

THE EFFECT OF CO-MORBID PSYCHIATRIC DISORDERS ON QUALITY OF LIFE AND THE LEVEL OF SENSATIONAL BODY FEELING IN PATIENTS WITH CHRONIC PAIN

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OBJECTIVES: The incidence of comorbid psychiatric disorders were determined in patients with chronic pain, hospitalized in Cukurova University, Algology Clinic, and compared to patients with no psychiatric disorders as to intensity of mood symptoms, anxiety, depression, somatosensory amplification scale scores and the level of quality of life.

METHODS: Following ethic and patient written informed consent, randomly selected 51 patients with chronic pain, hospitalized in algology clinic between 2014 and 2015 years were recruited. Patients were referred to psychiatric consultation and evaluated as to psychiatric disorders through Positive Symptom Distress Index (SCL-PSDI). Study data were collected using socio demographic data form, Symptom Check List-90 (Revised) (SCL-90R), Somatosensory Amplification Scale (SSAS), Hamilton Anxiety Rating Scale (HAM-A), Hamilton Depression Rating Scale (HAM-D) and World Health Organization Quality of Scales (WHOO).

RESULTS:

There were 38 (72.5 %) women and 13 (27.5 %) men; mean age 40.3 + 11.1 years. Percentage of patients with comorbid psychiatric disease was 74.5 %; anxiety disorders, somatoform disorders and major depressive disorders (23.5 %, 37.3 %, 29.4 %, respectively). Pain scores were found significantly higher in patients with somatosensory disorders (SCL-PSDI, $p=0,005$, HAM-A, $p=0,019$, SSAS, $p=0,046$ and WHOO, $p=0,014$), than in patients with no psychiatric disorders. Similarly, pain scores were found significantly higher in patients with major depression (HAM-A ($p=0,004$) and HAM-D ($p<0,001$),) than in patients with no psychiatric disorders.

Table 1. Demographic variables

	N(51)	%
Sex		
Female	37	72,5
Male	14	27,5
Marital status		
Married	45	81,2
Single	6	11,8
Education		
Uneducated or Primary school	23	45,1
Higher than primary school	28	54,9
Age (Mean±SD)	40,3±11,1	

Table 2. Number and percentage of the patients with psychiatric disorders.

	N(51)	%
Anxiety disorders,	12	23,5
Somatoform disorders	19	37,3
Major depressive disorders	15	29,4
Psychiatric disorders (total)	38	74,5

Table 3. Pain scores in patients with/without somatoform sensory disorders.

	Patients with somatoform sensory disorders (n=19)	Patients without somatoform sensory disorders (n=32)	P
Sex			
Female n(%)	16(43,2)	21(56,8)	0,150
Male n(%)	3(21,4)	11(78,6)	
Age	43,3±10,3	38,5±11,3	0,134
HAM-A	20,7±6,9	15,2±8,4	0,019*
HAM-D	21,0±8,7	16,3±10,3	0,108
WHOO	78,6±25,3	62,2±20,0	0,014*
SSAS	30,4±10,6	25,0±8,2	0,046*
SCL-PSDI	2,3±0,5	1,8±0,5	0,005*

Table 4. Pain scores in patients with/without anxiety disorders.

	Patients with anxiety disorders (n=12)	Patients without anxiety disorders (n=39)	P
Sex			
Female n(%)	10(27)	27(73)	0,338
Male n(%)	2(14,3)	12(85,7)	
Age	36,3±12,8	41,5±10,3	0,156
HAM-A	17,7±6,8	17,1±8,7	0,831
HAM-D	15,4±7,9	18,8±10,4	0,295
WHOO	67,3±23,4	68,6±23,5	0,864
SSAS	27,6±8,6	26,8±9,8	0,797
SCL-PSDI	1,9±0,6	2,0±0,6	0,565

Table 5. Pain scores in patients with/without major depressive disorders

	(n=15)	(n=36)	P
Sex			
Female n(%)	11(29,7)	26(70,3)	0,935
Male n(%)	4(28,6)	10(71,4)	
Age	41,2±9,7	39,9±11,7	0,703
HAM-A	22,3±5,4	15,1±8,4	0,004*
HAM-D	25,5±8,8	14,9±8,7	<0,001*
WHOO	66,4±21,4	69,1±24,2	0,713
SSAS	30,2±11,5	25,7±8,3	0,126
SCL-PSDI	2,2±0,4	1,9±0,6	0,193

Data were presented as n(%) or (Mean±SD). *P<0.05 statistically significant. (HAM-A:Hamilton Anxiety Rating Hamilton Scale, HAM- D:Depression Rating Scale, WHOO:World Health Organization Quality of Scale, SSAS:Somatosensory Amplification Scale, SCL-PSDI:Positive Symptom Distress Index).

CONCLUSION; We strongly suggest that routine evaluation of psychiatric disorders in patients with chronic pain significantly improve analgesia, quality of life and the level of sensational body feeling.