

Musculoskeletal Disorders: Prevalence and Associated Factors

Saritha Bommanaboina

Department of Medicine, Chelmeda Medical College, Telangana, India.

Introduction

Musculoskeletal disorders (MSDs) are widespread and increasing occupational health problems in the workplace worldwide. The causes of work-related MSDs are usually multifactorial including physical, ergonomic, and psychosocial factor [1]. MSDs usually occur in workers who have excessive repetition, awkward postures, and heavy lifting. The International Labour Organization (ILO) and the World Health Organization (WHO) regard MSDs as a work-related disease, which is also referred to as a “new epidemic” that should be researched and solved. MSDs have a huge impact on work-related absence and a high proportion of days lost is due to MSDs. Therefore, it not only affects the health of workers but also creates a burden on the health system, on the businesses economic, and on the social costs to deal with their consequences. MSDs prophylaxis is needed in many countries to allow workers to avoid the symptoms of MSDs, improve working productivity, and reduce the burden on medical systems at the same time. In developed countries, many programs for the prevention of MSDs have been applied on workplace.

Musculoskeletal disorders are the leading source of pain and disability globally but are especially prevalent in the industrialized nations including the U.S. In addition to the substantial individual suffering caused the rising monetary costs of these disorders are noteworthy [2]. In the U.S. alone the annual costs have been estimated to be \$874 billion 5.7% of the annual U.S. G.D.P. Despite these expenditures the care provided to patients with musculoskeletal disorders is highly variable and has regularly been shown to have suboptimal outcomes. The many reasons for this ineffective care include the mutable nature of the prevailing syndromes and their limited and variable understanding. The care rendered by a broad and incongruent group of providers who practice disparate methodologies and employ variable treatments. Disorderedly triage comprised of arbitrary selection of providers, care methodologies, and treatments, which is prone to a range of extraneous influences. Treatments that are unable to apprehend the causative pathological processes, which are therefore progressive, cause irreversible damage to the respective musculoskeletal structures, and result in enduring pain and disability. The overall lack of preventative care and the consequent prevalence of these disorders especially in specific work environments and with certain high-risk life styles [3].

Prevalence

MSKDs are common worldwide but are prevalent in the industrialized nations including the U.S. The National Health Interview (NHI) Survey conducted by the U.S. census bureau in 2012 reported over half (126.6 million, 54%) of the adults suffering from MSKDs a far greater frequency than circulatory (31%) or chronic respiratory conditions (28%). Low back, neck and chronic joint pains were the most prevalent MSKDs with low back pain reported by 66 million and chronic joint pains by 63.1 million adult Americans [4]. The prevalence of MSKDs increased with age and chronic joint pains were reported by 40% of the Americans over the age of 65 years. Similarly, from 2010 to 2011, of the 1.3 billion medical diagnoses made in the U.S., 223.6 million (18%) pertained to MSKDs. The most common diagnoses rendered were “other and unspecified disorders of the back” and “other and unspecified disorders of joints” given in 12.7 % and 8.6% persons, respectively.

In Vietnam, although the occupational health sector is still underdeveloped, occupational diseases and their prevention are increasingly concerned. Currently, the list of occupational diseases covered by insurance has expanded to 34 [5]. However, MSDs are not included in this list. Many occupational disease prevention programs have been implemented in different work environments, including the medical milieu. Contrariwise, there was only one recent and unique study ever about MSDs among workers in the health sector in Vietnam in 2015 that showed a prevalence of MSDs over the past twelve months among nurses at Viettiiep hospital, the largest provincial hospital in Haiphong in the northern coastal region of Vietnam, which was very high (81%), and many related factors may have affected these disorders [6]. This suggests that the problem of MSDs among nurses in Vietnam can be very large. However, in order to have a comprehensive picture of MSDs among nurses, this study is to assess the current status and risk factors affecting MSDs among nurses at the district hospitals of Haiphong.

*Corresponding author: Saritha Bommanaboina, Department of Medicine, Chelmeda Medical College, Telangana, India.. E-mail: bommanaboinasaritha@gmail.com

Received May 06, 2021; Accepted May 20, 2021; Published May 27, 2021

Citation: Bommanaboina S (2021) Musculoskeletal Disorders: Prevalence and Associated Factors Aff 9:349.

Copyright: © 2021 Bommanaboina S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.