FACT SHEET — SPINAL — DEGENERATIVE

# Degenerative Disc Disease

*Understanding age-related disc changes, what they mean for your back, and what you can do*

Degenerative disc disease (DDD) is one of the most commonly cited findings on MRI scans of the lower back — and one of the most misunderstood. Despite the alarming name, disc degeneration is a normal part of ageing and is present to some degree in most adults over 40. The critical point is that disc degeneration on a scan does not necessarily mean it is the cause of your pain.

**The most important thing to understand**

Studies of people with no back pain at all show that over 50% of 40-year-olds and over 80% of 60-year-olds have disc degeneration on MRI. Disc degeneration is like grey hair — it is a normal ageing process, not a disease. A scan finding of DDD does not mean your spine is damaged or that you should restrict your activity.

## What disc degeneration involves

Intervertebral discs are composed of a tough outer ring (annulus fibrosus) and a gel-like centre (nucleus pulposus). With age, the disc loses water content and becomes less flexible. The disc height reduces, the annulus develops fissures, and the adjacent vertebral endplates may develop reactive changes (Modic changes). These structural changes alter load distribution through the segment and can contribute to facet joint stress and spinal stiffness.

## When DDD does and does not cause symptoms

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| **Asymptomatic DDD** | Very common. Found incidentally on scans performed for other reasons. Does not require treatment. Regular exercise and maintaining healthy weight are appropriate preventive measures. |
| **DDD as a contributor to pain** | Disc degeneration can reduce the shock-absorbing capacity of the disc and alter segmental mechanics, contributing to facet joint pain, muscle strain patterns, and stiffness. |
| **DDD with associated disc herniation** | When a degenerated disc also herniates, nerve root compression and sciatica can result. This is the combination most likely to cause significant symptoms. |
| **DDD with stenosis** | Progressive disc height loss narrows the foraminal space, contributing to spinal stenosis in older adults. |

## Management

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| **Exercise** | The most evidence-based treatment. Disc nutrition depends on movement — the avascular disc receives nutrients through diffusion driven by mechanical loading and unloading. Sedentary behaviour accelerates degeneration. |
| **Manual therapy** | Mobilisation and manipulation can address the functional consequences of disc degeneration — reduced segmental mobility, adjacent muscle tension, and facet joint irritation. |
| **Weight management** | Excess body weight increases axial loading on degenerated discs. Even modest weight reduction significantly reduces spinal load. |
| **Avoiding fear of movement** | One of the most harmful responses to a DDD diagnosis is reducing activity. Deconditioning accelerates the degenerative process and increases pain. |
| **Pain management** | Anti-inflammatories and paracetamol for acute flares. Nerve pain medication if neuropathic features are present. |

## Related fact sheets

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| **Disc herniation** | When a degenerated disc herniates and compresses a nerve root. |
| **Facet joint syndrome** | Facet joint pain that often coexists with disc degeneration. |
| **Spinal stenosis** | Canal narrowing that develops from combined disc and facet degeneration. |
| **Why self-management produces better long-term outcomes** | Exercise as the primary treatment. |
| **Pilates and yoga for back pain** | Building spinal resilience through movement. |

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Your details are used only to send your report.

## Book a consultation

Speak with a specialist. Leave your details and we will be in touch.

**Your name**

**Email address**

**Phone number**
*Best number to reach you*

**Best time to call**
*e.g. mornings, weekday afternoons*

**Preferred contact method**

■ Phone ■ Video ■ Email

**Briefly describe your back pain**
*Main concern and duration*

Request a Consultation

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