



The Relationship between Anxiety and Chronic Pain: A Cross-sectional Study from Yazd, Iran

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Background: Chronic pain depends on many physical and psychological factors. The aim of this study was to determine the relationship between anxiety and chronic pain in adult referring to health centers in Yazd, Iran.

Methods and Materials: This descriptive study conducted on 397 adults aged between 31 and 87 years. The Depression, Anxiety, Stress Scale-21 (DASS-21) was used to measure depression, anxiety and stress. The Visual Analogue Scale (VAS) was used to measure pain severity. Six psychologists were employed to collect data. The data were analyzed using SPSS version 21.

Results: Totally 397 individuals with mean age of 61.52 ± 11.52 completed the study. The results showed 74% of participants (N = 295) were suffering from chronic pain. The majority of participants (N = 164, 41.3%) complained from knee pain. This study showed 68.8% of studied adult (N = 277) suffered from mild to severe anxiety. There were positive significant relationship between chronic pain and anxiety.

Conclusion: This study concluded that chronic pain may cause psychological disorders as anxiety. This study recommended that individuals suffering from chronic pain should be assessed in terms of psychological problems.

Keywords: Chronic Pain, Anxiety, Adult, Iran

Introduction

Chronic pain is a prevalent costly public health problem worldwide. It has been argued that this disease could lead to physical disability and psychosocial dysfunction that caused its cost to be increased. In America, more than 100 million individuals suffer from chronic pain (Kim, 2015). Chronic pain beyond the recovery period is longer than we expected. International Association for the Study of Pain (IASP) has defined pain as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage

(Kim, 2015). The previous evidences verified the relationship between anxiety and pain-related disability, so that they reported that decreased anxiety could significantly predict increased functional ability (Benore et al., 2015). Furthermore, it has been verified that pain and pain-related disability could be subsequent to anxiety (Lerman et al. 2015; Costa et al., 2015; Tran et al., 2015). Chronic pain patients who live with anxiety usually benefit from meditation into their treatment plans (Kim, 2015). Anxiety can significantly impair the quality of life in chronic pain patients (Kim, 2015, Orenius et al., 2012). The relationship between pain catastrophic cognition and anxiety sensitivity with pain-related fear has been revealed in existed evidence (Wong et al., 2014). Studies showed pain unpleasantness, depression and anxiety sensitivity all predict symptoms of posttraumatic stress disorder (PTSD) (Teo et al., 2014). As the previous researches showed, anxiety affected on 65% of patients with chronic pain and the correlation between anxiety and pain intensity

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has been documented (Pinheiro et al., 2014). Gender is an influential factor for anxiety in patients with chronic pain, so that women with chronic pain may more likely to suffer from anxiety (Zeng et al., 2015; Hong et al., 2014; Mahrer, Montañó & Gold, 2012). Moreover, physical activity could partially mediate the pain-related. According to the researches, the high rate of co- occurrence anxiety (55%) has been identified among patients referred to pain clinics (Rus Makovec, Vintar & Makovec, 2015). Among Pakistanis population with chronic low back pain (CLBP), the prevalence of anxiety were reported as 48.57% (Hong et al., 2014). Other study reported CLBP is strongly correlated with anxiety (Tekur et al., 2012). However, anxiety disorders in 77% of cases had been presented before pain onset (Knaster et al., 2012b). Furthermore, 45% of individuals with chronic pain suffered from at least one anxiety disorder (Kroenke et al., 2013). Abnormal level of anxiety was also found in 55% chronic pain patients (Sagheer, Khan & Sharif, 2013).

It has been argued that prevalence of chronic pain conditions within the previous 12 months has been 37.3% in developed countries and 41.1% in developing countries. Moreover, it has been verified that, back pain and headache has been somewhat more common in developing countries compared to developed countries (Tsai, Chen & Chien, 2012). The primary outcomes of depression and anxiety reduction resulted from individualized cognitive-behavioral treatment delivered through the internet for patients suffering from chronic pain, were satisfied and reductions were also found on pain catastrophizing (Buhrman et al., 2015). Pain-related anxiety has been diagnosed as onset and progression of chronic pain (Sagheer, Khan & Sharif, 2013). The importance of relationship between anxiety and chronic pain in the prevention and treatment of chronic pain was paid attention recently. However, to determine the effects of these diseases on each other should be more assessed. This study aimed to explore the relationship between anxiety and chronic pain in adult referring to health centers in Yazd.

Method

This work was a cross-sectional study in which 397 adults that referred to health centers of Yazd. The data for this study from May 94 to August 94 for 4 months were collected. Inclusion criteria

were age above 30 years and below 87 years. Speech and hearing have to communicate with the interviewer.

Multi-stage random sampling method was originally from community health centers 5 centers were randomly selected. Then from clients over 30 years, 80 referred met the inclusion criteria. In this study, the standard 21-item questionnaires of Depression, Anxiety Stress scale ((DASS-21) as well as Visual Analog Scale (VAS) was used to assess depression, anxiety, stress and chronic pain. This scale has two forms. The short form that used in this study, has 21 items, with 7 items in each psychological structures of depression, "anxiety" and "stress".

The reliability of the DASS-21 was approved among 1771 patients in England compared with other related tools regarding depression and anxiety with Cronbach's alpha for depression as 95%, anxiety as 90% as and for total score of DASS-12 as 97% (Crawford & Henry, 2003).

In Iran, the reliability of the DASS-21 was approved through acceptable Cronbach's alpha as 94% for depression, 92% for anxiety and 82% for stress (Moradipanah 2005).

The DASS-21 enables to recognize the symptoms of anxiety, depression and stress over the past week. The use of this scale for adults. Who suffering from chronic pain is common in the world. In addition to its good reliability and validity that is the most important features of the scale, it's the usage of this scale is so ease. The other used scale in this study was Visual Analog Scale (VAS).

This scale is a standard 10-degree left-hand side of zero which indicating no pain and 10 on right hand that indicating the most severe pain (Price, 1983). Data collection was performed by 6 psychologists with college education level of Master of Science degree. The results were analyzed using SPSS version 21.

Results

In this study, 397 people were assessed. The mean age of the participants was 11.52 ± 61.52 years in range between 31 and 87 years. The rest of demographic characteristics were shown in Table 1. As this Table shows the majority of participants are housewives (68.5%), Illiterate (47.6*), female (70.3%), married (75.3%) ND city resident (77.3 &).

Table 1. Demographic characteristic of studied participants.

| variable | | Number (N) | Percent (%) |
|-----------------------|----------------|------------|-------------|
| Job | Housewife | 272 | 68.5 |
| | Employed | 18 | 4.5 |
| | Self-employed | 33 | 8.5 |
| | farmer | 31 | 7.8 |
| | Retired | 43 | 10.8 |
| Literacy | Illiterate | 189 | 47.6 |
| | Primary school | 167 | 42.1 |
| | High school | 28 | 7.1 |
| | Collegiate | 13 | 3.3 |
| Gender | Female | 279 | 70.3 |
| | Men | 118 | 29.7 |
| Marriage | Single | 189 | 35.5 |
| | Married | 167 | 75.3 |
| | Widow | 28 | 24.2 |
| Location of residency | City | 307 | 77.3 |
| | Village | 90 | 22.7 |

The prevalence of chronic pain in studied participants was shown in Table 2. According to this Table, 74% of the studied participants (N = 295) were suffered from chronic pain.

Table 2. Frequency of different chronic pain in studied participants.

| Variable | Number | Percent |
|---------------|--------|---------|
| Chronic pain | | |
| Yes | 295 | 74 |
| NO | 102 | 26 |
| Headache | | |
| Yes | 41 | 10.3 |
| No | 356 | 89.7 |
| Neck pain | | |
| Yes | 30 | 7.6 |
| No | 367 | 92.4 |
| Shoulder pain | | |
| Yes | 30 | 7.6 |
| No | 367 | 92.4 |
| Hand pain | | |
| Yes | 49 | 12.3 |
| No | 348 | 87.7 |
| Low back pain | | |
| Yes | 49 | 12.3 |
| No | 348 | 87.7 |
| Abdomen pain | | |
| Yes | 7 | 1.8 |
| No | 392 | 98.2 |
| Hip pain | | |
| Yes | 13 | 3.3 |
| No | 384 | 96.7 |
| Knee pain | | |
| Yes | 164 | 41.3 |
| No | 233 | 58.7 |

The number and percent of participants with different severity of anxiety are shown in Table 3. As this table shows, 44 participants (11. %) were distinguished suffering from mild anxiety, 98 participants (24.7%) suffering from average anxiety, and 46 cases (11.6%) distinguished as having severe anxiety and 85 participants (21.4 %) as very severe anxiety. Overall, 277 participants (68.8%) were suffering from anxiety. There were positive relationship between chronic pain and anxiety (P value $\leq 0/001$).

Table 3. Frequency of anxiety among studied patients health centers.

| Anxiety rate | Frequency (N = 397) | Percent |
|---------------------|---------------------|---------|
| No anxiety | 120 | 31.2 |
| Mild anxiety | 44 | 11.1 |
| Moderate anxiety | 98 | 24.7 |
| Severe anxiety | 46 | 11.6 |
| Very severe anxiety | 85 | 21.4 |

Discussion

The purpose of this study was to determine the relationship between anxiety and chronic pain in adult individuals referring to health centers of Yazd. The results showed that about two thirds of participants in this study suffered from chronic pain and anxiety. Although mutual relationship between chronic pain and anxiety were verified in previous research (Sagheer, Khan & Sharif, 2013). It seems the chronic pain caused anxiety. However, there were not any real data in this study to recognize the first primarily problem and the subsequent problem. However, recognition of this relationship that contributes to design better educational interventions and other prevention / treatment approaches is of utmost importance. There are many studies that reported high prevalence of chronic pain patients suffering from anxiety. In a previous study, spread of chronic pain among patients was reported as 54% of which low back pain had the highest prevalence and headache had the lowest prevalence (Rus Makovec et al., 2015). In contrast with this study, the results of the present study showed knee pain as the highest prevalent chronic pain and abdominal pain was the lowest prevalent chronic pain. In the present study, the majority of the participants suffered from moderate anxiety. Non-

pharmacologic interventions are effective approaches in reducing anxiety rate. Research has shown the role of relaxation techniques to reduce anxiety (Alvarez et al., 2015; Klainin-Yobas et al., 2015). In the present study it was seen that chronic pain could cause anxiety. In patients with chronic pain, it is important to consider effective psychological factors. Therefore, while treatment of chronic pain patients, anxiety treatment should be considered at all work up process. In some cases some requirements such as stress management training for this category of patients with chronic pain is recommended to decrease their anxiety (Benore et al., 2015). As this research showed, increased levels of anxiety were higher among whom with more increased chronic pain and the relationship between anxiety and chronic pain was meaningful. Furthermore, this study revealed increasing in chronic pain rate caused increased anxiety. Thus, it could be concluded that the relationship between the chronic pain and anxiety is a mutual relationship (Sagheer Khan & Sharif, 2013; Li, et al., 2015). In addition to psychological factors, socio-cultural factors also affection chronic pain and these factors, leading to increased anxiety and chronic pain (Pinheiro et al., 2014). Studies showed increased longevity and the risk of suicide are different among healthy people and chronic pain patients. Healthy people are more likely to reduce suicide thoughts and increase their lifetime (Campbell et al., 2015b, Campbell et al., 2015a). Therefore, the people with chronic pain should also be examined regarding the suicidal thoughts and proper evidence based psychological interventions needed to be designed and implemented for them. As aging can cause chronic pain and the pattern, rate of chronic pain and depression are different among different ages and genders, while designing intervention, these characteristics should be considered. (Jackson et al., 2015). However, in this study, the rate of chronic pain and anxiety was assessed in adults between 31 and 87 years old without any further analysis in subgroups that is one of limitation of this study. It has been discussed that psychosomatic symptoms are observed even after adjusting for demographic variables which are effective in increasing pain (Fishbain et al., 2015). Some patients' characteristics as aging, unemployment, isolation, lack of physical activity as well as poor quality of life are associated with chronic pain (Inoue et al., 2015). In patients with

chronic pain, regardless of the nature and cause of pain, a neuropathic assessment and evidence-based intervention is considerable (Chesi et al., 2015). Although this study found the relationship between chronic pain and anxiety, but the studied sample were just individuals who referred to health centers and may be not represent the whole population. The second limitation is that the majority of studied participants consisted of female, so the authors are not sure about the same results for men. Therefore, the authors propose to do more population-based studies with all sub groups.

Conflict of Interest

There is no conflict of interest for this article.

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Author contribution

GAH: Study implementation, Data collection and analysis, writing the first draft of Paper.

SST: Study design and data analysis, editing and confirming the final draft of the paper.

GAH: Study design, confirming the final draft of the paper.

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