

## Low back pain: social and psychological influences

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Chronic back pain is one of the most frequent and most costly chronic pain syndromes (*Nieuwenhuysen et al, 2009; Woolf and Pfleger, 2003*). Spine disease is one of the most common causes of disability and absence from work (13% of the total sick-leave time) and one of the most common reasons that people seek healthcare (10% of the number of all visits to doctor) (*Manek et al, 2005; Nachemson and Jonsson, 2000*).

Due to increase of chronic back pain and disability caused by it since 20 years it is called the social epidemic, the cause of which has been related to cultural and psychosocial factors, as no relevant biological pathology changes are observed (*Waddell, 2004; Keef, 2004; Linton, 2005; Freburger, 2009; Nachemson, 2000*).

Emotional factors are currently viewed as important determinants in pain perception and behaviour. Psychological processes are not merely a reaction to pain, but they are an integral part of pain perception. (*Keef et al, 2004; Gatchel et al, 2001; Waddell, 2004, Kroener-Herwig 2010*)

*The purpose of our research* was to determine and analyse interaction between emotional distress and pain syndrome, its characteristic parameters and impact on the quality of life in patients with chronic low back pain.

*The material and methods:* there were included 110 patients (48 male and 62 female, mean age  $44.2 \pm 8,0$  years) with clinical diagnosis of lumbar spine disk pathology with radiculopathy (M 51.1.), who had radiologically approved L4-L5 and/or L5-S1 intervertebral disc(s) herniation, and whose primary complaint was low back pain in duration more than 3 months.

Complex assessment was made to all included patients that included structured interview, visual analogue scale, assessment of musculoskeletal functions, Hospital Anxiety and Depression Scale (HADS), assessment of emotional support, SF-36® Health Survey.

*The results* of our study indicate that chronic low back pain patients matched for socio-demographic features and structural spine damage reveal diversity by expression of emotional distress: 37,3% had emotional distress which was manifested with increased levels of anxiety and in association with clinically significant

symptoms of depression. As important are our results on the clinical peculiarities that suggest about clinical subgroups of patients with chronic low back pain. In this respect, the assessment of emotional distress and its consequences deserves special attention in treatment of chronic low back patients.

Manifestation of emotional distress is connected with worse self-rated quality of life described with marked limitation in daily activities and participation determinate with direct and indirect impact of emotional distress features in patients with chronic low back pain. Quality of life in patients with chronic low back pain is substantially ( $p < 0,05$ ) affected by sense of emotional support and this influence intensify in the presence of emotional distress.

There is essential need for appropriate assessment to notice clinical subgroups in expression of emotional distress to provide more successful treatment approach in chronic low back pain patients.