

# ABSTRACT

## Background:

Chronic pain is a common condition both in developing and developed countries afflicting females more than males and the prevalence increasing with age. Chronic pain and psychiatric disorders share a bidirectional relationship. Co-morbid psychiatric disorders are common in chronic pain patients and has been reported particularly in studies from tertiary pain centers or inpatient units. Anxiety and depression are common psychiatric co morbidities in patients with chronic pain. Co morbid psychiatric disorders adversely affect outcomes in pain management and hence require effective interventions.

## Objectives:

The objective of this study was to determine the prevalence of common psychiatric illnesses (depression and anxiety disorders) in patients with chronic pain and to identify the relationship between severity of pain and development of psychiatric disorders. It was also aimed to find out the association of different socio- demographic variables and common psychiatric illnesses among patients with chronic pain.

## Methodology:

A descriptive cross-sectional study was conducted in patients with chronic pain states attending the pain management clinic at a tertiary care hospital over a period of 6 months. A total of 57 patients were selected by non-probability purposive sampling method after fulfilling the inclusion criteria and informed consent being obtained. The semi-structured pro-forma was filled and detailed history was taken. Visual Analog Scale for pain (VAS) was administered to quantify the severity of pain. The validated Nepali version of GHQ-12 was then administered to the patients for self-reporting for detection of psychiatric caseness ( $\text{GHQ-12} \geq 3$ ) and psychiatric diagnosis was done using ICD-10 DCR. Severity of depression and anxiety were graded by using BDI-II and BAI respectively.

## Results:

Psychiatric caseness was detected in 56.14% (n=32) of the respondents. The co morbidity of common psychiatric illnesses in patients with chronic pain in the study was 47.37% (n=27) out of which depression constituted 26.31% (n=15) and anxiety constituted 21.06% (n=12). Among those diagnosed to have depression by using ICD-10 DCR, 66.67% (n=10) of the patients had moderate depression without somatic syndrome while 33.33% (n=5) of them had mild depression without somatic syndrome. Among those diagnosed to have comorbid anxiety disorder, panic disorder was the most frequent diagnosis (n=6, 50%) followed by Generalized anxiety disorder (n=4, 33.33%). 16.67% (n=2) of the patients with anxiety disorder were diagnosed as having Mixed anxiety and depression. Among diagnosed cases of comorbid anxiety disorder, 50% (n=6) had severe level of anxiety while 25% (n=3) had mild level of anxiety. Statistically significant association was seen among family history of psychiatric illness and common psychiatric illnesses ( $p < 0.05^*$ ), duration of chronic pain and common psychiatric illnesses ( $p < 0.001^{**}$ ) and severity of pain and common psychiatric illnesses ( $p < 0.001^{***}$ ) in chronic pain patients. The risk of developing common psychiatric illnesses in patients with chronic pain increased by 2.59 times with each unit increment in VAS score. [4]

**Conclusion:**

A strong association was found between chronic pain and common psychiatric illnesses in a tertiary care setting. The risk of co morbid psychiatric disorder increased with increasing duration and severity of pain. These results suggest the need for clinicians treating persons with chronic pain to be aware of the increased risks of a range of mental disorders among such patients, including mood, anxiety and other related disorders.