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ORIGINAL RESEARCH

Assessment of Prevalence of Psychiatric Morbidity in Patients with Chronic Low Back Pain: An Observational Study

Sandeep Verma[1], Vandana Patel[2]

[1]Assistant Professor, Department of Psychiatry, Mayo Institute of Medical Sciences Barabanki UP, India
[2]Associate Professor, Humanity Department BBDNITM Lucknow, UP, India

ABSTRACT:
Background: With longer-term or chronic low back pain (CLBP), psychological factors often play a role, but in cross-disciplinary treatment, individual psychological intervention is rarely included. The relationship between CLBP and psychiatric illness is complex and multifactorial, including a lower tolerance for pain in people with depression. Hence; we planned the present study to assess psychiatric morbidity among patients with CLBP. **Materials & methods:** The present study included assessment of psychiatric morbidity among patients with CLBP. A total of 200 patients with CLPB were included in the present study. Detailed demographic history of all the patients was obtained. Complete clinical and medical examination of all the patients was carried out. Data of patients affected with psychiatric illness was separately recorded and was summarized in Microsoft excel sheet. **Results**: Common psychiatric diagnosis observed in the present study was anxiety (22 patients) and Depression (20 patients). Other less common psychiatric diagnosis observed were dual diagnosis, somatoform disorders etc. Overall prevalence of psychiatric morbidity in CLBP patients was 26 percent. **Conclusion**: Chronic low back pain patients are associated with significant psychiatric morbidity.
Key words: Anxiety, Chronic low back pain, Psychiatry.

Corresponding Author: Dr. Vandana Patel, Associate Professor, Humanity Department BBDNITM Lucknow, UP, India

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Introduction

Over the decades, treatment for patients with back pain has become more and more intensive; nevertheless, approximately 20% continue not to benefit from evidence-based somatic treatment. With longer-term or chronic low back pain (CLBP), psychological factors often play a role, but in cross-disciplinary treatment, individual psychological intervention is rarely included. CLBP is defined as lasting more than three months.[1-3]There often exists a strong functional overlay of psychosocial factors or yellow flags that influence this change. It is recognized that there is a relationship between chronic pain and depression. It is reported that between 50 and 65 percent of chronic pain patients also have a diagnosis for depression.[4-6]The treatment implications for chronic pain with the co-occurrence of depression are generally negative, with non-depressed pain patients tending to benefit from treatment more than depressed patients. The relationship is complex and multifactorial, including a lower tolerance for pain in people with depression.[7-9] Hence; we planned the present study to assess psychiatric morbidity among patients with CLBP.

Materials & methods

The present study was planned in the department of psychiatry of the medical institute and it included assessment of psychiatric morbidity among patients with CLBP. Ethical approval was obtained from the ethical committee of the institution and written consent was obtained from all the patients after

explaining in detail the entire research protocol. A total of 200 patients with CLPB were included in the present study. Exclusion criteria for the present study included:

- Patients with CLBP due to benign or malignant neoplasm,
- Patients with history of any known drug allergy,
- Patients with history of any other systemic illness

Detailed demographic history of all the patients was obtained. Complete clinical and medical examination of all the patients was carried out. Data of patients affected with psychiatric illness was separately recorded and was summarized in Microsoft excel sheet. All the results were analyzed by SPSS software. Univariate regression curve was used for assessment of level of significance.

Results

A total of 200 patients with CLPB were analyzed in the present study. There were 120 males and 80 females in the present study. Mean age of the patients of the present study was 45.2 years. Common psychiatric diagnosis observed in the present study was anxiety (22 patients) and Depression (20 patients). Other less common psychiatric diagnosis observed were dual diagnosis, somatoform disorders etc. In males, anxiety was most commonly seen while in females, depression was most commonly seen. Overall prevalence of psychiatric morbidity in CLBP patients was 26 percent.

Graph 1: Demographic data

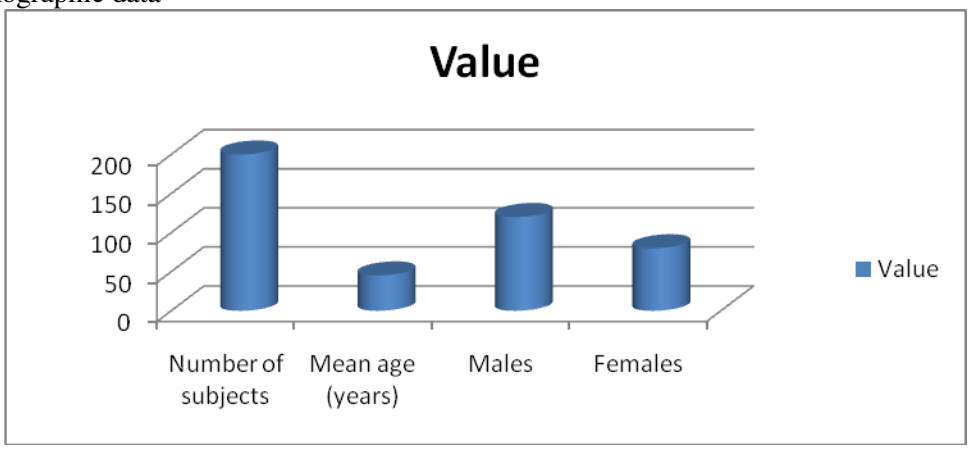
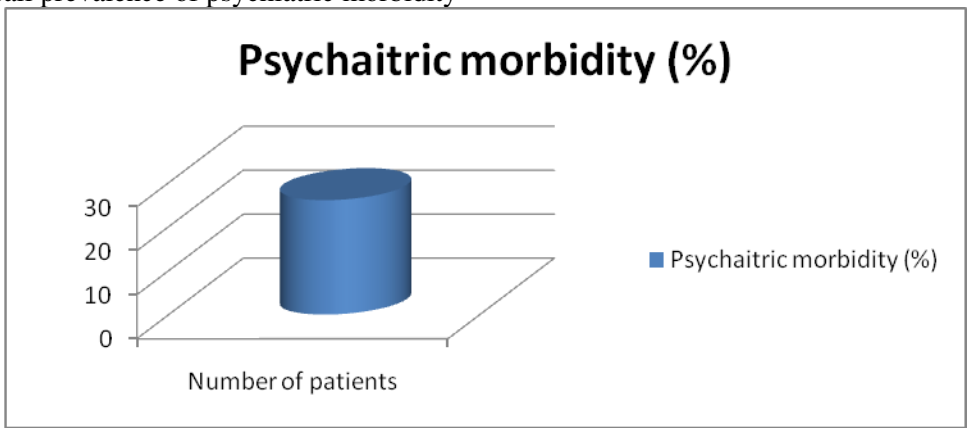


Table 1: Prevalence of psychiatric illness

Type of psychiatric illness	Number of patients	Percentage
Anxiety	22	11
Depression	20	10
Other	10	5
Total	52	26

Graph 2: Overall prevalence of psychiatric morbidity



Discussion

In the present study, a total of 200 patients with CLPB were analyzed in the present study. There were 120 males and 80 females in the present study. Polatin PB et al assessed two hundred chronic low-back pain patients entering a functional restoration program for current and lifetime psychiatric syndromes using a structured psychiatric interview to make DSM-III-R diagnoses. Results showed that, even when the somewhat controversial category of somatoform pain disorder was excluded, 77% of patients met lifetime diagnostic criteria and 59% demonstrated current symptoms for at least one psychiatric diagnosis. The most common of these were major depression, substance abuse, and anxiety disorders. In addition, 51% met criteria for at least one personality disorder. All of the prevalence rates were significantly greater than the base rate for the general population. Finally, and most importantly, of these patients with a positive lifetime history for psychiatric syndromes, 54% of those with depression, 94% of those with substance abuse, and 95% of those with anxiety disorders had experienced these syndromes before the onset of their back pain. These are the first results to indicate that certain psychiatric syndromes appear to precede chronic low-back pain (substance abuse and anxiety disorders), whereas others (specifically, major depression) develop either before or after the onset of chronic low-back pain. Such findings substantially add to our understanding of causality and predisposition in the relationship between psychiatric disorders and chronic low-back pain. They also clearly revealed that clinicians should be aware of potentially high rates of emotional distress syndromes in chronic low-back pain and enlist mental health professionals to help maximize treatment outcomes.[9]

In the present study, mean age of the patients of the present study was 45.2 years. Common psychiatric diagnosis observed in the present study was anxiety (22 patients) and Depression (20 patients). Other less common psychiatric diagnosis observed were dual diagnosis, somatoform disorders etc.J Pak Med

Sagheer MA et al observed the prevalence of anxiety and depression in chronic low back pain population at a tertiary care centre.The prospective cross-sectional study was conducted using convenience sampling at the Department of Neurosurgery. The prevalence of anxiety and depression in chronic low back pain patients was studied according to specified age and gender groups using Hospital Anxiety and Depression Scale. Of the 140 patients in the study, 66 (47.14%) were females and 74 (52.85%) were males.The average age of the patients was 43.02+/-13.34 years. The average duration of symptoms was 4.29+/-3.3 years. Abnormal level of anxiety and depression were found in 77 (55%) and 68 (48.57%) patients respectively. Out of them 54 (38.5%) and 51 (36.4%) were borderline abnormal for anxiety and depression respectively, while 23 (16.4%) and 17 (12.1%) were abnormal for anxiety and depression respectively. Among the males, there were 20 (14.28%) and 23 (16.42%) patients with abnormal levels of the corresponding numbers among the females were 57 (40.71%) and 45 (32.14%). There was a significant association in anxiety ($p<0.01$) and depression ($p<0.01$) levels with respect to gender and no significant association with respect to age ($p>0.05$). Individuals with chronic low back pain were at high risk to experience anxiety and depression.This risk was higher for females.[10]

In the present study, among males, anxiety was most commonly seen while in females, depression was most commonly seen. Overall prevalence of psychiatric morbidity in CLBP patients was 26 percent. Reme SE et al assessed the prevalence of psychiatric comorbidity in a population of CLBP patients, using a psychiatric diagnostic interview. 565 patients sick listed between 2 and 10months for unspecific LBP were included in the study. All were recruited as part of an ongoing trial in secondary care, and were assessed with the Mini-International Neuropsychiatric Interview (MINI), which is a short structured diagnostic interview for DSM-IV and ICD-10 psychiatric disorders. The prevalence of current psychiatric disorders was 31%. The diagnoses included 19 Axis I disorders, with the most common being somatoform disorders (18%) and anxiety disorders (12%). Major depressive disorders were reported in 4%. There were no gender differences in prevalence of psychiatric disorders. In a large population of CLBP patients, 31% fulfilled the criteria for at least one current psychiatric disorder when measured with a diagnostic interview. The diagnoses included a wide range of psychiatric disorders, with the most common being somatoform disorders (18%) and anxiety disorders (12%).[11]

Conclusion

Chronic low back pain patients are associated with significant psychiatric morbidity. Most common of them is anxiety and depression. Therefore, adequate

psychiatric screening and treatment is advocated in such patients.

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