Cervical Spondylosis

What is the cervical spine?

The spine is made up of many bones called vertebrae. These are roughly circular and between each vertebra is a 'disc'. The discs are made of strong 'rubber-like' tissue which allows the spine to be fairly flexible. The cervical (neck) spine is the upper part of the spine.

The spinal cord, which contains the nerves that come from the brain, is protected by the spine. Nerves from the spinal cord come out from between the vertebrae to take and receive messages to various parts of the body. The nerves coming from the spinal cord in the cervical region go to the shoulder, neck, arm, and upper chest.

Strong ligaments attach to the vertebrae. These give extra support and strength to the spine. Various muscles also surround, and are attached to, various parts of the spine. (The muscles and most ligaments are not shown in the diagram for clarity.)

What is cervical spondylosis?

Cervical spondylosis is a 'wear and tear' of the vertebrae and discs in the neck region. It is a common cause of neck pain in older people. Symptoms tend to wax and wane. Treatments include neck exercises and painkillers. In severe cases, surgery may be an option.

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Cervical spondylosis is a cause of neck pain. It tends to develop after the age of 30, and becomes more common with increasing age. The underlying cause is the age-related degeneration ('wear & tear') of the vertebrae and discs in the neck region.

To an extent, we all develop a degree of degeneration in the vertebrae and discs as we become older. However, cervical spondylosis is a term used if the degree of degeneration is more severe, and causes more symptoms, than is expected for a given age.
As the 'discs' degenerate, over many years they become thinner. Sometimes the vertebrae develop small, rough areas of bone on their edges. The nearby muscles, ligaments, and nerves may become irritated by these degenerative changes which can cause troublesome symptoms.

**What are the symptoms of cervical spondylosis**

Symptoms can vary from mild to severe. You may have a flare up of symptoms if you over-use your neck, or if you sprain a neck muscle or ligament. Symptoms include:

- Pain in the neck. This may spread to the base of the skull and shoulders. Movement of the neck may make the pain worse. The pain sometimes spreads down an arm to a hand or fingers. This is caused by irritation of a nerve which goes to the arm from the spinal cord in the neck. The pain tends to wax and wane with flare-ups from time to time. However, some people develop chronic (persistent) pain.
- Some neck stiffness, particularly after a night's rest.
- Headaches from time to time. The headaches often start at the back of the head just above the neck and travel over the top to the forehead.
- Numbness, pins and needles or weakness may occur in part of the arm or hand. Tell a doctor if these symptoms occur as they may indicate a problem with a 'trapped nerve'.

**What are the treatments for cervical spondylosis?**

**Exercise your neck and keep active**

Aim to keep your neck moving as normally as possible. As far as possible, continue with normal activities. In the past, some people have worn a neck collar for long periods when a flare-up of neck pain developed. It is now known that if you wear a collar for long periods it may cause the neck to 'stiffen up'. Therefore, try to keep your neck as active as possible.

**Medicines**

Painkillers are often helpful. You need only take them when symptoms flare-up.

- **Paracetamol** at full strength is often sufficient. For an adult this is two 500 mg tablets, four times a day.
- **Anti-inflammatory painkillers**, Some people find that these work better than paracetamol. They include ibuprofen which you can buy at pharmacies or get on prescription. Other types such as diclofenac, naproxen, or tolfenamic need a prescription. Some people with 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 from codeine. To prevent constipation, have lots to drink and eat foods with plenty of fibre.
- **A muscle relaxant** such as diazepam is sometimes prescribed for a few days during a flare-up of pain if your neck muscles become tense and make the pain worse.

**Other advice**

- **A good posture may help**. Brace your shoulders slightly backwards, and walk 'like a model'. Try not to stoop when you sit at a desk. Sit upright.
- **A firm supporting pillow** seems to help some people when sleeping.
- **Physiotherapy**, Therapies such as traction, heat, cold, manipulation, etc, may be tried when you have a flare-up of pain. However, the evidence that these help is not strong. What may be most helpful is the advice a physiotherapist can give on neck exercises to do at home.

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

- the pain becomes worse.
- numbness, weakness, or pins and needles develop in an arm or hand.
Other pain relieving techniques may be tried if the pain becomes chronic (persistent). Chronic neck pain is also sometimes associated with anxiety and depression which may also need to be treated.

In some cases, a nerve may become irritated, pressed on or 'trapped' which can cause persistent severe pain or other symptoms in an arm such as muscle weakness. In some cases special x-rays and scans may be advised to look for the exact site of the problem. In some cases, surgery may be an option to relieve the symptoms.

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