

# Chronic Pain and Psychiatric Disorders

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## Aim

The objective of this study was to examine and describe the prevalence of several psychiatric disorders in a cohort of patients with chronic pain and to study several clinical variables related to them.

## Background

Prominent and distressing emotions, cognitions, and behaviors frequently accompany chronic pain. In many cases, these psychological symptoms will be sufficiently severe to qualify the patient for a diagnosis of a mental disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR), the standard nomenclature of psychiatric illness. Numerous studies have documented a strong association between chronic pain and psychopathology. There are several reasons why it is important to identify psychopathology in chronic pain patients. Most importantly, unrecognized and untreated psychopathology can significantly interfere with successful rehabilitation of these patients. Psychopathology may also increase pain intensity and disability, thus serving to perpetuate pain-related dysfunction. Chronic pain

is most often associated with depressive disorders, anxiety disorders, somatoform disorders, substance use disorders, and personality disorders. Psychiatric illness often precedes physical pain. The long search for the answer to the question of what occurs first, the chronic pain or the psychopathology, has shown that there is no single explanation that can be generalized to all individuals. This paper presents an overview of co-morbidity between chronic pain and psychiatric disorders. The primary objective of this poster is to explore the nature of the relationship between chronic pain and each of these types of psychopathology. In addition, we will describe how each of these disorders are expressed within the context of chronic pain, with a consideration of both diagnostic and treatment issues.

## Methods

Seventy-five adult patients, at least 18 years of age, suffering chronic pain attending at Pain Center of the Hospital del Mar from Barcelona were admitted for receiving an extensive psychiatric evaluation. All patients received the psychiatric diagnostic based on DSM-IV criteria. Patients were enrolled at our psychiatric unit based on clinical interviews and Hospital Anxiety and Depression

Scale, HADS criteria (over eleven points). In this study we focus primarily on chronic, nonmalignant pain, comparing the prevalence of psychiatric disorders in male and female patients. The distribution of assigned diagnoses for the entire patient sample was reviewed.

## Results

In our group of patients (N=75, male 19%, female 81%, mild age years 55.8) we found several psychiatric diagnoses (depression, anxiety, toxic abuse, somatoform disorder, adaptative disorder, dysthymia). The most frequent psychiatric disorder diagnoses were adaptative disorder (35%) and major

depressive disorder (25%). Several pain localization were found. The most common pain localization was low back pain (45%). Table 1 lists demographic characteristics and clinical variables of our sample.

**Table 1. Demographic Characteristics and clinical variables of our sample**

Sample (N=75)	
Age Years (Mean/Rank)	55.8 /28-77
Women N (%)	61 (81%)
Men N (%)	14 (19%)
Psychiatric diagnoses (%)	Depressive Disorder 25% Anxiety Disorder 8% Toxic Abuse 4% Somatoform Disorder 5% Adaptative Disorder 35% Dysthymia 10% Others 15%
Most Common Pain	Low Back Pain 45%
Visual Analog Pain Scale (Mean/Rank)	7.08/4-10
Most Common Psychopharmacology Drug	Antidepressants 75%
Most Common Antidepressant Drug	Duloxetine 41%

## Conclusion

Chronic pain may influence clinical features of psychiatric disorders. The stress associated with pain then exacerbates the vulnerability or already expressed psychopathology. At the same time, and in a reciprocal manner, psychopathology intensifies the pain experience. There was a higher prevalence of psychiatric comorbidity in females in our pain unit. In our sample, the large majority of persons reporting chronic pain did not meet criteria for depression or anxiety disorder.

The most frequent psychiatric disorder was adaptative disorder. The most frequent pain localization was low back pain. The most common antidepressive treatment was duloxetine (60mg/day). Prospective studies should examine causal relationships and determine the effects of adequate pain treatment on psychiatric disorders. Further studies on the relationship of pain to psychiatric disorders are warranted.

## References

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