposed to greater risk of scar tissue (fibrosis) development due to the stress placed upon post-operative inflammed areas. Overweight or obese patients should consider losing weight prior to any elective (non-emergency) back surgery to help reduce the risk for complications and future back problems.

Exercise Helps with Weight Loss and Back Pain

Achievement and maintenance of healthy weight requires the development of the habit of regular exercise. There are many reasons why overweight individuals avoid regular exercise. These reasons include, general fatigue, exertional fatigue, shortness of breath, back pain, extremity joint pain, foot pain, limited flexibility, poor self-imaging and not wanting to be seen exercising because they are $\hat{a} \in \alpha Fat \hat{a} \in ?$. This is a vicious cycle that needs to be broken or it progresses and becomes worse.

Many patients with chronic or recurrent back problems believe that they should avoid all exercise and many of the activities of daily living in order to protect their back from further compromise and pain. Inactivity and lack of exercise can contribute to progressive deterioration of a back problem. Inactivity can lead to muscle atrophy and weakness that alters posture and reduces stability of spinal motion segments.

Decreased physical activity also reduces spinal flexibility that will contribute to greater stress on the tissues of the spine. Regular physical movement helps to deliver nutrients to the tissues of the spine and also helps to increase the removal of metabolic by products (waste products).

Fatness and Functional Failure:

A high percent body fat is considered to be one of the major killers in America today. It is also considered one of the leading causes for stress on weight bearing joints including the spine. Obesity increases the risk for degenerative arthritis. The use of height and weight charts to determine optimum weight or for screening for obesity can be inaccurate. These charts do not take into consideration the actual composition of the body. Body composition is defined as the proportion of bone, muscle, fat, and organ weight of the body. The average male 18-20 years of age has between 12% and 15% fat. A woman of the same age may vary between 26% and 30% fat. Middle age individuals tend to have a higher percentage of body fat than younger individuals. The aging process involves continuous changes in body composition.