

Prevalence of Low Back Pain and its association with Depression in Male and Female Employees in Iran

ARTICLE INFO

Article Type Original study

Authors

Navabian Ghamsari MH¹, MD Goodarzi A^{2*}PhD, Torabi A³ PhD

How to cite this article

Navabian Ghamsari MH. Goodarzi A, Torabi A., Prevalence of Low Back Pain and its association with Depression in Male and Female Employees in Iran. 2019; 4(3): 235-240.

- ¹ Medical Department, Tehran Azad University of Medical Sciences, Tehran, Iran
- ²Health Education Planning Department, Ministry of Education, Tehran, Iran.
- ³ Instructor Department of Psychology, Azad University (Central Tehran Branch), Tehran, Iran

* Correspondence

Address: No 706, Department of Health of Education's Ministry. P.O. Box: 15816-63315 Phone: 0098 21 82284165 Fax: 0098 21 88840896 Email: azamgoodarzi98@yahoo.com

Article History

Received: Dec 8, 2019 Accepted: Dec 24, 2019 ePublished: Jan 20, 2020

ABSTRACT

Aims: Due to Human's physical and psychological dimensions interaction so that both dimensions includes human integrity and general health, this study aimed to investigate the relationship between Low Back Pain(LBP) severity and depression among employees of the Education Ministry.

Instrument &Methods: In this researching as a descriptive-analytical study, 100 employees of the Education Ministry who were selected through available sampling, included. . Study tools included demographic questionnaire, Visual Analog Scale (VAS) and Beck Depression Inventory. Data were analyzed by using SPSS 23 and Pearson correlation coefficient (r) and independent t-test.

Findings: The results showed that 62% (N=62) of employees were suffering from LBP with different severity. In addition there was a positive and significant correlation between low back pain and depression in participants (P <0.05). However, no significant difference between mean pain intensity in male and female employees was observed (P> 0.05). **Conclusion:** The relationship betweenLBP and depression among the staff in this study was revealed. It is necessary to pay attention towards physical-psychological factors and also mental and physical vitality for preventing and treatment of LBP.

Keywords: Low Back Pain (LBP), Depression, Employee staff.

Introduction

Low Back Pain (LBP) is one of the major medical problems societies so approximately 85% of people have experienced this problem at least once during their lives Back pain is one of the most important causes for disability, work absence and medical treatment expenses [2]. Studies show that the second reason for patients referring health care providers the third reason for surgery and the fifth reason for hospitalization is LBP [3]. There are symptoms of LBP in many diseases and systemic musculoskeletal disorders [4]. It has many consequences, including job loss, sick leave and as one third reason for earlier retirements. Back pain is not a disease, really It is a set

acute and self-limiting [5]. Low Back pain patients like other chronic illnesses, in addition to physical complications, also have mental health problems, their lifestyle will be affected [6]. Low back pain has been known as a physical psychological - social problem. Negative effects on all aspects of health have been linked to mental health symptoms [7]. Lewis et al. reported that in addition to the physical factor, psychological and emotion factors play a large role in the severity and procedure of low back pain [8]. Many studies have indicated that psychological improvements have strongly related to the ability and quality of life of patients with low back pain [9, 10]. The findings of a study in Iran have also addressed the integrative and comprehensive role of

of symptoms that are usually

^{*}Corresponding Author: No 706, Department of Health of Education's Ministry, P.O.Box 15816-63315, Tel: 0098 21 82284165; Fax: 0098 21 88840896, E-mail: azamgoodarzi98@yahoo.com

psychological factors associated with low back pain in patients [11]. Uncontrolled psychological factors can lead to disability of staff, medical costs and work absence and economic costs for the whole society. The purpose of this study was to investigate its prevalence and relation with depression among employees of Iran's Ministry of Education.

Instruments and Method

The study is a descriptive-analytical study. Participants included the Ministry of Education's employees who were selected through available sampling. Subjects displayed their satisfaction to participate in the study through a specific form. Exclusion criteria included no tendency for participating in the study, background

of spine surgery and orthopedic injuries. Thus 100 male and female employees aged 20-55 years from August 2019 to October 2019 were enrolled in this study. Visual Analog Scale (VAS) applied to measure pain intensity in patients with low back pain. VAS is a 100 mm (10 cm) horizontal bar with one end being zero without pain, the other tag end 10 is the most severe pain. Its internal reliability (ICC = 0.091) reported. This scale widely used in other scientific research [12]. The Beck Depression Inventory has 21 items that measure physical, behavioral, and cognitive symptoms of depression. Each of them has four selective options that on 0 to 3 scale rated and determines different degrees of depression from mild to severe. The maximum score on this questionnaire is 63 and its minimum score is 0. Participants

Table1) Low back pain severity among studied subjects

Frequency -	Frequency of	Low back pain severity VAS scale		
	Females Males N(%) N(%)			
3	2 (2.8)	1 (3.2)	<u>.</u> E	1
10	4 (5.7)	6 (19.3)	Mild Pain	2
1	1 (1.4)	0 (0)	≥	3
11	7(10.1%)	4 (12.9)	u	4
10	8 (11.5)	2 (6.4)	ıte Pai	5
6	4 (5.7)	2 (6.4)	Moderate Pain	6
1	1 (1.4%)	0 (0)	≥	7
9	7 (10.1%)	2 (6.4)	ain	8
7	6 (8.6%)	1 (3.2)	Severe Pain	9
4	4 (5.7)	0 (0)	Sev	10
62	44 (63.7)	18 (58.06)	Total	
38	25 (36.2)	13(41.9)	No pain	

can answer questionnaire with several range of answers. Previous study has reported coefficient (K²) as 0.73 [13]. K² coefficient was calculated as 0.69 in this study. Questionnaires were completed by the participants and the data were analyzed using SPSS version 23.Pearson Correlation was used for descriptive statistics and evaluating the prevalence of LBP and its relationship with depression variables in each group. In addition, Independent t-test was used to compare the severity of pain between two groups of women and men.

Findings

In this study subjects were included 100 employees (31 males and 59 females) aged 22 to 58 years with mean age of 41.14 ± 8.92 years and their work experience mean were 17.43 ± 7.93 years.. The results showed that 62% (N=62) of the participating staff had low sever back pain with , 58% (N=58) of men and 72% (N=72) of female employees in the study

had mild low back pain. Overall, 14% (N=14) of the subjects had mild low back pain, 28% (N=28) had moderate back pain, and 20% (N=20) had severe low back pain. (Table1)

Pain numbered on (from 1 to 3 is considered as mild pain, numbers from 4 to 7 as moderate pain and from 8 to 10 as severe pain. Therefore in addition to VAS and demographic information (age, sex, and duration of work with computer) the other instrument used in this study was Beck's Depression Inventory (BDI-II). Pearson correlation coefficient showed that there was a significant relationship between depression and pain severity r = 0.2 at the significant level P < 0.05. (Table2)

Discussion

The study aimed to investigate the severity of low back pain and its relationship with depression among employees who are working in the Education Ministry. The findings showed that the majority of subjects

Table 2) Relationship between depression with some demographic factors and low back pain index among participants

Variables	Age	Sex	Work experience with computer	Depression	Low Back Pain
Age	1	0.16	0.293**	0.125	0.246*
Sex	0.16	1	- 0.061	- 0.12	-0.116
Work experience with computer	0.293**	- 0.061	1	0.077	0.228*
Depression	0.125	- 0.012	0.077	1	0.208*
low Back Pain	0.246*	-0.116	0.228*	0.208*	1

^{*}Correlation is significant at the 0.05 level

^{**} Correlation is significant at the 0.01 level

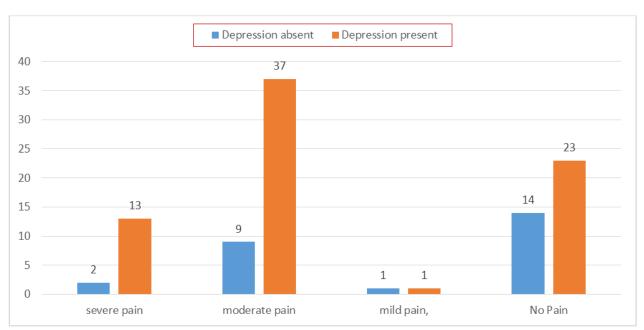


Figure 1) Frequency of studied participants in visual analogue scale distribution category with depression absent or depression present.

suffered from mild and severe low back pain. This finding can be indicated the severity of work injury and job characteristics. The results are consistent with previous researchers' results in their researches [14,15]. The reasons for the similarity can be found in the similar research methods that all three studies have done on the same Iranian workflow. Long working hours (long sit-ins), high work stress, and insufficient income have been reported as reasons for the high prevalence of low back pain in the workplace in this study [15]. Tanakul. J., et al. reported a prevalence of low back pain in employees with a one-year experiance about 23 to 38 percent, as a major reason for quitting under the age of 45^[16]. According to the findings of the study, it is certain that long sitting on a chair during organizational work as a major reason for LBP as indicates in the present study. Therefore, according to the alignment findings of this study and other mentioned studies, it can be concluded that the employees are at risk of low back pain. Findings indicates that LBP among male or women workers, there is no a statistically significant difference between the incidence of low back pain. There are risks in this issue for both groups. However, men are expected to have higher muscle strength and be able to stand for more difficult work. The results of this study show that employees in both groups are equally are at low back pain risk. Therefore, it is necessary to provide all staff with training on how to deal with such a problem.

In particular the findings showed a positive and significant correlation between low back pain and age of employees, with increasing age and then decreasing of physical strength and occupational fatigue respectively, increasing the likelihood of musculoskeletal disorders and low back pain. There is a significant correlation among employees as the incidence of LBP increases with increasing age. Furthermore, LBP will be increased due to long term sitting for the staff. Previous evidence has also shown that increased age is a risk factor for back pain [17, 18]. Findings in low back pain and depression relationship field indicate a positive and significant correlation between Many studies have shown that depression is common among people suffering from chronic pain and seems to play a more prominent role in the severity of pain than physical factors in cases of chronic pain and high levels of stress and anxiety with pain. Thus trough many treatments psychological disorders in patients with chronic pain, we can reduce pain and enhances quality of life of suffered people^[19,20]. Aghayari and et al during a investigating among 244 persons, found that there was a positive and significant correlation between low back pain and anxiety in nurses [21]. Bairows and et al, in a study of the relationship between depression and pain severity found that patients with chronic low back pain had high degrees of depression that was significantly correlated with severe pain and disability [22].

Depression is a disorder that reduces activity in the individuals and creates a hypo activity situation in person so that he/she avoids physical activity. Therefore, his/her functional abilities will be limited consequently, lack of activity cased low level of body muscles using [20].

The balance of blood chemical transmitters disrupting can cause psychological problems and exacerbate chronic pain, including low back pain. In addition due to functional disabilities: stigma may be cleared, and this stigma including mental illnesses such as depression can be exacerbated by the general public, family, friends, and even health care professionals, Depression can discourage depressed people from seeking medical help and physical activity, leading to social isolation, reduced life satisfaction, and exacerbation of chronic pain, including low back pain. Long immobility and no physical activity as sitting can be cased for physical problems among the people with LBP. Thus Depression and psychological problems both together exacerbate a variety of physical problems in the individuals. One of these problems can be chronic low back pain. It has been reported as an effective factor in the development of low back pain [19,20,23] that their findings are alignment with this study. The study type (cross-sectional study), Self-reporting of the severity of pain and depression were certain limitations of this study. In future studies, it is advisable to examine the relationship between other psychological factors such as anxiety, stress and chronic low back pain.

Conclusions

Due to the results of this study, it is recommended that staff be provided with the necessary training in motor literacy and corrective movements for regular physical activity. Necessary training in the ergonomic principles also can be effective and in addition for as much as depression is effective factor for LBP. Managers must be obligated to refresh the workplaces and environment for employees.

Acknowledgement

The authors would like to thank all who helped us in performing this study. Special thanks to all administers who supported this study to be accomplished.

Ethical permission

All ethical issues were considered for this study.

Conflicts of Interest

The authors declare that they have no conflict of interest.

Author's contributions

AG. Conducted whole study and had full access to all of the data for analysis. Also she was involved in drafting the article.

MN. Assessed the patients and confirmed their eligibility for the study. He took responsibility for conducting the study and the integrity of the data and the accuracy of the data collection.

AT. Assessed the patients and confirmed their eligibility for the study. He took

responsibility for conducting the study and the integrity of the data and the accuracy of the data collection.

References

- Andersson G. Epidemiological Features of Chronic Low-Back Pain. Lancet 1999;354:581-5.
- Gracey JH, McDonough SM, Baxter GD. Physiotherapy Management of Low Back Pain: A Survey of Current Practice in Northern Ireland. Spine 2002;27(4):406.
- 3. Sherman, K.J., Cherkin, D.C., Erro, J., Miglioretti, D.L., Deyo R.A.Comparing Yoga, exercise, and a self-care book for chronic low back pain. Annals of Internal Medicine. 2005; 143(12):849-56.
- 4. Roach, K.E., Brown, M.D., Albin, R.D., Delaney, K.G., Lipprandi, H.M., Ranjelli, D. The sensitivity and specificity of pain response to activity and position in categorizing patients with low back pain. Physical Therapy.1997; 77 (7): 730-37.
- Nachemson, A., Waddell, G., Norlund, A.I. Epidemiology of neck and low back pain. Philadelphia. 2004; 165.
- 6. Nedjat S, Montazeri A, Mohammad K, Majdzadeh R, Nabavi N, Nedjat F, et al. Quality of life in multiple sclerosis compared to the healthy population in Tehran. Iran J Epidemiol. 2006; 2(3): 19-24.
- Koes BW, Van Tulder MW, Thomas S. Diagnosis and treatment of low back pain. BMJ: British Med J. 2006; 332(7555): 1430-34.
- 8. Lewis, S., Holmes, P., Woby, S., Hindle, J., Fowler, N. The relationships between measures of stature recovery, muscle activity and psychological factors in patients with chronic low back pain. Manual Therapy. 2012; 17: 27-33.
- 9. Heymans MW, van Buuren S, Knol DL, Anema JR. van Mechelen W, de Vet HCW. The prognosis of chronic low back pain is determined by changes in pain and disability in the initial period. Spine J. 2010; 10(10): 847-56.
- 10. Thomas EN, Pers YM, Mercier G, Cambiere JP, Frasson N, Ster F, Herisson C, Blotman F. The importance of fear, beliefs, catastrophizing and Kinesiophobia in chronic low back pain

- rehabilitation. Ann Phys Rehabil Med. 2010; 53(1): 3-14.
- 11. Asghari A, Julaeiha S, Godarzi M. disability and depression in patients with chronic pain: pain or pain-related beliefs?. Arch Iranian Med 2008;(11): 263-269.
- 12. Karimi, A. (2004). A prospective study of the outcome of treatment of chronic low back pain patients with consistent and in consistent clinical signs as defined by three screening tests. (Thesis: 423794) .University of East Anglia Norwich. 1-22.
- 13. Babaei Menghari MM. Khaleghkhah A. Path analysis model between spiritual Health, quality of life with depression thalasemia major patients. J Health Psychol, 2017, 5(17): 119-134.
- 14. Rajabi, R, et al. A Comparison of Two Methods of Strengthening Exercises with and Without Massage on Alleviation of the Chronic Neck Pain. (WJSS). 2011, 5(3): 158-62.
- 15. Mohseni Band pey M, Fakhri M, Ahmad Shirveni M, Bagheri nami M, Khaliliyan A. A Comparative Evaluation of an Exercise Program and Ergonomic Advices in the Treatment of Low Back Pain: A Randomised Controlled Clinical Trial in Nursing Population . jour guilan uni med sci. 2007; 16 (62) :58-66.
- Janwantanakul P, Pensri P, Moolkay P, Jiamjarasrangsi W.Development of a risk score for low back pain in office workers--a cross-sectional study. BMC Musculoskelet Disord. 2011;12(23):23. DOI: 10.1186/1471-2474-12-23 PMID: 21261997.
- 17. Kuiper, J., Burdorf, A., Verbeek, J. Epidemiologic evidence on materials as a risk factor for back disorder; systemic review. International Journal of Industrial Ergonomics. 1999; 24: 389-404.
- 18. Croft, P.R., Macfarlane, G.J. Outcome of low back pain hn general practice. A prospective study. British Medical Journal. 1998; 316: 1356-59.
- 19. Parkitnya, L., McAuleya, J.H., Waltonc, D., Costad, L., Refshaugee, K.M., Wandf, B.M. Rasch analysis supports the use of the Depression, Anxiety, and Stress Scales to measure mood in groups but not in individuals with chronic low back pain. Journal of Clinical Epidemiology. 2012; 65: 189–198.

DOR: 20.1001.1.24765279.2019.4.3.6.8

- Pincus, T., Burton, A., Vogel, S., Field, A. A systematic review of psychological factors as predictors of chronicity/disability in prospective cohorts of low back pain. Spine. 2002; 27 (5); 109-120.
- 21. Aghayari, A., Ghasemi, Gh.A., Eshaghian, M., Ghojoghi, M., Haghverdian, S. Prevalence of low Back Pain and Its Association with Anxiety
- and Depression in Male and Female Nurses. Scientific journals system.2014;. 12.8: 39-47.
- 22. Bair, M.J., Wu, J., Damush, T.M., Sutherland, J.M., Kroenke, K. Association of depression and anxiety alone and in combination with chronic musculoskeletal pain in primary care patients. Psychosomatic Medicine. 2008; 70 (8):890-897.