

SELF-CARE INFORMATION ON CERVICAL SPONDYLOSIS

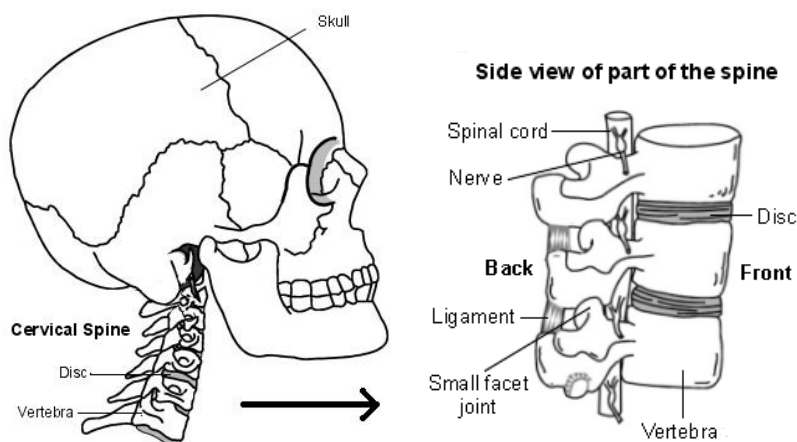
Cervical spondylosis is one possible cause of neck pain symptoms. Cervical spondylosis is 'wear and tear' of the vertebrae and discs in the neck. It is a normal part of ageing and does not cause symptoms in many people. However, it is sometimes a cause of neck pain. Symptoms tend to come and go. Treatments include keeping the neck moving, neck exercises and painkillers. In severe cases, the degeneration may cause irritation or pressure on the spinal nerve roots or spinal cord. This can cause arm or leg symptoms. In these severe cases, surgery may be an option.

Understanding the neck

The back of the neck includes the cervical spine and the muscles and ligaments that surround and support it. The cervical spine is made up of seven vertebrae. The first two of these attach the spine to the skull and allow the head to turn from side to side. The sides of the vertebrae are linked by small facet joints. Between each of the vertebrae is a 'disc'. The discs have a softer gel-like inner part and act like 'shock absorbers' and allow the spine to be flexible.

Strong ligaments attach to adjacent vertebrae to give extra support and strength. Various muscles attached to the spine enable the spine to bend and move in various ways.

The spinal cord contains nervous tissue carrying messages to and from the brain and is protected by the spine. Nerves from the spinal cord come out from between the vertebrae in the neck to take and receive messages to the neck and arms. A major blood vessel called the vertebral artery also runs alongside the vertebrae to carry blood to the rear part of the brain.



What is cervical spondylosis?

Cervical spondylosis is an age-related degeneration ('wear and tear') of the vertebrae and discs in the neck. To an extent, we all develop some degeneration in the vertebrae and discs as we become older. One feature is that the edges of the vertebrae often develop small, rough areas of bone called osteophytes. Also, over many years, the discs become thinner. This degeneration is a normal ageing process which can be likened to having 'wrinkles in the spine'. In many people this does not cause any symptoms. For example, routine X-rays of the neck will show these features (osteophytes and disc thinning) in many people with no symptoms.

However, in some people, the nearby muscles, ligaments, or nerves may become irritated or 'pressed on' by the degenerative changes. So, cervical spondylosis can be a cause of neck pain, particularly in older people.

What are the symptoms of cervical spondylosis?

If symptoms develop, they can range from mild to severe. Symptoms may include:

- Pain in the neck which may spread to the shoulders and base of the skull. Movement may make the pain worse. The pain sometimes spreads down an arm to a hand or fingers caused by irritation of a nerve. The pain tends to come and go with flare ups. You may have a flare-up of pain after unaccustomed use of your neck, or if you sprain a neck muscle or ligament. Some people develop chronic (persistent) pain.
- Some neck stiffness, particularly first thing in the morning.
- Headaches can start at the back of the head just above the neck and travel over the top to the forehead.
- 'Pins and needles' can develop in part of an arm or hand. This symptom is caused by irritation of a spinal nerve as it leaves the vertebral area. Tell a doctor if loss of feeling (numbness) or weakness develops in a part of a hand or arm. This is called a 'cervical radiculopathy'.
- More rarely, clumsiness of a hand, problems with walking, or problems with bladder function occur when pressure from a worn vertebra or disc damages the spinal cord. This is called 'cervical myelopathy'. It is important to report these symptoms to a doctor.

What are the treatments for cervical spondylosis without radiculopathy or myelopathy?

Exercise your neck and keep active

Aim to keep your neck moving as normally as possible. During flare-ups the pain may be quite bad, and you may need to rest for a day or so. However, commence gentle exercise the neck as soon as you are able. You should not let it 'stiffen up'. Gradually try to increase the range of the neck movements. Several times a day gently move the neck in each direction.

As far as possible, continue with normal activities. You will not cause damage to your neck by moving it.

Medicines

Painkillers are often helpful.

- *Paracetamol* at full strength is often sufficient. For an adult this is two 500 mg tablets, four times a day.
- *Anti-inflammatory painkillers* can be effective for this type of pain. They can be used alone or in combination with paracetamol. They include ibuprofen which you can buy at pharmacies. Other types such as diclofenac or naproxen need a prescription. Some people with stomach ulcers,

asthma, high blood pressure, kidney failure, or heart failure may not be able to take anti-inflammatory painkillers.

- *A stronger painkiller* such as codeine is an option if anti-inflammatories do not suit or do not work well. Codeine is often taken in addition to paracetamol. Constipation is a common side-effect. To prevent this, have lots to drink and eat foods with fibre.
- *A low dose tricyclic antidepressant*, such as amitriptyline, is sometimes used for chronic (persistent) neck pain. The dose of amitriptyline used for pain is 10-30 mg at night. At higher doses, tricyclic antidepressants are used to treat depression. However, at lower doses they have been found to help relieve certain types of pain including nerve pain in the neck.

Other treatments

- *A good posture may help.* Check that your sitting position at work or at the computer is not poor. Sit upright. Yoga, Pilates, and the Alexander technique all improve neck posture, but their value in treating neck pain is uncertain.
- *A firm supporting pillow* seems to help some people when sleeping. Try not to use more than one pillow.
- *Physiotherapy.* Various treatments may be advised by a physiotherapist. These include traction, heat, cold, manipulation, etc. Evidence for these therapies is variable, but some patients report finding them helpful. A doctor may initially advise to advise on painkillers and gentle neck exercises. If symptoms do not improve over a week or so, you can self-refer to the physiotherapy service to help with pain relief and for advice on specific neck exercises or see this link: <https://www.versusarthritis.org/media/23110/neck-pain-information-booklet.pdf>

Treatment may vary and you should go back to see a doctor if:

- The pain becomes worse or severe.
- Other symptoms develop such as numbness, weakness, or persistent pins and needles in a part of an arm or hand.
You develop any problems with walking or with passing urine. Again, these symptoms suggest that cervical myelopathy may be developing as a complication of the cervical spondylosis.
- You develop dizziness or blackouts when turning the head or bending the neck. This can suggest that the vertebral artery which supplies the brain is being nipped by the degenerative changes in the spine.

Other pain-relieving techniques may be tried if the pain becomes persistent. For example, you may be referred to a pain clinic and a pain management programme may be offered to help you control and live with your pain.

Chronic neck pain is also sometimes associated with anxiety and depression which may also need to be treated.

Cervical radiculopathy and cervical myelopathy

Cervical spondylosis can progress to cause cervical radiculopathy or cervical myelopathy. Most cases do not. However, it may be useful to be aware of the symptoms which may develop slowly. See a doctor if you suspect that you are developing cervical radiculopathy or cervical myelopathy.

Cervical radiculopathy

This occurs when the root of a nerve is pressed on or damaged as it comes out from the spinal cord in the neck (cervical) region

As well as neck pain, symptoms of radiculopathy include loss of feeling (numbness), pins and needles, pain, and weakness in parts of an arm or hand supplied by the nerve. These other symptoms may be

the main symptoms rather than neck pain. Pains down into the arm are usually worse in one arm but may affect both. The lower cervical vertebrae are the usual ones affected, causing these symptoms in the arms. However, if the upper vertebrae are involved, the pain and numbness occur at the back and the side of the head.

Your GP may suspect a radiculopathy if you have the typical symptoms and examination findings. You may then be referred to a specialist for further tests. These may include an MRI scan which will show whether the nerve roots are being pressed on.

Treatment will depend on how severe the pressure and damage are. In many cases the symptoms settle over time. A course of physiotherapy or a neck collar used for a prescribed period may help. However, in some situations, surgery may be recommended which aims to relieve the pressure on the nerve. Depending on the cause, this may involve surgery to the disc or to the vertebra itself.

Cervical myelopathy

This occurs when there is pressure on or damage to the spinal cord itself. This may be caused by cervical spondylosis, a prolapsed disc or rarely a tumour or infection.

The symptoms of a cervical myelopathy may include:

- *Difficulties with walking.* For example, the legs may feel stiff and clumsy.
- *Changes to the sensation* of the hands. For example, it may be difficult to feel and recognise objects in the usual way and you may have a tendency to drop things.
- *Problems with your bladder.* For example, you may experience problems with emptying your bladder, or incontinence.

Examination may show changes to the sensation, power and tendon reflexes to the legs and arms. You are likely to be referred to a specialist for further tests, usually an MRI scan. This will show how the spinal cord is affected and whether any surgical treatment to relieve the pressure is likely to help.

Useful contacts

- Ask your pharmacist
- Patient UK - www.patient.co.uk
- NHS Choices, www.nhs.uk/conditions/
- <https://www.versusarthritis.org/media/23110/neck-pain-information-booklet.pdf>

If you have further questions:

Call the **practice** on *01285 653184 or 01285 653122*

If you require **urgent** medical advice, call *111 (24 hours)*

In an **emergency** call **999**