Short Communication

Pain in Mental Health Setting and Community: An Exploration

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ABSTRACT

Pain is a commonly experienced complaint in the general population. It aims to determine the occurrence of pain complaints among the general population as well as the clinical group. The sample for the current study was drawn from the ongoing study on development of NIMHANS Screening tool for psychological problems. It includes males and females (119 males and 110 normal and 200 males and 100 clinical subjects) above age 18 years. Subjects were assessed on the question related to frequent experience of body ache and headache in the past one week in an individual setting. Data was analyzed using percentage scores. It indicates that 27% (16% in females and 11% in male) experience pain in the normal group, whereas in clinical categories, 14.5% of anxiety disorder (9.5% in females and 5% in males), 13.9% of depression (8.9% in females and 5% in males), 17.9% of obsessive compulsive disorder (OCD) (8.5% in females and 9.4% in males) and 13.9% of substance users reported pain in last seven days. It implies the need for sensitization among professionals and general population to identify pain complaints.

Key words: Pain, tool, treatment

INTRODUCTION

Pain is a commonly experienced symptom among people in the community as well as in the clinical population. It leads to tremendous cost on any country’s resources in terms of health care costs, lost worker productivity, poor quality of life, as well as financial difficulty. Back pain is the leading cause of disability in America under 45 year old, where 27% experienced low back pain, 15% severe headache or migraine pain or neck pain, and 4% facial ache or pain.[1] 45.9% experienced pain in the back.[2]

In the Indian context, backache (25.8%), headache (20.1%), and abdominal pain due to acid peptic disease (12.5%) are the most prevalent painful conditions. Female sex, age of ≥ 30 years, lack of formal schooling, smoking habit, and dependent status has higher prevalence of pain. Nineteen percent percent of them are unable to go to work due to complaints of pain.[3] The prevalence of self-reported low back pain is 29.6%. Higher prevalence are found in those working in awkward working postures.[4] Seventy percent of the subjects with pain complaints visit a health professional for treatment. Eighty percent of the cases visited physician for consultation, those who did not seek treatment, did so because they considered health professionals could not help in reducing the distress.[3]

Due to man(m should be small)-days, loss’ attributed to pain are 1.37 days/month.[3] There is a need to explore pain complaints among the normal general population as well as the clinical group.

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MATERIALS AND METHODS

AIM: To explore pain complaints among the normal general population as well as the clinical group

Sample: Cross-sectional design was used to include 529 subjects of 18 years and above (119 male and 110 female normal and 200 male and 100 female clinical subjects). Subjects were taken from the outpatient and inpatient psychiatry setting of the hospital and person resident of Bangalore, Karnataka, India during 2012 and 2013. Normal group includes literate and illiterate subjects having ability to speak and read English/Hindi/ Kannada and subject with history of nicotine use, neurological and psychiatric illness including substance use were excluded. Whereas in clinical group, along with above-mentioned criteria, person seeking consultation for psychological problems including substance use were included and subjects with a history of neurological problem and language deficits were excluded. The study was approved by the Institute Ethics Committee.

Procedure: The sample for the current work has been taken from the ongoing study on development and validation of NIMHANS Screening Instrument for Psychological Problems.[6] It screen anxiety, depression, obsessive - compulsive disorder, mania, psychosis, substance use, and pain in the last seven days. It is a 21 items instrument (3 items for each diagnosis) for assessing Psychiatric Caseness in the past one week with specificity of 0.92 and sensitivity of 0.83. Socio-demographic datasheet was used to collect demographic information, and clinical group was also evaluated for psychiatric diagnosis using International Classification of Disease-10 (ICD-10). Five hundred and twenty nine subjects (in the age range of 18-45 years) were interviewed to identify those who report of experience of pain in the past one week and got the score of two and above were taken. Individual administration of the NIMHANS Screening Instrument for Psychological Problems was carried out.

RESULTS

Sixty five percent of the subjects were in the age range from 30-39 years. Twenty seven percent (16% females and 11% males) reported having experienced pain in the normal group, whereas in clinical categories, 14.5% of anxiety disorder (9.5% in females and 5% in males), 13.9% of depression (8.9% in females and 5% in males), 17.9% of obsessive compulsive disorder (OCD) (8.5% in females and 9.4% in males), and 13.9% male substance users reported pain in last seven days.

The barriers were observed in the form of ‘problems can be managed by using available local ointment (60%; 35 females and 25% males),’ use of over the counter analgesics (20%; 11% females and 9% males) and by relaxing oneself (10%; 6% females and 4 % males), taking off from work (5%; 3% females and 2% males), and others (5%; 2% females and 3% males).

DISCUSSION AND CONCLUSIONS

The present work revealed that 27% (16% females and 11% males) reported having experienced pain in the normal group, whereas in clinical categories, 14.5% of anxiety disorder (9.5% in females and 5% in males), 13.9% of depression (8.9% in females and 5% in males), 17.9% of obsessive compulsive disorder (OCD) (8.5% in females and 9.4% in males), and 13.9% males substance users reported pain in last seven days [Figure 1]. The work also indicates the higher percentage of experienced complaints of pain among the general community in comparison to clinical group. It is more among females (normal and clinical condition except OCD) in comparison to males. Low treatment-seeking behavior could be because of presence of barriers in form of using available local ointmen/ use of over the counter analgesics/by relaxing oneself, and taking off from work [Figure 2 and Table 1]. This has been corroborated by other studies. Thirty three percent reported headache in the past one month.[7] 41.8% presented to physician with the complaints of body pain. 36.5% reported complaints of pain/swelling of joints and 17.4% with backache in a survey to assess the morbidity in the community among elderly subjects.[8] Among women, 16.8% to 81% had dysmenorrhea; dyspareunia was present among 8% to 21.8%, and 2.1% to 24% experienced non-cyclical pain.[9] 1.5% to 26% patient with among chronic pelvic pain had major depression.[10] People who have chronic pain are four times more likely to suffer from depression and anxiety.[11] This study has limitations in the form of absence of information about various types of pain in the normal group, absence of assessment of affective features.
and its relationship with clinical psychiatric diagnosis in the clinical group; barriers for not seeking help could have been explored further to facilitate understanding about these behaviors as well as develop plan to facilitate treatment initiation. It has implications for exploration of pattern of usages of analgesics, prevalence of pain across various age groups and gender.

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Table 1: Percentage of barriers reported

| Group                  | % | Male % | Female % |
|------------------------|---|--------|----------|
| Using ointment         | 70| 25     | 45       |
| Use counter analgesics | 49| 24     | 25       |
| By relaxing oneself    | 30| 14     | 16       |
| Taking off from work   | 33| 15     | 18       |