Original article
Scand J Work Environ Health 2018;44(3):283-290
doi:10.5271/sjweh.3704

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This paper examines the interaction between bullying and 5-HTT genotype with regard to pain intensity in the general working population (N=987). The data revealed that the association between bullying and pain is moderated by a genetic variation in the 5-HTT gene, and that the association between negative social acts and health in vulnerable individuals may be far more potent than previously reported.

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Refers to the following texts of the Journal: 2011;37(4):259-358 2016;42(5):355-453 2012;38(1):1-87

Key terms: 5-HTT; 5-HTT genotype; 5-HTTLPR; bullying; negative social act; pain; polymorphism; psychosocial; rs23351; serotonin transporter; SLC6A; workplace bullying

This article in PubMed: www.ncbi.nlm.nih.gov/pubmed/29313869

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Negative social acts and pain: evidence of a workplace bullying and 5-HTT genotype interaction

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Jacobsen DP, Nielsen MB, Einarden S, Gjerstad J. Negative social acts and pain: evidence of a workplace bullying and 5-HTT genotype interaction. Scand J Work Environ Health. 2018:44(3):283–290. doi:10.5271/sjweh.3704

Objectives

Long-term exposure to systematic negative acts at work, usually labeled workplace bullying, is a prevalent problem at many workplaces. The adverse effects of such exposure may range from psychological symptoms, such as depression and anxiety to somatic ailments like cardiovascular disease and musculoskeletal complaints. In this study, we examined the relationships among exposure to negative acts, genetic variability in the 5-HTT gene SLC6A4 and pain.

Methods

The study was based on a nationally representative survey of 987 Norwegian employees drawn from the Norwegian Central Employee Register by Statistics Norway. Exposure to bullying in the workplace was measured with the 9-item version of the Negative Acts Questionnaire – Revised (NAQ-R) inventory. Pain was rated using an 11-point (0–10) numeric rating scale (NRS). Genotyping with regard to SLC6A4 was carried out using a combination of gel-electrophoresis and TaqMan assay.

Results

The data revealed a significant interaction between exposure to negative acts and the SLC6A4 genotype with regard to pain (linear regression with 5000 resamples; age, sex, tobacco use and education were included as covariates). The relationship between negative acts and pain intensity was significantly stronger for subjects with the L/L genotype than for subjects with the L/S or S/S genotype. No significant difference between subjects with the L/L genotype and S/S genotype was observed.

Conclusions

Our data demonstrated that the relationship between bullying and pain was modified by the 5-HTT genotype, ie, genetic variation in SLC6A4. The association between negative acts and health among vulnerable individuals appeared more potent than previously reported.

Key terms

polymorphism; psychosocial; rs23357; serotonin transporter; SLC6A; 5-HTTLPR.

Exposure to systematic negative social acts at work, usually labeled workplace bullying, is a prevalent issue in contemporary working life, affecting approximately 15% of adults globally (1). Several lines of evidence demonstrate that exposure to such bullying is a major predictor of impaired health and well-being among those targeted (2, 3). The adverse effects of bullying is well documented and range from psychological symptoms, such as depression and anxiety (4, 5), to somatic ailments like cardiovascular disease (6) and musculoskeletal complaints (7). Exposure to bullying is also associated with increased risk of sickness absence (8) and disability retirement (9).

While exposure to bullying in the workplace is a risk factor for pain (10, 11), pain may also be determined by the individuals psychological profile and genetic susceptibility (12). Interestingly, as much as 60% (range 25–60%) of the variance in experimental pain may be explained by genetic variability (13). Thus, pain perception is subject to large variation between individuals. Earlier studies suggest that pain in an experimental setting may be associated with genetic variability important for serotonin (5-HT) signaling (14, 15).

One genetic variant that may be important for 5-HT signaling is the 22-base-pair variable number tandem repeat (5-HTTLPR) in the promoter of the SLC6A4
gene encoding the serotonin transporter (5-HTT). Two common allelic variants have been described, a short (S) allele of 14 repeats and a long (L) allele of 16 repeats (16). The short allele leads to decreased 5-HTT expression (17). In addition, there is a single nucleotide polymorphism (SNP) in the promoter region of SLC6A4, which also affects the rate of transcription (18). This A to G substitution is in strong linkage disequilibrium with the length polymorphism of the promoter, where the G allele, associated with lower expression, almost always coincides with the long allele (19).

The most important transmitters in the pain pathways may include the excitatory signaling molecule glutamate and the inhibitory modulator GABA. In the central nervous system, 5-HT is a modulator of both glutamatergic and GABAergic neurotransmission (20, 21). Hence, polymorphisms influencing the efficacy of 5-HTT – responsible for 5-HT reuptake into the synaptic boutons – may affect signaling in the pain pathways and nociceptive processing in the brain. Based on the presumed transcription rates from low to high (15), the Caucasian population can be divided in three groups; low (SS), medium (SL/L/L), and high (L/L). Expression. Individuals with low, medium and high expression may have different phenotypes.

For example, previous data have suggested that pain evoked by colorectal distention in individuals with SLC6A4 low-transcription-genotype induces an increased activation of brain areas involved in emotion-regulation (22). Moreover, people with SLC6A4 low-transcription-genotype may be associated with anxiety and negative affect (23). On the other hand, individuals with SLC6A4 high-transcription-genotype seem to report more pain evoked by thermal stimuli (24).

Recent data show that exposure to bullying at the workplace is associated with increased distress and somatic health complaints (25). Less is known about conditional factors that govern the health consequences of bullying. However, based on the possible link between bullying, SLC6A4 genotype and pain, we hypothesized that the effect of bullying on pain may be modified by genetic variation in SLC6A4. In the present study, we demonstrate that pain in the working population is associated with a bullying and SLC6A4 genotype interaction.

Methods

Subjects

This study is based on a probability sampled survey of the Norwegian working force. A random sample of 5000 employees was drawn from The Norwegian Central Employee Register by Statistics Norway. The Norwegian Central Employee Register is the official register of all Norwegian employees, as reported by employers. Sampling criteria were adults aged 18–60 years employed in a Norwegian enterprise. Questionnaires were distributed through the Norwegian Postal Service during the spring 2015. Subjects who gave consent were also given saliva collection kits. Altogether, 987 subjects who had satisfactorily completed the questionnaire and given a saliva sample were included in this study. The survey was approved by the Regional Committee for Medical Research Ethics for Eastern Norway. Responses were treated anonymously, and informed consent was given by the respondents.

Instruments

Exposure to bullying behaviors in the workplace was measured with the 9-item version of the Negative Acts Questionnaire – Revised (NAQ-R) inventory (26). NAQ-R describes negative and unwanted behaviors that may be perceived as bullying if occurring on a regular basis. The NAQ-R contained items referring to both direct (eg, openly attacking the victim) and indirect (eg, social isolation, slander) behaviors. It also contained items referring to personal as well as work-related forms of bullying. For each item, the respondents were asked how often they had been exposed to the behavior at their present worksite during the last six months. Response categories range from 1–5 ("never", "now and then", "monthly", "weekly" and "daily").

To assess pain, subjects were asked to rate their mean general pain intensity throughout the last week using an 11 point (0–10) numeric rating scale (NRS) with endpoints "no pain" and "worst possible pain".

Genotyping

Collection of saliva and extraction of genomic DNA was done using OrageneRNA sample collection kit (DNA Genotech Inc. Kanata, Ontario, Canada) according to the manufacturer’s instructions. Genotyping with regard to SLC6A4 tandem repeat length in the promoter (short: S versus long: L), and genotyping with regard to the SNP rs23351 (A versus G) were performed.

To determine the length (S versus L) of the polymorphic promoter region of SLC6A4, the DNA sequence was first amplified by polymerase chain reaction (PCR) and then separated by gel electrophoresis. PCR was carried out in a total volume of 25 µl containing ~60 ng of genomic template, 6.25 pmol of each primer and 1×Taq DNA Polymerase Master Mix (VWR international, Dublin, Ireland). The forward primer sequence was 5’ –GGCGT TGCCG CTCTG AATGC- 3’ and the reverse primer sequence was 5’ –GAGGG ACTGA GCTGG ACAAC CAC- 3’ (DNA technology A/S, Riss-
kov, Denmark). As previously described (27), samples were amplified on a Perkin Elmer GeneAmp PCR 2400 system following an initial denaturing step for 3 minutes at 95 °C. The amplification consisted of 40 cycles including denaturing at 95 °C for 40 seconds, annealing at 60 °C for 20 seconds and elongation at 72 °C for 80 seconds. The PCR yielded a long (529 bp) and a shorter (486 bp) fragment. After four hours separation at 100 V on a 2.5% agarose gel (MetaPhor Agarose, Lonza cologne GmbH, Cologne, Germany), GelRed dye was added and the fragments were visualized by UV light (Biotium Inc, California, USA). A PCR 100 bp low ladder (Sigma-Aldrich CO, St. Louis, Mo, USA) was used to determine the length of the fragments.

The SNP genotyping with regard to rs23351 (A versus G) was carried out using custom TaqMan SNP genotyping assays (Applied Biosystems, Foster City, CA, USA). Approximately 10 ng genomic DNA was amplified in a 5 µl reaction mixture in a 384-well plate containing 1× TaqMan genotyping master mix (Applied Biosystems) and 1× assay mix, the latter containing the respective primers and probes. The probes were labelled with the reporter dye FAM or VIC to distinguish between the two alleles. Approximately 10% of the samples were re-genotyped and the concordance rate was 100%.

Statistical analysis

Exposure to bullying was calculated using the mean-score of the 9 items in the NAQ-R inventory. To explore the hypotheses about main and moderating effects, we conducted a hierarchical regression analysis to test for linear associations between exposure to bullying behaviors and experienced pain, as well as the interactive effects of exposure to bullying and SLC6A4 genotype (three allele model), with regard to pain. Deviation from the Hardy-Weinberg equilibrium was tested by the Chi-squared test. In order to examine the modifying role of the SLC6A4 genotype, we followed the recommendations for interaction analyses provided by Baron and Kenny (28). The SLC6A4 genotype was included as a categorical variable using the L_A-L_A genotype as a reference group. The interaction analysis was conducted in two steps. Control variables, exposure to bullying and the SLC6A4 genotype were entered as predictors in the first step, whereas the interaction term (exposure to bullying×SLC6A4) was entered in the second step. A significant interaction term and a significant increase in explained variance (R^2) in the second step were considered as an interaction effect.

As the scores on the NAQ (skewness: 4.18; kurtosis: 26.85) were non-normally distributed, all analyses were conducted using bootstrapping (5000 resamples). The bootstrap method has the advantage that it does not need to meet the assumptions of normality, equal variances, and homoscedasticity that are required in ordinary regression analyses (29). Multicollinearity was not an issue in the current study [variance inflation factor (VIF)]=1.01, with cutoff set at VIF=10). Statistical analyses were conducted with Stata 14 (StataCorp, College Station, TX, USA). The level of significance was set to P<0.05.

Results

The data showed that 551 of the 987 subjects (56%) included in this study experienced negative acts, ie, NAQ >1 at the workplace during the last six months. Mean NAQ and NRS scores were similar for men and women (NAQ: 1.19 and NRS: 2.52). Genotype frequencies of SS, SLG/LALG, SLA and LALA were 18.2%, 7.2%, and 7.2%, respectively.

Table 1. Characteristics of the subjects grouped by genotype: SS, SLG/LALG/SLA and LALA. [SEM=standard error of the mean; VAS= visual analog scale; NAQ= Negative Acts Questionnaire.]
Table 2. Hierarchical regression with genotype LALA as reference (bootstrapping with 5000 resamples). The analyses were adjusted for the covariates age, sex, tobacco use and education. [SE=standard error; CI=confidence interval]

| Pain                  | B   | SE  | P-value   | 95% CI        |
|-----------------------|-----|-----|-----------|---------------|
| Step 1                |     |     |           |               |
| Age                   | 0.009 | 0.007 | 0.198     | -0.005-0.023  |
| Sex                   | 0.558 | 0.139 | 0.000     | 0.287-0.830   |
| Tobacco use           | 0.470 | 0.179 | 0.009     | 0.119-0.820   |
| Education             |     |     |           |               |
| High school           | -0.208 | 0.295 | 0.482     | -0.787-0.371  |
| University <4 years   | -0.809 | 0.283 | 0.004     | -1.364-0.255  |
| University >4 years   | -1.178 | 0.286 | 0.000     | -1.738-0.518  |
| SLC6A4                |     |     |           |               |
| SS                    | 0.145 | 0.201 | 0.471     | -0.249-0.539  |
| SLG LALG SLA          | 0.376 | 0.158 | 0.017     | 0.067-0.686   |
| NAG9                  | 0.957 | 0.259 | 0.000     | 0.450-1.464   |
| Step 2                |     |     |           |               |
| Age                   | 0.009 | 0.007 | 0.170     | -0.004-0.023  |
| Sex                   | 0.572 | 0.139 | 0.000     | 0.301-0.844   |
| Tobacco use           | 0.494 | 0.178 | 0.005     | 0.145-0.843   |
| Education             |     |     |           |               |
| High school           | -0.182 | 0.297 | 0.539     | -0.763-0.399  |
| University <4 years   | -0.791 | 0.285 | 0.005     | -1.339-0.233  |
| University >4 years   | -1.155 | 0.288 | 0.000     | -1.719-0.591  |
| SLC6A4                |     |     |           |               |
| SS                    | 0.563 | 0.851 | 0.508     | -1.106-2.232  |
| SLG LALG SLA          | 1.953 | 0.636 | 0.002     | 0.706-3.199   |
| NAG9                  | 1.768 | 0.451 | 0.000     | 0.924-2.612   |
| SLC6A4 x NAQ          |     |     |           |               |
| SS                    | -0.337 | 0.734 | 0.646     | -1.776-1.101  |
| SLG LALG SLA          | -1.320 | 0.540 | 0.015     | -2.379-0.261  |

Findings from the hierarchical regression analyses of linear associations and interaction effects are presented in table 2. In the first step, exposure to bullying was significantly positively associated with pain. The SLc//LALc//SLA genotype, but not the SS genotype, reported significantly higher pain than the LAL genotype reference group. Gender, tobacco use, and educational level, but not age, were also significantly related to pain experience. The model was significant (Wald X²=81.16; P<0.001) and the predictor variables explained 8.36% of the variance in pain experience.

The interaction term (exposure to bullying×SLC6A4) was entered in the second step of the analysis. The findings demonstrated a significant interaction between exposure to negative acts and 5-HTT genotype with the LAL genotype used as reference with regard to pain experience. The statistical model with the interaction term explained 9.15% of the variance in pain. The model with the interaction term was also significant (Wald X²=97.83; P<0.001).

The relationship between reported negative acts and pain intensity was significantly stronger for subjects with the LAL genotype than for subjects with SLc//LALc//SLA genotype (figure 1). No significant difference between subjects with the LAL genotype and subjects with the SS genotype was observed.

Similar hierarchical regression analyses were performed with the 5-HTTLPR length polymorphism and the SNP genotype separately. The data showed that subjects with LL or AA genotypes also had significantly stronger relationships between negative acts and pain intensity than other subjects (supplementary tables A and B, figures A and B, www.sjweh.fi/show_abstract.php?abstract_id=3703).

Discussion

In accordance with previous findings, our data showed that experiencing negative acts in the workplace is positively correlated with pain intensity (10, 11, 30). The mechanisms behind this association are unknown but may involve psychological distress as an intermediate factor. Previous data suggest that exposure to bullying behaviors results in symptoms such as depression and anxiety (31, 32), which in turn may be associated with pain (33–35).

Several lines of evidence suggest that the short 5-HTTLPR allele may be associated with increased sensitivity to stress (36). Moreover, previous data suggest that the influence of life stress on depression may be moderated by genetic variability in SLC6A4 (37–39). However, this gene-environment interaction may be debated (40–42).
Our data showed that the association between negative acts and pain may be moderated by genetic variation within the promoter region of SLC6A4. Interestingly, subjects with the high expression LgLgL genotype reported more pain than those with the medium expression SgL/LgL or SgL/g SLgL genotype when exposed to systematic bullying behaviors. However, there was no difference between subject with the LgLLgL genotype and those with the SS genotypes. In accordance with earlier data on experimental pain (15), the LgLgL genotype was associated with the highest pain ratings in the present survey.

A higher frequency of the SS genotype has been observed among patients with fibromyalgia or idiopathic trigeminal neuralgia than healthy controls (43, 44). Moreover, subjects with the SS and SgL genotypes may also report increased intensity of pain following topical alcohol disinfection of epidermal abrasions (45). In addition, enhanced pain catastrophizing has been reported in S-carriers, suggesting that the low and medium expression (SS / SgL / LgL / SgL) genotypes might be a risk factor for emotional pain (46, 47).

On the other hand, animal experiments have demonstrated that knockout mice completely lacking 5-HTT show reduced thermal hyperalgesia compared to wild type mice (48, 49). Moreover, sensory testing of humans show that thermal or electrical noxious stimuli induces increased sensory pain in individuals with the high expression (LgLgL) genotype (15, 24). Thus, the relationship between the expression of 5-HTT and subjective health complaints may not necessarily be linear.

Hence, although previous data have demonstrated enhanced emotional responses or increased pain catastrophizing in S-carriers (46, 47), testing of humans in the lab shows that individuals with LgLgL have the strongest pain response to sensory stimuli (15, 24). Therefore, subjects with the SS and LgLgL genotype are not very different. The SS genotype may be associated with increased emotional pain, whereas the LgLgL genotype seems to be associated with increased sensory pain. This may explain the result that no significant difference in pain score was observed between subjects with SS versus LgLgL. In accordance with our earlier observations (15), the present data suggest a u-shaped relationship between presumed SLC6A4 transcriptional rate and pain intensity.

Anyway, the rate of transcription is dependent on both the 5-HTTLPR and the SNP rs23351 in the promoter region of SLC6A4. Therefore, our analyses based on only length polymorphism or alternatively only the SNP genotype resulted in lower explained variance than the model that was based on a combination of 5-HTTLPR and rs23351. Thus, combining these polymorphisms – which are in strong LD – produced a better statistical model. Hence, in accordance with previous observations (14, 15, 18, 50), the present data show that the model based on SS versus SLgLgL/LgLgL versus LgLgL may be recommended.

**Study limitations**

The observed genotype frequencies were in accordance with previous findings (50). However, the overall response rate for the questionnaire survey was only 32%, and <20% of the invited participants returned the saliva samples. These numbers are both lower than the average response rate established for survey studies (51). Hence, we cannot be certain that the final sample is representative for the overall population or survey pool. Still, as response rate and representativity seems to have limited impact on the internal validity (52), the response rate may not be a problem with regard to the actual findings of this study. On the other hand, because measurement instruments for bullying and pain were self-report measures, the study could be influenced by bias such as response set tendencies and social desirability. In addition, a previous longitudinal study from Norway showed that dropout respondents reported significantly higher levels of exposure to bullying at baseline measurement (31). Therefore, non-responders could be more prone to have experienced negative social acts compared to responders.

**Concluding remarks**

In summary, our data demonstrated that the relationship between bullying and pain was modified by the 5-HTT genotype, ie, genetic variation in the promoter region of SLC6A4. Moreover, the present data showed that the effect of bullying on health and well-being among vulnerable individuals might be stronger than previously reported. We conclude that the effect of negative acts and pain is dependent on a gene-environment interaction.

**Acknowledgements**

We thank Anne-Mari Gjestvang Moe, Aqsa Mahmood and Tiril Schjølberg for their excellent technical support. The Norwegian Research Council financially supported this work.

**Conflicts of interest**

The authors declare no conflicts of interest.
References

1. Nielsen MB, Matthiesen SB, Einarsen S. The impact of methodological moderators on prevalence rates of workplace bullying. A meta-analysis. J Occup Organ Psychol. 2010;83(4):955–79. https://doi.org/10.1348/096317099X481256.

2. Verkuil B, Atasayi V, Molendijk ML. Workplace Bullying and Mental Health: A Meta-Analysis on Cross-Sectional and Longitudinal Data. PLoS One. 2015;10(8):e0135225. https://doi.org/10.1371/journal.pone.0135225.

3. Nielsen MB, Einarsen S. Outcomes of workplace bullying: A meta-analytic review. Work Stress. 2012;26(4):309–32. https://doi.org/10.1002/20678373.2012.734709.

4. Finne LB, Kaandahl S, Lau B. Workplace bullying and mental distress - a prospective study of Norwegian employees. Scand J Work Environ Health. 2011 Jul;37(4):276–86. https://doi.org/10.5271/sjweh.3156.

5. Einarsen S, Nielsen MB. Workplace bullying as an antecedent of mental health problems: a five-year prospective and representative study. Int Arch Occup Environ Health. 2015;88(2):131–42. https://doi.org/10.1007/s00420-014-0944-7.

6. Kivimaki M, Virtanen M, Vartiainen E, Elovingno M, Vahtera J, Keltikangas-Jarvinen L. Workplace bullying and the risk of cardiovascular disease and depression. Occup Environ Med. 2003 Oct;60(10):779–83. https://doi.org/10.1136/ oem.60.10.779.

7. Vie TL, Glasio L, Einarsen S. How does it feel? Workplace bullying, emotions and musculoskeletal complaints. Scand J Psychol. 2012 Apr;53(2):165–73. https://doi.org/10.1111/j.1467-9450.2011.00932.x.

8. Nielsen MB, Indregard AM, Overland S. Workplace bullying and sickness absence: a systematic review and meta-analysis of the research literature. Scand J Work Environ Health. 2016 Sep 1;42(5):359–70. https://doi.org/10.5271/sjweh.3579.

9. Berthelsen M, Skogstad A, Lau B, Einarsen S. Do they stay or do they go? A longitudinal study of intentions to leave and exclusion from working life among targets of workplace bullying. Int J Manpower. 2011;32(2):178–93. https://doi.org/10.1108/01437721111130198.

10. Saastamoinen P, Laaksonen M, Leino-Arjas P, Labelma E. Psychosocial risk factors of pain among employees. Eur J Pain. 2009 Jan;13(1):102–8. https://doi.org/10.1016/j. ejpain.2008.03.006.

11. Kaaria S, Laaksonen M, Rahkonen O, Labelma E, Leino-Arjas P. Risk factors of chronic neck pain: a prospective study among middle-aged employees. Eur J Pain. 2012 Jul;16(6):911–20. https://doi.org/10.1002/j.1532-2149.2011.00605.x.

12. Diatchenko L, Anderson AD, Slade GD, Fillingim RB, Shahalim SA, Higgins TJ, et al. Three major haplotypes of the beta2 adrenergic receptor define psychological profile, blood pressure, and the risk for development of a common musculoskeletal pain disorder. Am J Med Genet B Neuropsychiatr Genet. 2006 Jul 05;141B(5):449–62. https://doi.org/10.1002/ajmg.b.30324.

13. Nielsen CS, Stubhaug A, Price DD, Vassend O, Czajkowski N, Harris JR. Individual differences in pain sensitivity; genetic and environmental contributions. Pain. 2008 May;136(1-2):21–9. https://doi.org/10.1016/j.pain.2007.06.008.

14. Kosek E, Jensen KB, Lonsdorf TB, Schalling M, Ingvar M. Genetic variation in the serotonin transporter gene (5-HTTLPR, rs25531) influences the analgesic response to the short acting opioid Remifentanil in humans. Mol Pain. 2009 Jul 01;5:37. https://doi.org/10.1186/1744-8069-5-37.

15. Matre D, Olsen MB, Jacobsen LM, Klein T, Gjerstad J. Induction of the perceptual correlate of human long-term potentiation (LTP) is associated with the 5-HTT genotype. Brain Res. 2013 Jan 23;1491:54–9. https://doi.org/10.1016/j.brainres.2012.10.045.

16. Nakamura M, Ueno S, Sano A, Tanabe H. The human serotonin transporter gene linked polymorphism (5-HTTLPR) shows ten novel allelic variants. Mol Psychiatry. 2000 Jan;5(1):32–8. https://doi.org/10.1038/sj.mp.4000698.

17. Lesch KP, Bengel D, Heils A, Sabol SZ, Greenberg BD, Petri S, et al. Association of anxiety-related traits with a polymorphism in the serotonin transporter gene regulatory region. Science. 1996 Nov 29;274(5292):1527–31. https://doi.org/10.1126/science.274.5292.1527.

18. Hu X, Oroszi G, Chun J, Smith TL, Goldman D, Schuckit MA. An expanded evaluation of the relationship of four alleles to the level of response to alcohol and the alcoholism risk. Alcohol Clin Exp Res. 2005 Jan;29(1):8–16. https://doi.org/10.1097/01.ALC.0000150008.68473.62.

19. Kohren R, Jarrett ME, Cain KC, Jun SE, Navaja GP, Symonds S, et al. The serotonin transporter polymorphism rs25531 is associated with irritable bowel syndrome. Dig Dis Sci. 2009 Dec;54(12):2663–70. https://doi.org/10.1007/s10620-008-0666-3.

20. Koyama S, Matsumoto N, Murakami N, Kubo C, Natbeka J, Akaike N. Role of presynaptic 5-HT1A and 5-HT3 receptors in the superficial medial entorhinal cortex of the rat via a presynaptic mechanism. J Physiol. 1998 Apr 01;508 (Pt 1):119–29. https://doi. org/10.1111.j.1469-7793.1998.119br.x.

21. Schmitz D, Gloveli T, Empson RM, Draguhn A, Heinemann U. Genetic variation in the serotonin transporter gene (5-HTTLPR, rs25531) influences the analgesic response to the short acting opioid Remifentanil in humans. Mol Pain. 2009 Jul 01;5:37. https://doi.org/10.1186/1744-8069-5-37.

22. Fukudo S, Kanazawa M, Mizuno T, Hamaguchi T, Kano M, Watanabe S, et al. Impact of serotonin transporter (5-HTTLPR, rs25531) influences the analgesic response to the short acting opioid Remifentanil in humans. Mol Pain. 2009 Jul 01;5:37. https://doi.org/10.1186/1744-8069-5-37.

23. Lesch KP, Bengel D, Heils A, Sabol SZ, Greenberg BD, Petri S, et al. Association of anxiety-related traits with a polymorphism in the serotonin transporter gene regulatory region. Science. 1996 Nov 29;274(5292):1527–31. https://doi.org/10.1126/science.274.5292.1527.

24. Koyama S, Matsumoto N, Murakami N, Kubo C, Natbeka J, Akaike N. Role of presynaptic 5-HT1A and 5-HT3 receptors in the superficial medial entorhinal cortex of the rat via a presynaptic mechanism. J Physiol. 1998 Apr 01;508 (Pt 1):119–29. https://doi.org/10.1111.j.1469-7793.1998.119br.x.

25. Schmitz D, Gloveli T, Empson RM, Draguhn A, Heinemann U. Genetic variation in the serotonin transporter gene (5-HTTLPR, rs25531) influences the analgesic response to the short acting opioid Remifentanil in humans. Mol Pain. 2009 Jul 01;5:37. https://doi.org/10.1186/1744-8069-5-37.
24. Lindstedt F, Lonsdorf TB, Schalling M, Kosek E, Ingvar M. Perception of thermal pain and the thermal grill illusion is associated with polymorphisms in the serotonin transporter gene. PLoS One. 2011 Mar 15;6(3):e17752. https://doi.org/10.1371/journal.pone.0017752.

25. Nielsen MB, Mageroy N, Gjerstad J, Einarsen S. Workplace bullying and subsequent health problems. Tidsskr Nor Laegeforen. 2014 Jul 1;134(12-13):1233–8. https://doi.org/10.4045/tidsskr.13.0880.

26. Einarsen S, Hoel H, Notelaers G. Measuring bullying and harassment at work: Validity, factor structure, and psychometric properties of the Negative Acts Questionnaire - Revised. Work Stress. 2009;23(1):24–44. https://doi.org/10.1080/02678370902815673.

27. Meyer B, Nguyen CB, Moen A, Fagermoen E, Sulheim D, Nilsen H, et al. Maintenance of Chronic Fatigue Syndrome (CFS) in Young CFS Patients Is Associated with the 5-HTTLPR and SNP rs25531 A > G Genotype. PLoS One. 2015;10(10):e0140883. https://doi.org/10.1371/journal.pone.0140883.

28. Baron RM, Kenny DA. The moderator-mediator variable distinction in social psychological research: conceptual, strategic, and statistical considerations. J Pers Soc Psychol. 1986 Dec;51(6):1173–82. https://doi.org/10.1037/0022-3514.51.6.1173.

29. Rascati KL, Smith MJ, Neilands T. Dealing with skewed data: an example using asthma-related costs of medicaid clients. Clin Ther. 2001 Mar;23(3):481–98. https://doi.org/10.1016/S0149-2918(01)80052-7.

30. Takaki J, Taniguchi T, Hirokawa K. Associations of workplace bullying and harassment with pain. Int J Environ Res Public Health. 2013 Sep 25;10(10):4560–70. https://doi.org/10.3390/ijerph10104560.

31. Nielsen MB, Hetland J, Matthiesen SB, Einarsen S. Longitudinal relationships between workplace bullying and psychological distress. Scand J Work Environ Health. 2012 Jan;38(1):38–46. https://doi.org/10.5271/sjweh.3178.

32. Butterworth P, Leach LS, Kiely KM. Why it's important for it to stop: Examining the mental health correlates of bullying and ill-treatment at work in a cohort study. Aust N Z J Psychiatry. 2016 Nov;50(11):1085–95. https://doi.org/10.1177/0004864716622267.

33. Vassend O, Krogestad BS, Dahl BL. Negative affectivity, somatic complaints, and symptoms of temporomandibular disorders. J Psychosom Res. 1995 Oct;39(7):889–99. https://doi.org/10.1016/0022-3999(95)00041-9.

34. Trivedi MH. The link between depression and physical symptoms. Prim Care Companion J Clin Psychiatry. 2004;6(Suppl 1):12–6.

35. Kroenke K, Spitzer RL, Williams JB, Linzer M, Hahn SR, deGruy FV, 3rd, et al. Physical symptoms in primary care. Predictors of psychiatric disorders and functional impairment. Arch Fam Med. 1994 Sep;3(9):774–9. https://doi.org/10.1001/archfami.3.9.774.

36. Karg K, Burmeister M, Shedden K, Sen S. The serotonin transporter promoter variant (5-HTTLPR), stress, and depression meta-analysis revisited: evidence of genetic moderation. Arch Gen Psychiatry. 2011 May;68(5):444–54. https://doi.org/10.1001/archgenpsychiatry.2010.189.

37. Caspi A, Sugden K, Moffitt TE, Taylor A, Craig IW, Harrington H, et al. Influence of life stress on depression: moderation by a polymorphism in the 5-HT gene. Science. 2003 Jul 18;301(5631):386–9. https://doi.org/10.1126/science.1083968.

38. Kendler KS, Kuhn JW, Vittum J, Prescott CA, Riley B. The interaction of stressful life events and a serotonin transporter polymorphism in the prediction of episodes of major depression: a replication. Arch Gen Psychiatry. 2005 May;62(5):529–35. https://doi.org/10.1001/archpsyc.62.5.529.

39. Dick DM, Plunkett J, Hamlin D, Nurnberger J, Jr., Kuperman S, Schuckit M, et al. Association analyses of the serotonin transporter gene with lifetime depression and alcohol dependence in the Collaborative Study on the Genetics of Alcoholism (COGA) sample. Psychiatr Genet. 2007 Feb;17(1):35–8. https://doi.org/10.1097/YPG.0b013e328011888b.

40. Gillespie NA, Whitfield JB, Williams B, Heath AC, Martin NG. The relationship between stressful life events, the serotonin transporter (5-HTTLPR) genotype and major depression. Psychol Med. 2005 Jan;35(1):101–11. https://doi.org/10.1017/S0033291704002727.

41. Chipman P, Jorm AF, Prior M, Sanson A, Smart D, Tan X, et al. No interaction between the serotonin transporter polymorphism (5-HTTLPR) and childhood adversity or recent stressful life events on symptoms of depression: results from two community surveys. Am J Med Genet B Neuropsychiatr Genet. 2007 Jun 05;144B(4):561–5. https://doi.org/10.1002/ajmg.b.30480.

42. Surtees PG, Wainwright NW, Willis-Owen SA, Luben R, Day NE, Flint J. Social adversity, the serotonin transporter (5-HTTLPR) polymorphism and major depressive disorder. Biol Psychiatry. 2006 Feb 01;59(3):224–9. https://doi.org/10.1016/j.biopsych.2005.07.014.

43. Offenbacher M, Bondy B, de Jonge S, Glatzeder K, Kruger M, Schoeps P, et al. Possible association of fibromyalgia with a polymorphism in the serotonin transporter gene regulatory region. Arthritis Rheum. 1999 Nov;42(11):2482–8. https://doi.org/10.1002/1529-0131(199911)42:11<2482::AID-ANR2>3.0.CO;2-B.

44. Cui W, Yu X, Zhang H. The serotonin transporter gene polymorphism is associated with the susceptibility and the pain severity in idiopathic trigeminal neuralgia patients. J Headache Pain. 2014 Jun 20;15:42. https://doi.org/10.1186/1129-2377-15-42.

45. Nan J, Yuan H, Li K, Jin Y, Yu M. 5-HTT SS genotype is associated with polymorphisms in the serotonin transporter (5-HTTLPR) polymorphism and childhood adversity or recent stressful life events on symptoms of depression: results from two community surveys. Am J Med Genet B Neuropsychiatr Genet. 2007 Jun 05;144B(4):561–5. https://doi.org/10.1002/ajmg.b.30480.

46. Kunz M, Hennig J, Karmann AJ, Lautenbacher S. Relationship of 5-HTTLPR Polymorphism with Various Factors of Pain
47. Palit S, Sheaff RJ, France CR, McGlone ST, Potter WT, Harkness AR, et al. Serotonin transporter gene (5-HTTLPR) polymorphisms are associated with emotional modulation of pain but not emotional modulation of spinal nociception. Biol Psychol. 2011 Mar;86(3):360–9. https://doi.org/10.1016/j.biopsycho.2011.01.008.

48. Palm F, Mossner R, Chen Y, He L, Gerlach M, Bischofs S, et al. Reduced thermal hyperalgesia and enhanced peripheral nerve injury after hind paw inflammation in mice lacking the serotonin-transporter. Eur J Pain. 2008 Aug;12(6):790–7. https://doi.org/10.1016/j.ejpain.2007.11.009.

49. Vogel C, Mossner R, Gerlach M, Heinemann T, Murphy DL, Riederer P, et al. Absence of thermal hyperalgesia in serotonin transporter-deficient mice. J Neurosci. 2003 Jan 15;23(2):708–15.

50. Wendland JR, Martin BJ, Kruse MR, Lesch KP, Murphy DL. Simultaneous genotyping of four functional loci of human SLC6A4, with a reappraisal of 5-HTTLPR and rs25531. Mol Psychiatry. 2006 Mar;11(3):224–6. https://doi.org/10.1038/sj.mp.4001789.

51. Baruch Y, Holtom BC. Survey response rate levels and trends in organizational research. Human Relations. 2008;61(8):1139–60. https://doi.org/10.1177/0018726708094863.

52. Schalm RL, Kelloway EK. The relationship between response rate and effect size in occupational health psychology research. J Occup Health Psychol. 2001;6(2):160–3. https://doi.org/10.1037/1076-8998.6.2.160.

Received for publication: 24 May 2017