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Psychiatric Morbidity among Chronic Low Backache Patients- A Cross Sectional Study

Authors
Lakshmi Narayana Reddy I[1], Chinta Kumar[2], Mamuduru P Srikrishna [2] Bhaskar Singamsetty[2]
[1]Assistant Professor of Psychiatry, ACSR Govt. Medical College, Nellore, Andhra Pradesh, India,
[2]Community Medicine, Narayana Medical College, Nellore, Andhra Pradesh, India
Corresponding Author
Dr. Lakshmi Narayana Reddy I
Assistant Professor of Psychiatry, ACSR Govt. Medical College, Nellore, Andhra Pradesh, India
Email- *ilnarayana@yahoo.com, Mobile-8978078377*

ABSTRACT

BACKGROUND: *Low backache (LBA) is one of the most common human afflictions, which leads to seek medical advice. LBA markedly reduce the quality of life of the sufferers and affect all aspects of their lives. The present study aims to compare personality profile; sense of subjective well being is likely to throw light on the planning of effective intervention strategies to enable these individuals to lead a better life. To this purpose we have evaluated the psychosocial estimates of low backache (LBA) and its impact of on employment, social performance, and comfort.*

METHODS: *The cross-sectional study was conducted in 100 low backache (LBA) patients visiting ACSR Hospital, a tertiary care center between January 2015 and May 2015. Each patient was assessed by Mini International Neuropsychiatric Interview (MINI), Version 6, a brief structured diagnostic interview for DSM-IV Axis I psychiatric disorders to weigh-up psychiatric morbidity.*

RESULTS: *A total of 100 LBA patients participated in the study. The mean duration of low backache was 3.4±0.7 years. Majority of the patient population belongs to low socio-economic status 72 (72%) ; 77% (77) of the individuals were married; 57% (57) were diagnosed with major depressive disorder and 5% (5) with depression disorders and Melancholia, 15% (15) with Dysthymia, 4% (4) with suicidal ideas, 22% (22) were with panic disorder, 7% (7) with OCD, and 70% (70) with GAD.*

CONCLUSION: *Depression and Generalized Anxiety Disorder (GAD) are by far the predominant psychiatric morbidity in this population.*

KEYWORDS: *Low backache (LBA), Psychosocial factors, Depression, MINI-6, Panic disorders.*

INTRODUCTION

Back pain is a common problem with about 70% of people in developed countries experience low back pain at some time in their lives. [1] About 10% remain off work and about 20% have persistent symptoms at 1 year. [2] Having a previous history of low back pain and a longer duration of the present episode are significant risk factors for chronicity. [3] In most of the cases of chronic back pain where a definitive diagnosis cannot be made there are risk factors which include heavy physical work; frequent bending, twisting, and lifting; and prolonged static postures. Psychosocial risk factors include anxiety, depression, and mental stress at work. [4] Pincus T et al systematic review of prospective cohort studies found that some psychological factors (distress, depressive mood, and somatization) are associated with an increased risk of chronic low back pain.[5] Major depression is thought to be four times greater in people with chronic back pain associated with greater disability than in the general population. [6-7] To this purpose we have evaluated the psychosocial estimates of low backache (LBA) in outpatient clinics.

METHODS

This cross-sectional study was conducted in ACSR Hospital, a tertiary care hospital between January 2015 and May 2015. Both male and female low backache (LBA) patients above the age of 20 yrs were included. Patients were excluded if they were having organic diseases or not willing to participate in the study. Clinical data about the socio-demographic details, psychiatric history and a specific history focused on LBA was collected. Each patient was assessed by Mini International Neuropsychiatric Interview (MINI), Version 6, a brief structured diagnostic interview for DSM-IV Axis I psychiatric disorders to assess psychiatric morbidity. [8] The M.I.N.I. contains interviews for the following disorders such as agoraphobia, alcoholic Dependence/abuse, Anorexia Nervosa, Antisocial Personality Disorder, Bulimia Nervosa Dysthmia, Generalized Anxiety Disorder, (Hypo) Manic Episode / Bipolar Disorder, Major Depressive Episode, Panic Disorder, Obsessive Compulsive Disorder, Psychotic Disorders, Posttraumatic Stress Disorder, Social Phobia, Substance Dependence and Suicidality.

STATISTICAL ANALYSIS

The data was entered in excel spreadsheet 2007 and analysis was performed using SPSS version-16 statistical software. Continuous data was presented as mean, median and SD, where as categorical data as numbers and percentages.

RESULTS

A total of 100 LBA patients participated in the study. The mean duration of low backache was 3.4±0.7 years. Majority of the patient population belongs to low socio-economic status 72 (72%) ; 77% (77) of the individuals were married; 57% (57) were diagnosed with major depressive disorder and 5% (5) with depression disorders and Melancholia, 15% (15) with Dysthymia, 4% (4) with suicidal ideas, 22% (22) were with panic disorder, 7% (7) with OCD, and 70% (70) with GAD.

Table-1 - Clinical Data on prevalence of Psychiatric disorders among Chronic Low Backache patients

Demographic	Subtypes	Frequency	Percent
Age	50-60 years	80	80
	>60 yrs	20	20
Gender	Male	30	30
	Female	70	70
Education	Illiterate	30	30
	Primary	52	52
	Secondary	18	18
	Degree	9	9
Occupation	Unemployed	48	48
	Employed	48	48
	Retired	4	4
Socio Economic Class	Low (<5000 Rs)	72	72
	Middle (>5000Rs)	28	28
Marital status	Unmarried	3	3
	Married	77	77
	Widowed	20	20
Psychiatric Disorders			
Major depressive disorder		57	57
Major depressive disorder +Melancholia		5	5
Dysthymia		15	15
Suicidality		4	4
Panic disorder		22	22
Panic Disorder + Agarophobia		5	5
Obsessive compulsive disorder		7	7
Alcohol Use Disorder		3	3
Generalized anxiety disorder GAD		70	70

DISCUSSION

Depression and Generalized Anxiety Disorder (GAD) are by far the predominant psychiatric morbidity in this population. Depression and anxiety have been associated with magnification of medical symptoms whereas emotional distress has been connected to physical symptoms by means of autonomic arousal, vigilance and misinterpretation of somatic amplification. Chou R et al [3], J.Hampton et al [9] Wong WS et al [10] Dilip KR et al [11] studies suggested that chronic pain is a debilitating condition with loss of productivity, decreased quality of life, and increased morbidity is some of the known effects of this condition. Chronic pain is associated also with significant psychiatric morbidity as shown in our study and is consistent with former studies done elsewhere. [3, 9-11] Depression was the most common diagnosis in our population with about 62 % of people suffering from depressive disorder. This finding is consistent with studies done earlier by Poltin et al. [12]

CONCLUSION

Depression and Generalized Anxiety Disorder (GAD) are by far the predominant psychiatric morbidity in this population.

CONFICT OF INTEREST: None

REFERENCES

1. Andersson GBJ. The epidemiology of spinal disorders. In: Frymoyer JW, Ed. The adult spine: principles and practice.

2nd Ed. New York: Raven Press, 1997:93–141

2. Chou R, Shekelle P, Chou Roger, et al. Will this patient develop persistent disabling low back pain? JAMA 2010; 303:1295-1302.
3. Khan AW, Khan HA, Wani ZA et. al. Psychiatric morbidity among chronic low back ache pateints in conflict zone of Kashmir. Int J Health Sci Res. 2014; 4(1):149-154.
4. Bongers PM, de Winter CR, Kompier MA, et al. Psychosocial factors at work and musculoskeletal disease. Scand J Work Environ Health 34. 1993; 19:297–312.
5. Pincus T, Burton AK, Vogel S, et al. A systematic review of psychological factors as predictors of chronicity/disability in prospective cohorts of low back pain. Spine 35. 2002; 27:E109–E120)
6. Sullivan, Reesor, Mikail & Fisher, 1992 Sullivan MJ, Reesor K, Mikail S, Fisher R. The treatment of depression in chronic low back pain: Review and recommendations. Pain. 1992; 52:249).
7. Currie and Wang, 2004 Currie SR, and Wang J. Chronic back pain and major depression in the general Canadian population. Pain. 2004; 107:54-60
8. Sheehan D.V., Lecrubier Y., Sheehan K.H., Amorim P., Janavs J., Weiller E., Hergueta T., Baker R., Dunbar G.C. The Mini-International Neuropsychiatric Interview (M.I.N.I.): the development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. J. Clin. Psychiatry. 1998; 59(Suppl. 20):22–33. [PubMed]
9. J.Hampton , Mark A Slater , Thomas L Patterson “Prevalence, onset, and risk of psychiatric disorders in men with chronic low back pain: a controlled study. Pain Volume 45, Issue 2, May 1991, Pages 111–121
10. Wong WS, Chen PP, Yap J, Mak KH, Tam BK, Fielding R Chronic pain and psychiatric morbidity: a comparison between patients attending specialist orthopedics clinic and multidisciplinary pain clinic. Pain Med. 2011 Feb;12(2):246-59.
11. Dilip KR Khatua,Saynati Ghosh, Dipta Kanti Mukhapadhyay.Psychological comorbidity of chronic low back pain.IJPMR (22) June 2011;7-11
12. Polatin PB, Kinney RK, Gatchel RJ, Lillo E, Mayer TG. Psychiatric illness and chronic low-back pain. The mind and the spine - which goes first? Spine 1993; 18: 66–71.
13. Sandip H Shah1, Lakhan R Kataria2, Dipti Joshi.Incidence of depression in chronic low-back pain – A hospital based study.h e a l t h l i n e.Volume 2 Issue 2 July-December 2011:35-40