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EDITORIAL

Back Pain after Surgery for Degenerative Spine: the Role of Depression, Physical Activity and "Fear-Avoidance"

Donnarumma P

Department of Neurosurgery, "Sapienza" University of Rome, Italy

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Correspondence:
Donnarumma P,
Department of Neurosurgery, "Sapienza" University of Rome, Viale Del Policlinico 115, 00161 Rome, Italy;
Email: pasquale.donnarumma@uniroma1.it

Editorial

Many studies have shown association between outcome after lumbar spine surgery and psychological dysfunction as depression [1,2], coping strategies [3,4], and various workplace psychological factors (stress, satisfaction, "resigned" attitude, etc.) [5].

Avoidance of movements may be successful as a short term "coping" strategy in response to chronic pain [6-8]. However, an exclusive reliance on it may result in a variety of negative repercussions [9]. The fear of a pain-related movement can induce "to avoid" that movement. Work and activity-specific fear-avoidance beliefs have been identified as important predictor variables in relation to the development of, and treatment outcome for, chronic low back pain [10]. The "fear-avoidance" refers to the avoidance of pain-related movements or activities based on fear [11]. Campbell et al [12] demonstrated clear evidence between low mood, anxiety, fear-avoidance beliefs, coping strategies, and pain, disability, and work retention in patients affected by low back pain.

In patients affected by lumbar stenosis without instability and deformity, the fear-avoidance and the physical inactivity are related with the highest levels of low back pain, as demonstrated in a previous study [13].

Prolonged avoidance of movements result in a global physical inactivity. Physical inactivity has harmful consequences in many organs and systems and associates also with psychosocial dysfunction and depression [7]. To stop this vicious circle is essential to detect and treat the "fear-avoidance" at an early stage.

Screening measures to detect the avoidance of "pain-related movements" could be useful even before than after surgery.

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