

PREVALENCE OF PAIN IN PATIENTS WITH A PSYCHOLOGICAL DISORDER DIAGNOSIS COMPARED WITH THE GENERAL POPULATION

PS1048: Trabajo Final de Grado

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Introduction

Pain has a large impact on people's lives, especially when it becomes a chronic problem. On an individual level, it affects the quality of life, well-being, functioning, employability and use of health care, but it also affects the public health, in terms of epidemiology, pain management and health care costs. As the biopsychosocial model pointed out, physical diseases not only involve physical aspects, but involve the dynamic interaction of them with psychological and social factors, which determines the symptoms and their consequent disability (Gatchel, 2004). Likewise, it has been shown that physical and psychological symptoms increase together with a correlation of 0.5 between scales of psychological distress and checklists of physical symptoms (Watson & Pennebaker, 1989).

Because of this, there is interest in studying the comorbidity between chronic pain and mental disorders, a topic that has been specially investigated in adults, but also in children and adolescents. Studies carried out both in clinical samples and in the general population, have revealed that not only one, but several types of chronic pain are associated with higher rates of psychopathology, the most common being depressive, anxiety, somatiform, substance use disorders and personality disorders (Belardi, Meinschmidt, Stalujanis & Tegethoff, 2015). Finally, there are studies that show that the prevalence of mental disorders in patients with chronic pain is associated with an increase in the severity of pain, as for example in the case of GAD (Csupak, El-Gabalawy, Jacobsohn & Sommer, 2018).

Most studies have focused in the occurrence of mental disorders in patients with chronic pain conditions. However, clinical psychologists also observe pain complaints in people with mental disorders. The problem here is that those people are being treated for the mental condition and the pain complaints are not being treated. The objective of this study is, therefore, to explore the occurrence of pain in a sample of people diagnosed with psychological disorder (in particular, emotional disorders) compared to a control sample matched in sociodemographic variables.

Method

For the study, a sample of 40 people ($n = 40$) was selected, all with ages between 18 and 61 years (mean = 36.67). Twenty of these people had a psychological disorder, predominantly emotional disorders (90% of cases), and were receiving treatment at the Psychological Assistance Service (SAP) of the University Jaume I. Therefore, they were informed that their participation in the research would have no influence on such treatment. The other twenty people belonged to the general population, that is, they did not have a psychological diagnosis, so they were assigned to the control sample. Both samples were matched in sociodemographic variables in terms of age, sex, level of studies and occupation.

To assess the prevalence of pain, the Brief Pain Inventory (BPI) in its Spanish versión (CBD) (Badia, Muriel, Gracia, Núñez-Olarte, Perulero, Gálvez, Carulla and Cleeland, 2003) was administered to them. The BPI is a self-administered questionnaire that measures both the intensity of pain (items 1-4) and the interference in the activities of the person's life (items 5-11), on a scale of 0 to 10 (from "no pain" to "the worst imaginable pain"). The hypothesis of this research is that people who suffer from an emotional disorder will report greater intensity of pain and greater interference of this in their lives. To test this hypothesis, a Student t test for independent samples was carried out.

Results

Regarding the obtained results, it was found that in the clinical sample there were twice as many participants diagnosed with a chronic pain syndrome, 20%, compared to 10% of the individuals in the control population. Moreover, the proportion of participants who reported pain experience in the last week was greater in the control sample, in 90% of the cases, while in the clinical sample it was the 80%. Despite this, the data showed that people in the clinical population obtained higher scores in the 'Pain intensity' ($t = -2.218$, $gl = 38$, $p < 0.05$) and 'Interference' ($t = -2.834$, $gl = 38$, $p < 0.01$) dimensions of the BPI. Cohen d was also calculated to determine the effect size of those differences. In both cases, the effect size was large ($d > 0.80$).

	Group	N	Mean	Standard derivation	t	gl	Sig. (bilateral)	Cohen d
BPI: Pain intensity	control	20	7.15	6.30184	-2.218	38	.033	0.96
	clinical	20	12.90	9.73274				
BPI: Interference	control	20	8.40	10.87440	-2.834	38	.007	1.19
	clinical	20	23.50	21.20204				

Table 1: BPI results and comparison between both samples.

Discussion and conclusions

Results showed that, in spite of reporting a frequency of pain experience similar to the general population, participants belonging to the clinical sample perceived more intensity of it, as well as a greater interference in their daily life (with large effect sizes), therefore, the hypothesis of this study is fulfilled. This reflects that the existence of psychopathological symptoms of an emotional nature is associated with a greater perception of the severity of a physical pathology. In addition, it has also been observed that, about chronic cases of pain, a greater prevalence stands out in those with psychological diagnosis.

In conclusion, attention is now being paid to the possible psychological consequences that chronic pain cases may have, but this must also be considered in reverse, that is, taking into account the possible physical pathologies that people with psychological disorders may suffer, not only chronically, but also daily, especially considering the evaluation and interpretation that these people make of the physical symptoms and, therefore, the associated cognitions.

References

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