



REVISTA BRASILEIRA DE REUMATOLOGIA

www.reumatologia.com.br



Original article

Prevalence of anxiety, depression and kinesiophobia in patients with low back pain and their association with the symptoms of low back spinal pain



Tathiana O. Trocoli*, Ricardo V. Botelho

Department of Neurosurgery, Hospital do Servidor Público Estadual de São Paulo (IAMSPE), São Paulo, SP, Brazil

ARTICLE INFO

Article history:

Received 11 March 2015

Accepted 3 September 2015

Available online 11 March 2016

Keywords:

Anxiety

Depression

Kinesiophobia

Low back pain

Somatoform disorders

ABSTRACT

Objective: To evaluate the prevalence of anxiety, depression and kinesiophobia and their association with the symptoms of low back pain.

Methods: A total of 65 patients were divided into three groups: Organic, Amplified Organic and Non-Organic. They answered the Beck Anxiety Inventory, Beck Depression Inventory and Tampa Scale of Kinesiophobia and were evaluated according to their pain level using the Visual Analogic Scale.

Results: The average kinesiophobia scores of the patients in the Organic, Amplified Organic and Non-Organic groups were 36.26, 36.21 and 23.06 points, respectively. Patients who were classified into the Organic group experienced the most kinesiophobia out of all three groups ($p=0.007$). The average anxiety scores of the patients in the Organic, Amplified Organic and Non-Organic groups were 33.17, 32.79 and 32.81 points, respectively, with no significant difference among the groups ($p=0.99$). The average depression scores of the patients in the Organic, Amplified Organic and Non-Organic groups were 32.54, 28.79 and 37.69 points, respectively, with no significant difference among the groups ($p=0.29$).

Conclusion: There was no association between the groups and anxiety and depression. However, there was a positive correlation between kinesiophobia and the Organic group. Studies of other patient samples are needed to confirm the reproducibility and validity of these data in other populations.

© 2016 Elsevier Editora Ltda. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Prevalência de ansiedade, depressão e cinesiofobia em pacientes com lombalgia e sua associação com os sintomas da lombalgia

RESUMO

Objetivo: Avaliar a prevalência de ansiedade, depressão e cinesiofobia e sua associação com os sintomas da lombalgia.

Palavras-chave:

Ansiedade

Depressão

* Corresponding author.

E-mail: tathitrocoli@gmail.com (T.O. Trocoli).

<http://dx.doi.org/10.1016/j.rbre.2016.02.010>

2255-5021/© 2016 Elsevier Editora Ltda. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Cinesiofobia
Lombalgia
Transtornos somatoformes

Métodos: Foram divididos 65 pacientes em três grupos: orgânicos, orgânicos amplificados e não orgânicos. Eles responderam ao Inventário de Ansiedade de Beck, Inventário de Depressão de Beck e Escala de Cinesiofobia de Tampa e foram avaliados de acordo com seu nível de dor pela Escala Análogo-Numérica.

Resultados: Os escores médios de cinesiofobia dos pacientes dos grupos orgânicos, orgânicos amplificados e não orgânicos foram de 36,26, 36,21 e 23,06 pontos, respectivamente. Os pacientes que foram classificados no grupo orgânicos experimentaram maior cinesiofobia dentre os três grupos ($p=0,007$). Os escores médios de ansiedade dos pacientes dos grupos orgânicos, orgânicos amplificados e não orgânicos eram de 33,17, 32,79 e 32,81 pontos, respectivamente, não houve diferença significativa entre os grupos ($p=0,99$). Os escores médios de depressão dos pacientes dos grupos orgânicos, orgânicos amplificados e não orgânicos foram de 32,54, 28,79 e 37,69 pontos, respectivamente, não houve diferença significativa entre os grupos ($p=0,29$).

Conclusão: Não houve associação entre os grupos e a ansiedade e a depressão. No entanto, houve uma correlação positiva entre a cinesiofobia e o grupo orgânicos. São necessários estudos com outras amostras de pacientes para confirmar a reprodutibilidade e a validade desses dados em outras populações.

© 2016 Elsevier Editora Ltda. Este é um artigo Open Access sob uma licença CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Low back pain is a frequent cause of physical limitations and absence from work and is associated with various somatoform disorders.¹⁻⁸ Studies have shown that the disability that is credited to the symptoms of low back pain presents a weak correlation with pain intensity.^{1-3,6,8,9} Many factors are associated with disability such as cognitive, affective, environmental and social factors and they may influence a patient's willingness to question the pain they experience^{2-4,6,8,10,11} and thus, a biopsychosocial approach could offer an alternative understanding of chronic pain and its impact on the ability of the patient to function.^{1-3,6,8,9}

The psychological profiles of patients with low back pain have been considered the most important prognostic indicator for the therapy of spinal disorders.¹ An awareness of the relationship of the disability to the pain intensity and to the patient's cognitive-behavioral profile may supply valuable information that may be used to predict the prognosis and the treatment and to help choose the best therapeutic approach.^{2,8} The manifestation of a patient's symptoms has often been considered a predictive tool for that patient's psychological profile.^{12,13} There are interest in the development of alternative methods to evaluate psychological distress without using specific psychological tools.

However, results in the literature are still conflicting as to whether indirect methods are able to evaluate psychological distress to the same extent as classical psychological instruments.¹⁴

In the study by Johansson et al.,⁵ which compared patients scheduled for either disc surgery or arthroscopic knee surgery, spine patients who were unable to work reported more dissatisfaction with their current work activity than patients awaiting arthroscopy who were also unable to work.

This suggests that patients with spinal conditions are more intensely affected by somatoform disorders than those with other injuries.⁵

Ransford¹⁴ showed there are a group of patients with high correlation between symptoms and image findings respecting the sensitive and motor radicular paths, and a group with scattered, amplified, migratory and non-anatomic pain without correlation with the image findings. However, clinical experience shows that we usually have a third group with a transition between those groups, with signs and symptoms explained by the images, but associated with amplified or exaggerated paths, out of the anatomic distribution.

Therefore, we classified the patient's symptoms as representative of an organic disease (Organic – ORG), of organic disease with behavioral-cognitive expansion (Amplified Organic – AO), or as a representative of psychosomatic manifestations (Non-Organic – NO) and correlated with the levels of anxiety, depression and kinesiphobia in each of these symptoms groups.

The objective of this study was to evaluate the prevalence of anxiety, depression and kinesiphobia in patients with low back pain in three groups of spine symptoms, divided into Organic, Amplified Organic and Non-Organic.

Methodology

This was a cross-sectional study of all consecutive patients who attended the outpatient clinic of spinal diseases from May to December 2013. Patients who were invited to participate were 18–80 years of age. All of the participants were informed about the study objectives, and those who agreed to take part signed the Informed Consent Form. Patients who had previously undergone surgery on their spine, and those with pain that originated from trauma or cancer were excluded from this study. Age, gender and education level were also evaluated. Education level was classified as elementary, secondary or higher. Pain was measured with the numeric Visual Analog Scale and was documented by pain drawings. Pain was classified as either severe (between 8 and 10 points), moderate (between 4 and 7) or mild (between 0 and 3 points). The length

Download English Version:

<https://daneshyari.com/en/article/3384981>

Download Persian Version:

<https://daneshyari.com/article/3384981>

[Daneshyari.com](https://daneshyari.com)