

Prevalence and Morbidity of Neck Pain in Old Men

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Aim: In old men identify the prevalence of neck pain and among those with neck pain find subgroups with more severe morbidity with greater need of intervention.

Material and Method: Mister Osteoporotic Fractures in Men (MrOs) Sweden (n=3014) is a population based prospective observational study that includes community-living men aged 69-81 years. 3000 of the men had at baseline answered questions evaluating history of neck and/or thoracolumbar pain during the preceding year, severity of the pain and if the pain was radiating with or without neurological deficits.

Results: 865 men (29%) had experienced neck pain and 1619 (54 %) thoracolumbar pain.

Among the men with neck pain, 59% had only neck pain, 17% also rhizopathy and 24% rhizopathy with neurological deficits. Morbidity was reported severe in 13% of men with neck pain with no rhizopathy, in 24% among men with also rhizopathy, and in 46% among men with rhizopathy and neurological deficits ($p < 0.001$). Morbidity was reported as severe in 10% of men with neck pain with no thoracolumbar pain and in 30% of men with both neck and thoracolumbar pain ($p < 0.001$).

Conclusion: The prevalence of neck pain is 29% in old men. Morbidity is in men with only neck pain generally low but increases if the neck pain is associated with rhizopathy and even more if the neck pain is associated with thoracolumbar pain (where around 1/3 report severe morbidity) or if the neck pain is associated with rhizopathy with neurological deficits (where just below half report severe morbidity).