

The historical trends in pain complaints in patients with affective disorders – 1999 versus 2015

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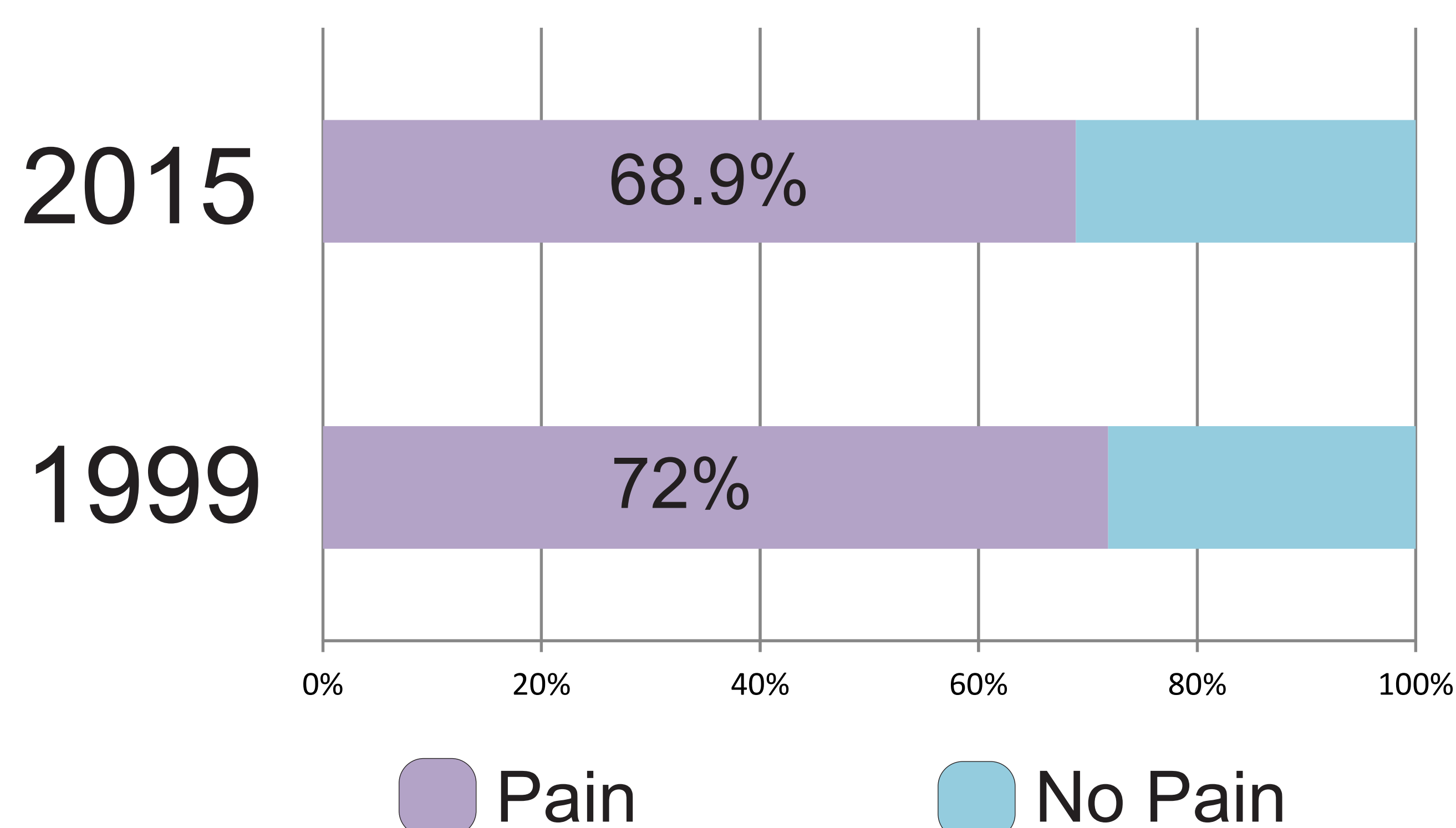
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Objectives

The pain complaints are frequent in patients who ask help in psychiatric centre. Patients with major depressive episode and anxiety disorders demand repetitively, consultations in emergency settings or in other medical departments. There are four relationships between depression and pain: pain like a consequence of depression, pain anticipated depression, pain like equivalent of depression and depression increasing pain. When dealing with patients that are in pain attention to the psychiatric condition must be provided. The goal of this study was to identify the different type of pain complaints presented by patients with major depressive episode and/or anxiety disorders in 2015 and compared to the results of the same study done in 1999.

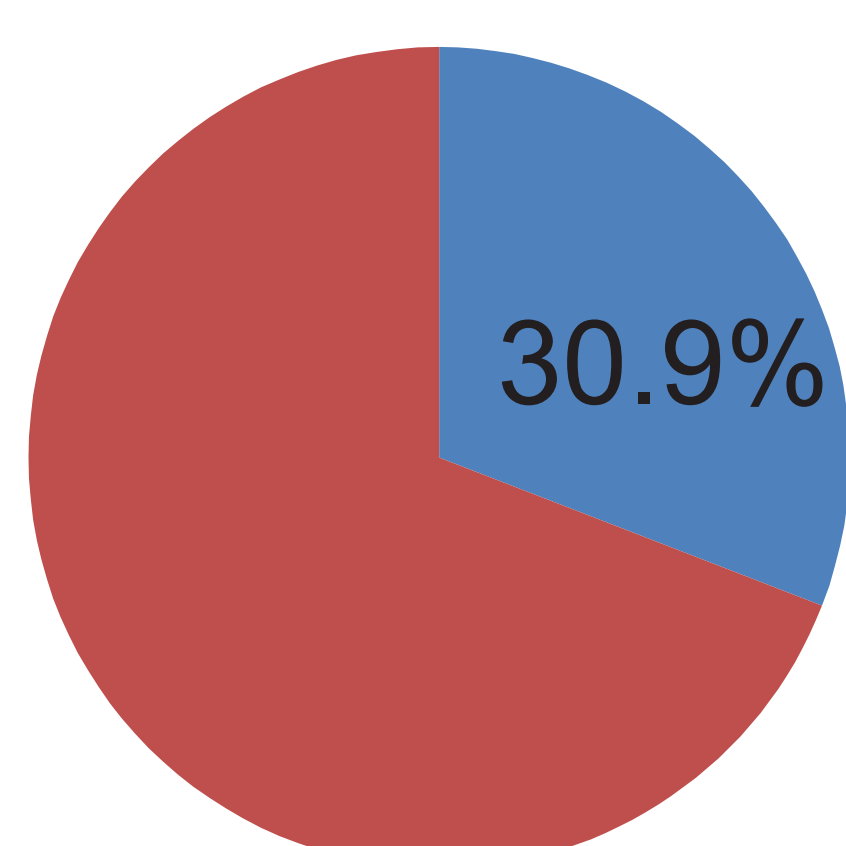
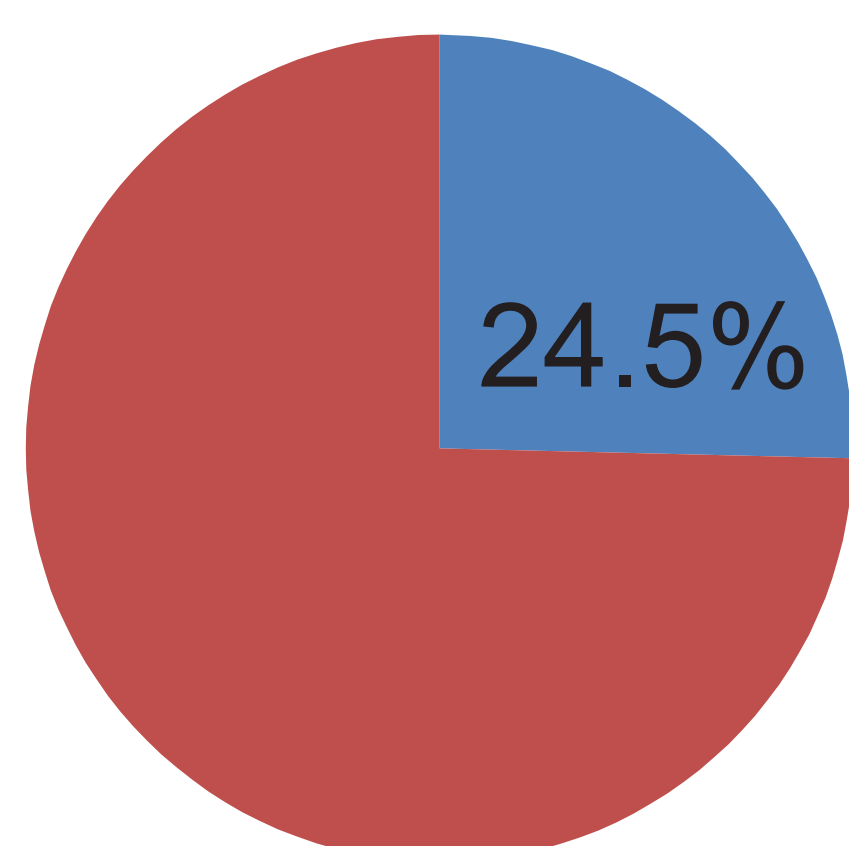
Pain Complaints



Gender Distribution

1999

2015



Men

Women

Results

There is no statistical difference between the two examined samples (398 patients in 1999 and 460 patients in 2015), considering gender (male 30.9% 2015 and 24.5% 1999), similar average age and rural/urban provenience. The percentage of those reporting pain was similar with previous study 72% in 1999 versus 68.9% in 2015, but differences were found concerning the pain region, intensity and medical approach.

The pain was reported in the next regions: head, thorax, abdomen, back and legs. Headache is the most frequent pain in patients with affective disorders in 1999 and in 2015 followed by abdominal pain. Despite the fact that headache and abdominal pain are reported most frequently the number of patients' accusing headache and abdominal pain are more frequent now than in 1999. Although not so frequently reported thorax and back pain have a higher rate in the 1999 group compared to the 2015 group.

Methods

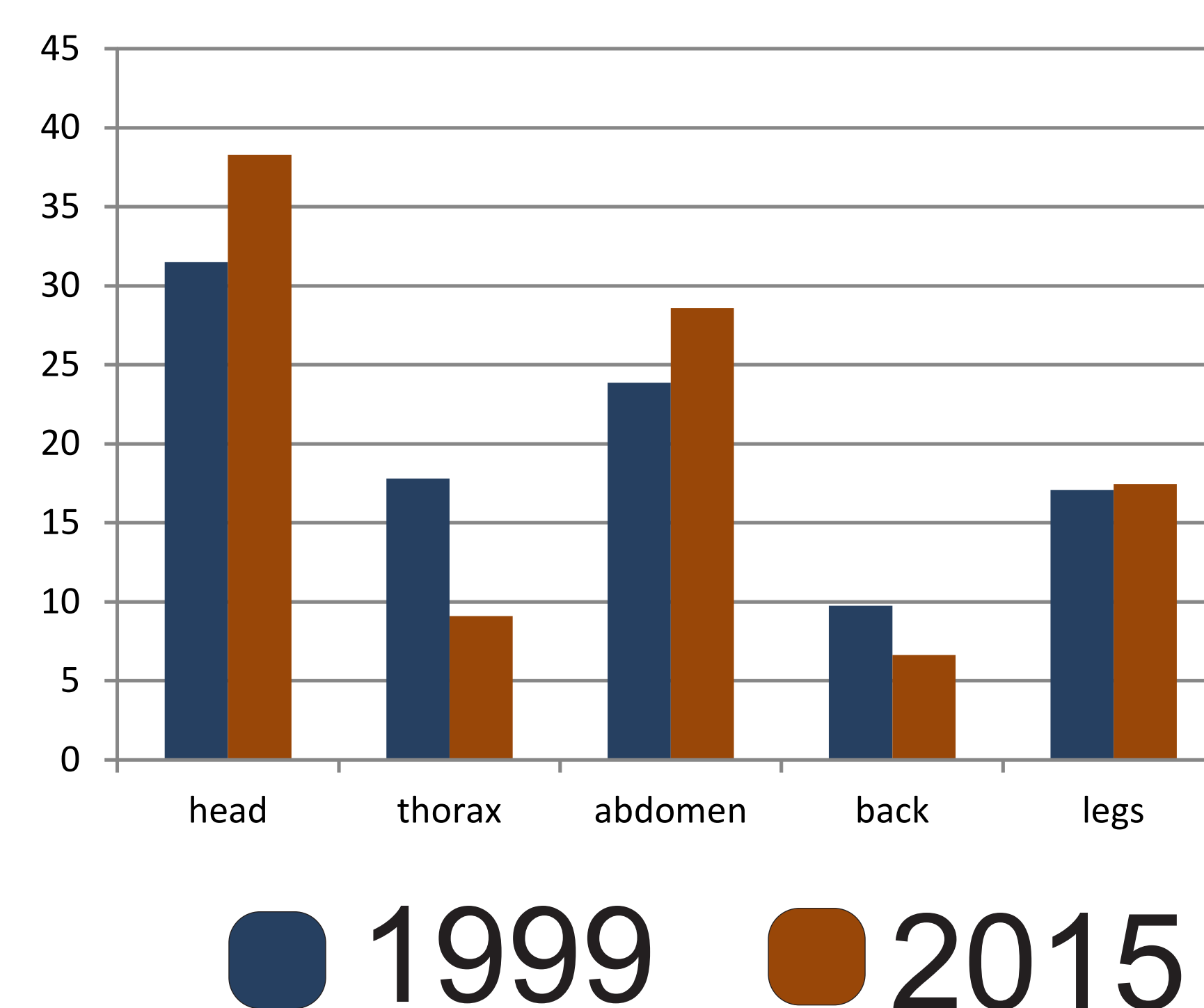
This a retrospective study on 460 patients registered, during one year period, at urban outpatient centre, diagnosed with affective disorders (bipolar disorders, recurrent affective disorders, major depressive episodes) were included. The patients signed an informed consent considering using their medical data after encoding procedure. No identification data were collected, respecting patient confidentiality. The results were compared with similar study done in the same setting in 1999.

Conclusion

Before a right diagnosis of depression patients with chronic pain receive multiple somatic diagnostics and are treated useless with diverse medication that is not efficient. This wrong diagnosis delays the reaching of patients to the psychiatrist for weeks or maybe more.

The pain in patients with affective disorders continues to be very frequent, but there are changes in complains concerning the localization, subjective intensity and medical approach.

Pain region



References:

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