

A Study of Psychiatric Morbidity in Patients Suffering From Chronic Lower Back Pain at Index Medical College Hospital & Research Centre, Indore

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Abstract: Chronic lower pain is “bad pain” because it persists long after recovery from an injury, often refractory to common analgesic agents and opiates, lasts more than 6 months. In addition, pain interferes with individual’s activities, interests, relationship limits the enjoyment of life. Therefore, low back pain is considered a public health problem of clinical, social and economic importance, which affects the population without distinctions. The Numerous studies have shown a strong association of chronic pain with general psychiatric morbidity and specific psychiatric disorders like, depression, anxiety, somatoform disorder, substance abuse and personality disorders. This cross sectional study was planned to see the association of psychiatric morbidity in patients suffering from chronic lower back pain in Index Medical College, hospital and Research Centre, Indore, Madhya Pradesh. The study sample consisted of 100 consecutive patients attending orthopedic and psychiatry out and in patient departments in last 6 month period (September 2017 – March 2018) and meeting the inclusion and exclusion criteria. After inform consent detailed history of all the patients was taken followed by mental examination. Patients were administered MINI (Mini Neuro Psychiatric Interview) plus scale for results.

Keywords: Chronic, lower back pain, psychiatric morbidity, depression, anxiety.

INTRODUCTION

Pain is defined by the International Association for the Study of Pain (IASP) as, “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.”

Pain is frequently classified as physiological or acute pain and pathological or chronic pain (Includes inflammatory pain and neuropathic pain). Acute pain typically has a sudden onset, recedes during the healing process, lasting less than 6 months and considered as “good pain.” As opposed to this chronic pain is “bad pain” because it persists long after recovery from an injury, often refractory to common analgesic agents and opiates, lasts more than 6 months [1]. In addition, pain interferes with individual’s activities, interests, relationship limits the enjoyment of life. Significant losses can accompany chronic pain (e.g., losses of income and autonomy). This is the reason patients experience guilt, blame themselves for their inability to overcome or master pain [2]. Many studies attest to the high frequency of back complaints in society. 70–85% of all people have back pain at some time in life. The annual prevalence of back pain ranges from 15% to 45%, with point prevalence averaging 30% [3]. Chronic low back pain is a highly prevalent and costly musculoskeletal problem in

economically advanced societies nowadays. It can cause long-term disability, absenteeism from work and frequent health service use [4]. Therefore, low back pain is considered a public health problem of clinical, social and economic importance, which affects the population without distinctions [5]. The Numerous studies have shown a strong association of chronic pain with general psychiatric morbidity and specific psychiatric disorders like, depression, anxiety, somatoform disorder, substance abuse and personality disorders [5]. In patients with acute low back pain, disability is mainly associated with the pain itself, whereas in patients with chronic low back pain, psychological factors [7] rather than biomedical or biomechanical factors have a substantial impact on the disability [8]. The present study was planned to see the association of psychiatric morbidity in patients suffering from chronic lower back pain in Index Medical College, hospital and Research Center, Indore, Madhya Pradesh.

METHODOLOGY

This cross sectional study was done on patients suffering from chronic lower back pain attending orthopedic and psychiatry out and in patient departments in the Index medical college hospital and research centre, Indore. All the patients had a full physical examination and investigations which included lumbar spine X-rays, hemogram, liver function test, thyroid function test.

The study sample consisted of 100 consecutive patients attending orthopedic and psychiatry out and in patient departments and meeting the following inclusion and exclusion criteria:

Inclusion criteria

- Non-malignant musculoskeletal pain more than 6 months.
- Males and Females in the age group of 18 and 60 years.

Exclusion criteria

- Overtly psychotic patients.

- Malignant and visceral pain.
- Age less than 18 and more than 60 years.
- Patients having any underlying organic pathology
- Pregnant female patients and female patients having gynecological problems

An inform consent was obtained from those who were willing to participate in study. Detailed history of all the patients was taken followed by mental examination. Patients were administered MINI (Mini Neuro Psychiatric Interview) plus. MINI Plus (Mini Neuro Psychiatric Interview) scale has high validation, reliability scores and can be administered over a brief period of time [9].

RESULTS

A total number of 100 patients were taken for the study which included 69 Females and 31 Males. The age of the Patients ranged from 18 to 60 years with mean age being 36.2 years. Most of the Patients in our study were married forming the largest group n=64 (64%) followed by unmarried n= 28 (28%) and divorced n=2 (2%) and separated n=6 (6%).

Table-1: Marital status of patients

STATUS	NUMBER	PERCENTAGE
MARRIED	64	64
UNMARRIED	28	28
DIVORCED	2	2
SEPERATED	6	6

Table-2: Occupational status of patients

OCCUPATION	NUMBER	PERCENTAGE
HOUSEWIFE	52	52
GOV. EMPLOYEE	8	8
SELF EMPLOYED	19	19
UNEMPLOYED	9	9
STUDENTS	12	12

Majority of the sample consisted of House wives n=52 (52%). Government and self-employed person formed n=8 (8%) and n= 19 (19%) each followed by students and farmer n=12(12%) and n=9 (9%) were unemployed. (33 %) n=33 of our sample

were illiterates followed by n=40 (40%) who had studied to the undergraduate level. Remaining 27(27%) had completed their graduation. Most of the Patients were from rural areas 86 (n=86) and 14 (n=14) were from urban background.

Table-3: Psychiatric Morbidity in Patients

PSYCHIATRIC MORBIDITY	NUMBER	PERCENTAGE
SOMATOFORM DISORDER	39	39
DERESSION	30	30
ANXIETY	18	18
CONVERSION DISORDER	2	2
PTSD	1	1
SUBSTANCE ABUSE	3	3
OTHERS	2	2
NO PSYCHIATRIC MORBIDITY	5	5

DISCUSSION

Chronic lower back pain is a debilitating condition with far reaching consequences. Loss of productivity, financial losses, and increased morbidity is some of the known effects of this condition. Chronic lower back pain is associated also with significant psychiatric morbidity [10]. In the back ground of a chronic conflict situation the problem is compounded by the fact that many patients are facing stress routinely.

There is a significant association between chronic lower back pain and psychiatric morbidity as shown in our study and is consistent with earlier studies done elsewhere [10, 11].

The main psychiatric morbidity in our study has been a somatoform disorder 39% which is also true for many previous studies e.g. Polatin *et al.*, reported somatoform disorder as the main psychiatric diagnosis in chronic back pain patients) [12].

Depression was the second most common diagnosis in our population with about 30 % of people suffering from depressive disorder. This finding is consistent with studies done earlier by Poltin *et al.*, [12] the third subgroup is of anxiety which is about 18% of the total number of patients. The result is constant with the study done by Mok LC, Lee IF Anxiety, depression and pain intensity in patients with low back pain who are admitted to acute care hospitals [13].

PTSD accounts for 1% only in these patients. High incidences of PTSD have been found in population studies in conflict zones [14].

The presence of other psychiatric morbidities in our patients is consistence with other studies.

CONCLUSION

The present study revealed that psychiatric morbidity was significantly high in patients suffering from chronic lower back pain. The study found that psychiatric morbidity was more common in females as compared to males. Psychiatric morbidity was not common in any particular age group. Among patients having psychiatric morbidity 39% had somatoform disorder, 30% had depression, 18% had generalized anxiety disorder which shows that patients with chronic lower back pain are more likely to have psychiatric morbidity. Thus such patients may have serious consequences for prognosis, outcome and health care utilization.

REFERENCES

1. Barrett KE, Barman SM, Scott Boitano BH. Pulmonary Function, Ch-35, Ganong's Review of Medical Physiology; 2010.

2. Leo RJ. Clinical manual of pain management in psychiatry. American Psychiatric Pub; 2007.
3. Andersson GJ. The epidemiology of spinal disorders. The adult spine: principles and practice. 1997;93-141.
4. Gore M, Sadosky A, Stacey BR, Tai KS, Leslie D. The burden of chronic low back pain: clinical comorbidities, treatment patterns, and health care costs in usual care settings. Spine. 2012 May 15;37(11):E668-77.
5. Manchikanti L. Epidemiology of low back pain. Pain physician. 2000 Apr;3(2):167-92.
6. Skapinakis P., Lewis G., Meltzer H. Clarifying the Relationship between Chronic Pain and Psychiatric Morbidity: Results from a Community Survey in Great Britain. Am J Psychiatry. 2000: 1492-1498.
7. Preuper HS, Reneman MF, Boonstra AM, Dijkstra PU, Versteegen GJ, Geertzen JH, Brouwer S. Relationship between psychological factors and performance-based and self-reported disability in chronic low back pain. European spine journal. 2008 Nov 1;17(11):1448-56.
8. Rocchi MB, Sisti D, Benedetti P, Valentini M. Critical comparison of nine different self-administered questionnaires for the evaluation of disability caused by low back pain. European Journal of Physical and Rehabilitation Medicine. 2005 Dec 1;41(4):275.
9. Hergueta T, Baker R, Dunbar GC. The Mini-International Neuropsychiatric Interview (MINI): the development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. J clin psychiatry. 1998;59(Suppl 20):2233.
10. Atkinson JH, Slater MA, Patterson TL, Grant I, Garfin SR. Prevalence, onset, and risk of psychiatric disorders in men with chronic low back pain: a controlled study. Pain. 1991 May 1;45(2):111-21.
11. Wong WS, Chen PP, Yap J, Mak KH, Tam BK, Fielding R. Chronic pain and psychiatric morbidity: a comparison between patients attending specialist orthopedics clinic and multidisciplinary pain clinic. Pain Medicine. 2011 Feb 1;12(2):246-59.
12. Polatin PB, Kinney RK, Gatchel RJ, Lillo E, Mayer TG. Psychiatric illness and chronic low-back pain. The mind and the spine - which goes first? Spine 1993; 18: 66-71.
13. Mok LC, Lee IF. Anxiety, depression and pain intensity in patients with low back pain who are admitted to acute care hospitals; 2008 Jun; 17(11):1471-80.
14. Khan AW, Khan HA, Wani ZA, Dangroo SA, Shah MS, Hassan N, Iqbal A. Psychiatric Morbidity among Chronic Low Back Ache Pateints in Conflict Zone of Kashmir. International Journal of Health Sciences and Research (IJHSR). 2014;4(1):149-54.