

ORAL PRESENTATION

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# Living with scoliosis: an adult perspective

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## Introduction

The potential of scoliosis progressing into a clinically significant spinal deformity drives the detection, diagnosis, and treatment decisions for skeletally immature children. In these cases, growth is the potential enemy. In the early stages, the primary concerns may be mainly abnormal physical appearance and diminished self esteem. In more advanced cases, the overriding issues may become limited mobility, respiratory problems, and pain.

In the skeletally mature adult, growth concerns disappear, and the primary nemesis becomes the natural aging process and the wear and tear of life. Curve magnitude may increase, but the rate of progression is significantly curtailed. However, there is an increased probability that the general signs and symptoms of a curving twisting spine may be exacerbated by the onset of a number of related co-morbidities, such as degenerative disc disease, spondylolisthesis, osteoporosis, arthritis, post surgical adjacent segment deterioration etc. In fact, in some cases these related morbidities may actually initiate the onset of scoliosis in a previously symmetrical spine.

## Materials and methods

This presentation will explore a patient's perspective of living with scoliosis from adolescence into adulthood. The focus will be on the changes that occur in the signs, symptoms, concerns, and priorities of the scoliosis patient as they age and mature.

## Results and discussion

The definition of scoliosis remains the same in reference to an infant, adolescent, or an adult. The abnormal spinal curvature may have similar attributes and even look the same on x-rays and other diagnostic imaging media. Despite these baseline similarities, there are

distinct issues, concerns, and priorities for scoliosis during each age related phase of life. In adult scoliosis abnormal physical appearance and diminished self esteem may be ever present underlying concerns, however, pain, breathing limitations, inability to function and other quality of life issues generally become the driving forces for clinical examination, diagnosis and treatment. In addition, the patient care pathway may be further complicated by the pressure of constant aging and the impact it may have on treatment options, timing decisions, effectiveness, costs and complications.

## Conclusions and relevance

Adult scoliosis is a distinct condition with a different set of attributes and patient needs which health care providers must take into consideration.

On the other hand, in the majority of cases Adult Scoliosis is the result of our failure to understand and prevent spinal deformity from developing during the early stages of abnormal spinal curves. Increased research and knowledge as well as more effective evidenced based early intervention treatments are necessary to reduce and eliminate the physical, emotional and financial burdens of scoliosis in our children, and consequently in our adults.

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