Sleep disorders up health care visits, costs for low back pain

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was not significantly predicted by sleepiness. Higher disability, pain intensity, and presence of a sleep disorder were associated with higher predicted visits and costs for LBP. The presence of a sleep disorder was not a significant moderator.

"The presence of sleep disorders is not often evaluated during the clinical management of low back pain, but could provide an important indication of risk for high pain-related health care use," Rhon said in a statement.

 More information: Abstract/Full Text (subscription or payment may be required)

(HealthDay)—The presence of a sleep disorder diagnosis has a significant effect on low back pain (LBP)-related health care visits and costs, independent of pain intensity and disability, according to a study published online July 5 in Spine.

Daniel Rhon, D.Sc., from Brooke Army Medical Center in San Antonio, and colleagues assessed pain intensity, disability (Oswestry Disability Index), and sleepiness (Epworth Sleepiness Scale) in 757 consecutive patients with LBP participating in a self-management class at a large U.S. military hospital (March 1, 2010, to Dec. 4, 2012). The Military Health System Data Repository was used to assess medical visits for a sleep disorder in the 12 months prior to the class and LBP-related health care utilization for the 12 months following the class.

The researchers found that more than one-fourth of participants (26.8 percent) were diagnosed with a subsequent sleep disorder. Health care utilization

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