**Blackcaps are disproportionately impacted by low back pain**

In the United States, more than 80% of adults will experience low back pain at some point in their life. Injury, working in a job with lifting or standing for long hours, or a job where there is too much sitting can cause back pain. Many people go on to experience chronic back pain. They require various treatments including surgery, injections, and medications including pain medications like opioids.

Over the last decade, there has been a rise in persons seeking care for back pain. The National Institute on Aging (NIA) has encouraged marginalized groups to participate in back pain and its treatment. Information from a study by the University of Pittsburgh and UPMC received funding as a part of NIA’s BACPAC Research Consortium on back pain, part of the HEAL initiative (Helping to End Addiction Long-term). This initiative is advancing research to understand back pain and improve public health. Opioids are often prescribed for low back pain. These are strong painkillers that have been overused (sometimes unnaturally). Opioids are not the right medications for everyone. Instead of these dangerous painkillers, Dr. Sowa and her team focus on low back pain. The goal is to reduce unnecessary and tailored treatment and find the right combination of treatments early on so that the pain does not become an ongoing problem.

The “Biomarkers for Evaluating Pain” trial will investigate four treatments for chronic low back pain and learn about for whom they work. This study is based on the importance of these factors to their research. Back pain is a mixture of symptoms and history. “Precision medicine means taking into account what a patient needs, how the patient feels, and predict what the patient may describe their pain as” (LB3P MRC). One of the major research areas over the past few years has been on how to reduce the risk of chronic back pain.

The study will take place over 12 months and involves four treatment groups. The information helps to guide patients into distinct back pain groups. This way, the center improves personalized treatment while reducing use of opioids. Most low back pain does not require surgery. Nor are medications like opioids the right treatment. Low back pain is a mixture of symptoms—it’s not due to one single cause. So the health care providers should not take it “as one size fits all approach.” One of the main factors that often are overlooked is why a person’s pain is different from another’s.

Today, there are so many low back pain patients, there are also many different barriers to healing. These barriers hinder the ability to have a healthy lifestyle, diet, smoking, and safe neighborhoods in which to work and exercise. The types of jobs that many Black/African American males have in our region are physically demanding, like construction. Compared to White residents, individuals who are Black also work in lower-paying jobs that require sitting all day such as driving or call centers. This leaves less job options. Back pain can have the potential to affect job options. In the context of the COVID-19 pandemic, the many stressors related to employment and housing have increased depression and reduced physical activity. These factors also make back pain more likely or more severe.

Once diagnosed with back pain, people who are not White also may experience differences in care. Studies show that people who are Black or other non-White ethnic backgrounds are undertreated. This means they do not get referred for management of pain as often as White patients. People may describe their pain differently depending on their cultural and language background. It’s possible that providers may have biases that affect how patients are treated and who doesn’t.

Dr. Sowa notes that addressing these disparities in treatment is a critical aspect of their research. Back pain is complex and can be related to how people move (biomechanical), how their body responds to injury (physiological), and lifestyle factors (behavioral). That is why everyone’s treatment needs to be considered at an individual level, taking all those factors into account. The goal is to help people feel better after they stop treatment. The work is full of “lots of different best ways to help solve the complex problem of low back pain.”

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**Low Back Pain Study**

The LB/P Low Back Pain Research Study is part of a 13-site Back Pain research consortium. The three legs are for the factors that contribute to back pain—biological, biomechanical, and behavioral. Researchers work together to create an integrated model of the contributors to chronic low back pain. This study will help to improve and individualize treatments. Back pain can be caused by different factors, including psychological, physical factors, and lifestyle factors. Understanding these factors for identifying who are interested in participating in pain treatment research.

The first study visit will take place at a Pitt lab on Second Avenue and 16th Street near the Hot Metal Bridge. The researchers will collect biological, behavioral, and physical information. This includes answering questions and providing biologica samples. Samples that will be collected are the national spirit, blood, urine, and stool. Individuals will be sent home with wearable sensors that will record their activity for seven days.

After the first study visit, follow-up questionnaires will be asked by phone or computer. These include medication use, use of pain and function or activity. Some individuals will follow up in the second stage of the study and will collect radiologic imaging of their back during normal movement. Some participants may be over the age of 65 or older, experiencing ongoing back pain over the next 6 months in the last 6 months. Individuals chosen to participate will be compensated for their time.

For more information, please call 412-498-9179 or email backpainsust@up.edu

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