

FACT SHEET — AGE-SPECIFIC — MEN OVER 60

Back Pain in Older Men

Understanding the specific causes, risks, and considerations for men over 60 with back pain

Back pain is extremely common in men over 60 — but the clinical picture is different from back pain in younger adults. The range of possible causes is broader, several serious conditions become significantly more likely with age, and the interaction between multiple coexisting conditions creates a more complex picture. This fact sheet is specifically for men over 60 with back pain.

■ ■ Seek urgent medical assessment for back pain with any of these features:

- Constant back pain not relieved by any position — present at rest and at night
- Unexplained weight loss alongside back pain
- Fever or feeling systemically unwell
- Rapidly worsening leg weakness, bladder or bowel changes — go to A&E;
- Back pain following a fall or minor trauma (possible fracture)
- Known cancer history with any new back pain
- Urinary symptoms alongside back pain — see your GP this week

Why back pain is different in men over 60

Three important changes occur as men age that alter the clinical significance of back pain:

- **The baseline risk of serious conditions increases** — cancer, vascular disease, osteoporosis, and metabolic bone disease all become more common with age
- **Multiple conditions frequently coexist** — spinal stenosis, facet arthritis, disc degeneration, and hip OA may all be present simultaneously
- **The natural history of back pain changes** — the self-limiting, rapid recovery typical of younger mechanical back pain is less reliable in older adults

The differential diagnosis in men over 60

Every man over 60 with back pain deserves a structured assessment that considers the full range of possible causes. The most important conditions to consider are:

Condition	Key features and significance
Degenerative spinal stenosis	The most common specific spinal diagnosis in men over 60. Progressive narrowing of the spinal canal produces neurogenic claudication — leg heaviness and aching on walking that eases with sitting or leaning forward. The trolley sign is characteristic. Highly manageable with the right approach.

Degenerative disc disease and facet OA	Age-related changes that produce stiffness, aching, and movement-related pain. Very common, often coexisting with stenosis. Generally well-managed conservatively.
Osteoporotic vertebral compression fracture	Men are less commonly affected than women but osteoporosis in men is significantly underdiagnosed. Long-term steroid use, alcohol excess, and low testosterone are important risk factors. A sudden-onset thoracic or lumbar back pain after minimal trauma in a man over 60 should raise this possibility.
Prostate cancer and spinal metastases	The most important serious cause of back pain to exclude in this age group. Constant pain, night pain, and unexplained weight loss are red flags. A PSA blood test and clinical assessment by a GP is indicated for any unexplained or atypical back pain in a man over 60.
Abdominal aortic aneurysm (AAA)	Expanding or leaking AAA can present as back or abdominal pain. Risk increases significantly with age, male sex, smoking, and hypertension. NHS AAA screening invites all men at age 65. If you have not been screened and have risk factors, speak to your GP.
Multiple myeloma	A blood cancer producing bone lesions throughout the skeleton including the spine. Most common in adults over 65. Presents with bone pain, fatigue, and anaemia. Diagnosed on blood tests — serum protein electrophoresis, immunoglobulins.
Paget's disease of bone	Metabolic bone disease producing abnormal bone. Affects approximately 1 in 20 men over 55. Often asymptomatic but can cause bone pain, nerve compression, and fracture. Alkaline phosphatase (ALP) is typically elevated. Responds well to bisphosphonate treatment.
Hip osteoarthritis	Hip OA is a significant and frequently overlooked contributor to lower back pain in older men. Restricted hip rotation alters lumbar mechanics and causes compensatory back pain. Groin or anterior thigh pain is the characteristic location of true hip pain.

Osteoporosis in men — an underdiagnosed problem

Osteoporosis is commonly thought of as a women's condition, but one in five men over 50 will have an osteoporotic fracture in their lifetime. Men with osteoporosis are diagnosed later, treated less often, and have higher mortality from hip fracture than women. Risk factors specific to men include:

- **Long-term corticosteroid use** (the most important modifiable risk factor)
- **Hypogonadism / low testosterone** — testosterone protects bone density
- **Alcohol excess** — directly toxic to osteoblasts and causes falls
- **Androgen deprivation therapy** for prostate cancer accelerates bone loss significantly
- **Smoking**
- **Previous low-trauma fracture**

If you are on androgen deprivation therapy for prostate cancer

ADT (LHRH agonists or antagonists) causes rapid and significant bone loss. All men on ADT should have a DEXA scan to assess bone density, and most should be on bone protection medication (bisphosphonates or denosumab). If you are on ADT and have not had a DEXA scan, raise this with your oncologist or GP.

Urinary symptoms alongside back pain

Urinary symptoms in men over 60 with back pain should always be assessed, both as a possible indicator of prostate disease and as an independent condition (benign prostatic enlargement, overactive bladder) that can coexist with back pain and affect quality of life.

Symptom	Significance
Difficulty starting urination or weak stream	May indicate benign prostatic enlargement (BPH) or prostate cancer. Warrants GP assessment.
Needing to urinate frequently at night (nocturia)	Common with BPH and overactive bladder. Also a feature of poorly controlled diabetes. Disrupts sleep, which amplifies pain.
Blood in urine (haematuria)	Always investigate. Can indicate bladder cancer, kidney stones, or prostate disease.
Sudden loss of bladder control alongside back pain	Possible cauda equina syndrome. Go to A&E; immediately.

Exercise and staying active

The evidence is unambiguous: regular physical activity is one of the most powerful protectors of bone density, muscle mass, cardiovascular health, and pain management in older men. The natural tendency to reduce activity with pain needs to be actively resisted. The goal is not to be pain-free before resuming activity — it is to maintain activity despite pain.

Walking	The simplest and most sustainable exercise. Thirty minutes most days. Weight-bearing, free, and accessible. Reduces pain, maintains bone density, and improves cardiovascular health.
Swimming and cycling	Lower impact alternatives for men with significant joint pain. Maintain cardiovascular fitness and muscle tone without compressive joint loading.
Resistance training	Maintains muscle mass (sarcopenia accelerates significantly after 60) and bone density. Should be guided by a physiotherapist or personal trainer if new to resistance exercise.
Pilates	Core stability, flexibility, and controlled movement. Particularly valuable for spinal stenosis, where flexion-biased movement improves tolerance. Low injury risk.

Balance training	Often overlooked but critically important. Falls are the primary cause of fractures. Balance deteriorates with age but responds well to specific training.
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Practical checklist for men over 60 with back pain

The following are worth checking or discussing with your GP if you have persistent or unexplained back pain:

- **PSA test** — if not had one recently or symptoms suggest prostate involvement
- **AAA screening** — if not screened at 65 and have risk factors
- **DEXA scan** — if on long-term steroids, ADT for prostate cancer, or have had a low-trauma fracture
- **Blood tests** — FBC, ESR/CRP, ALP, calcium, protein electrophoresis — to screen for metabolic and malignant causes of back pain
- **MRI lumbar spine** — if symptoms suggest stenosis, nerve root compression, or any atypical features
- **Hip assessment** — if groin, anterior thigh, or hip rotation symptoms are present alongside back pain

Related fact sheets

Prostate cancer and back pain	The most important serious cause to exclude in men over 60 with back pain.
Osteoporosis and osteopenia	Bone density reduction — underdiagnosed in men.
Spinal stenosis	The most common specific structural diagnosis in this age group.
Paget's disease of bone	Metabolic bone disease more common in older men.
Multiple myeloma and back pain	Blood cancer producing bone lesions — most common over 65.
Abdominal aortic aneurysm	Vascular cause of back pain — screened at 65 in UK men.
Hip osteoarthritis and back pain	Hip-spine syndrome in older adults.
Why self-management produces better long-term outcomes	Staying active as the foundation of long-term back health.

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