



Psychosocial Determinants of Cchronic Pain

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Chronic pain is a major public health problem worldwide (Croft, Blyth, & van der Windt, 2011). Globally, it has been estimated that 1 in 5 adults suffer from pain and that another 1 in 10 adults are diagnosed with chronic pain each year (Goldberg & McGee, 2011). As such Goldberg and McGee correctly suggested that the high prevalence and incidence of global chronic pain, its substantial and growing comorbidities, and its linkage with many social and economic determinants collectively provide ample justification for regarding pain as a public health priority (Goldberg & McGee, 2011).

A chapter by Foell 'in Oxford Textbook of Musculoskeletal Medicine points out that 'social' factors deserve much greater attention in the therapeutic encounter than is usually assumed. Sociosomatic medicine (that is the relationship between the body and the society in which the body is living) is the topic of this chapter; and it is believed that this is distinct from psychosomatic medicine (Hutson & Ward, 2015). In addition several previous studies found that there are a strong relationship between chronic pain and a number of psychosocial determinants such as socioeconomic status, education and race (Roth, Punch, & Bachman 2001; Fuentes, Hart-Johnson & Green, 2007; Green & Hart-Johnson, 2010).

Recently Newman et al reported interesting results from a study among low-income population. Using multiple regression analyses they evaluated the relationships among sociodemographic (sex, age, race, poverty status,

literacy, and education level) and psychological (depressive symptoms and pain catastrophizing) variables and pain interference, pain severity, and disability. They found that the experience of chronic pain within this low-income sample is better accounted for by psychological factors than sex, age, race, poverty status, literacy, and education level. Depressive symptoms and pain catastrophizing mediated the relationships between age and pain variables, while pain catastrophizing mediated the effects of primary literacy and poverty status (Newman et al., 2017).

All these prove that medicalization of chronic pain could not help to overcome the problem unless we understand the psychosocial route of the pain. It seems that poverty, suffering from poor living condition, unfair job, and unequal opportunities all contribute to the ever-increasing condition of chronic pain in the globe. We should eliminate and tackle these social factors to be able to lessen suffering. However, this does not mean that we do not need treatment for chronic pain but to acknowledge that social inequalities are major cause for chronic pain.

References

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