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Work related stress and pain

The role of complementary therapies

Recent workers' compensation statistics demonstrate a reduced incidence of most categories of work related injuries between 1996–1997 and 2002–2003.¹ However, mental health disorders have increased by 32%, of which 'mental stress' is the most prevalent workers compensation claim.

The highest number of claims in any category is musculoskeletal injuries, of which back injury is the most common at approximately 25%.¹ In view of these statistics, this article focuses on evidence based complementary medicines or therapies in the management of back pain and mental health issues.

Back pain

Lumbar back pain is a common presentation in general practice, accounting for approximately 5% of all consultations and a significant proportion of workers' compensation claims.

There are a number of herbal medicines thought to be effective in the management of mechanical back pain. A recent Cochrane review found that the herb 'devil's claw' (*Harpagophytum procumbens*) standardised to 50–100 mg harpagoside in two high quality trials (both randomised, double blinded and placebo controlled) was significantly better than placebo in reducing pain.² Another high quality trial demonstrated equivalence to 12.5 mg per day of rofecoxib. The recommended dosage of devil's claw is 0.5–2.0 g (dried herb) three times per day before food. Adverse effects reported were low and included diarrhoea and gastric irritation. There is a theoretical risk of interactions with warfarin and certain anti-arrhythmic agents.³

Another Cochrane review examined two randomised controlled trials which demonstrated moderate evidence for the use of white willow bark (*Salix alba*) in acute lower back pain. The trials used willow bark at doses of 120–240 mg compared to placebo and to 12.5 mg of rofecoxib. Results demonstrated that willow bark was equivalent to rofecoxib and significantly better than placebo at reducing pain.² No adverse effects were noted, however as willow bark contains salicylates there is a risk of gastrointestinal disturbance, interactions with warfarin and allergic reactions in individuals with known salicylate sensitivity.³

Stress/mental health

Meditation has been widely used for stress management. A 2004 meta-analysis examined the effects of mindfulness based stress reduction on numerous psychological and physical health outcomes. The trials used in this analysis involved approximately 21.2 hours of meditation per week. The studies compared groups of individuals who practised these techniques on a daily basis with controls who used relaxation techniques, exercise, stress management techniques or no treatment. Mindfulness based meditation demonstrated a statistically significant positive effect on both physical and mental health parameters.⁴

A 2005 Cochrane review analysed results from 37 randomised double blinded trials, comparing St John's wort to either placebo or standard antidepressants. The review concluded that hypericum was equivalent to tricyclic antidepressants in the management of mild to moderate depression with better tolerability.⁵ Common side effects were photosensitivity, gastrointestinal disturbances, headache and pruritus. Potential drug interactions with St John's wort include antidepressants, anticonvulsants, digoxin, methadone, warfarin, theophylline and oral contraceptives.³

A small double blinded, randomised controlled study compared the use of passionflower to oxazepam in outpatients with generalised anxiety disorder. The study found that passionflower was as effective as 30 mg per day of oxazepam with fewer side effects.⁶

Conflict of interest: none.

References

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