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Original Research Article

The relationship between abuse, psychosocial factors, and pain complaints among older persons in Europe

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ABSTRACT

Background and objective: Abuse and pain complaints are common among older persons. However, little is known about relationships between abuse (e.g. psychological) and pain complaints (e.g. backache) among older persons while considering other factors (e.g. depression). Therefore, the aim of this study was to determine these relationships.

Materials and methods: The design was cross-sectional. A total of 4467 women and men aged 60–84 years from Germany, Greece, Italy, Lithuania, Portugal, Spain, and Sweden answered questionnaires regarding various areas such as abuse, mental health (e.g. anxiety) and pain complaints (e.g. backache). The data were examined with bivariate (analyses of variance) and multivariate methods (linear regressions).

Results: The bivariate analyses showed that psychological abuse was connected with all pain complaints; physical with headache and head pressure; sexual with neck or shoulder pain and headache; injury with all complaints (except pain in joints or limbs); financial with pain in joints or limbs and head pressure; and overall abuse (one or more types) with all complaints (except headache). The regressions showed that psychological abuse increased

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the likelihood of being affected by head pressure and heaviness or tiredness in the legs; physical abuse of being affected by headache and head pressure; financial abuse of being affected by head pressure; and overall abuse of being affected by headache and head pressure. In general, respondents from Sweden and younger (60–64 years) were less affected by the complaints than those from other countries (e.g. Germany) and older (e.g. 70–74 years), respectively. Respondents on medication (e.g. pain killers) were less affected by all pain complaints and those with high social support by pain in joints or limbs. High scores on anxiety and depression and having many diseases increased the likelihood of being affect by all pain complaints.

Conclusions: Abuse was related with certain pain complaints (e.g. headache), but other factors and in particular mental health and physical diseases impacted on all pain complaints. Medication and partly social support had a positive effect on the pain experience, i.e. the complaints interfered less with for instance the daily-life of the respondents.

1. Introduction

The world is aging. Demographic projections estimate that the number of persons aged 60 years and more in less developed regions will rise from 510 million in 2011 to 1.613 billion in 2050 and in more developed regions from 274 million to 418 million during the same period. In Europe, it is estimated that the number of persons aged 60 years and more will grow from 164 million in 2011 to 242 million in 2050 [1].

These demographical trends are likely to change the sociodemographic composition of society, and pose major challenges to social and health care systems. The number of cases of conditions such as cancer and diabetes are expected to increase as this population segment grows [2–5]. Demands and costs for social services and health care are also expected to grow [6–8]. For instance, estimations indicate that the public expenditures for Long-Term Care (LTC) for EU/OECD countries may increase at a rate of 1% a year above the growth of the real Gross Domestic Product (GDP) per working member of the population. By 2050 the LTC expenditure parts of the GDP for EU/OECD countries may grow to either 2.2% or 2.7% [6].

Persons aged 60 years and more tend to report pain (e.g. back) at higher rates than younger persons and the oldest old more [9–11]. For instance, Rustøen et al. [11] in a study of pain among 1912 Norwegian citizens aged 18–81 years revealed that 19.2% of the younger age group (18–39 years), 27.5% of the middle-aged group (40–59 years) and 31.2% of the older group (60–81 years) complained of chronic pain (>3-month duration). Almost 59% of the participants with chronic pain had a chronic disease such as osteoarthritis and those in the older age group complained of pain of longer duration and had more comorbidity than those in younger age. However, findings are not consistent across all studies. It has been reported that back-pain declines with age [12]. Hoy et al. [13] revealed that the incidence of low back-pain is highest in the third decade (30–39 years), and overall prevalence increases with age until 60–65 years and then gradually declines. Other authors [14] have reported no prevalence differences in chronic pain between younger and older age groups. Gender differences remain in most pain problems (e.g. neck or shoulder) in older age, with women complaining more often of pain than men [14,15].

Pain (e.g. back) is an important factor in determining the presence of various disorders and symptoms (e.g. depression, sleep difficulties) in older persons [16,17]. It is also related to decreases in quality of life and ability to socialize, and increased rates of falls and impairments of daily living activities [14,18–20].

Pain (e.g. back) has been associated, for example, with exposure to intimate partner violence (IPV) [21,22]. However, to our knowledge, the association between abuse (e.g. psychological) and pain (e.g. back) has not been addressed among samples of both women and men from the general population aged 60–84 years, although it has been reported that older women (60 years and older) exposed to IPV may be at higher risk for chronic pain than nonabused [23]. The lack of data on the association between elder abuse (e.g. psychological) and pain (e.g. back) is noteworthy in view that both are relatively common (see above on pain), and abuse toward older persons is considered a serious public health issue [24]. A review of 49 studies on the prevalence of elder abuse (e.g. psychological) reported a mean rate of 13% and rates in the general population varied between 3.2% and 27.5%, and any kind of abuse amounts up to 55% [25]. Surveys from Europe, Israel, and the United States [26–28], with general population or community samples revealed abuse rates between 0.6% and 29.7% depending on the type of abuse (e.g. psychological). Differences in prevalence rates between studies are due to the variation in the characteristics of the samples and the operational definition of abuse. Furthermore, studies have reported that elder abuse, not least physical, co-exists with such problems as depression, injury, and reduced social support [29–32]. However, a recent study did not found an independent relationship between the prevalence of psychological abuse and depression [28].

Considering the adverse outcomes of elder abuse (e.g. depression) and other data on the relationship between abuse (e.g. IPV) and pain (e.g. back), it seems plausible that abuse could be a precursor of the experience of pain symptoms