

Experience of Pain in Female Hospital Patients in India: Role of Affective Status and Stress Perception

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Background: The number of female patients with variety of pain sensations has been escalating in the orthopaedic and medicine outdoors of Indian hospitals. Recent studies on the course of rheumatic disease have provided a strong basis for considering the role of psychosocial factors on the experience of chronic pain. Affective status, life events and stress usually have a close adherence with interpersonal well-being and perceived health status and thus conceivably may have a role in pain perception.

Objective: This study aims to evaluate whether affective status (major depression or generalized anxiety disorder) has a role in feeling of pain sensation among female patients who came to the hospital with complaints of chronic pain. The other objective was to assess if the stress perception along with self-efficacy of those patients had any mediatory role in experience of the distress they felt.

Methods: Total seventy-six (n=76) female patients who came for evaluation to the outdoor of the orthopedic department of a government hospital in Kolkata, India were selected for the study. The mean age was 38 years and they belonged to lower middle socioeconomic strata. The patients were divided into two groups based on any prior history of affective disorder. Forty-eight patients had a previous history and forty without any history of affective disorder. After patients were screened by psychiatrist, affective status was determined by test batteries and structured interview. Instruments used were BDI, Personality Questionnaire, Duke Mental Health Inventory, Positive & Negative Affect Schedule, Life Events Scale, Perceived Stress Scale and Pain Inventory.

Results: Escalation of pain was found related to symptom severity of depression. Negative events and perceived stress both had a significant relationship ($p < 0.05$) with feeling of pain elevation in the group with

positive prior history. Negative affectivity had a significant ($p < 0.05$) role in pain perception. Controlling for negative life events and perceived stress, negative affectivity continued to predict pain level in the prior positive status group. In the other group, perceived stress - but not the life events - appeared to be a determinant factor for pain perception.

Conclusion: History of affective disorder (negative affectivity) independently predicts higher levels of pain experience in female patients. Negative life events can worsen the sickness in patients with prior affective history. Perceived stress can uniformly affect the health status of patients irrespective of previous affective status. Our observations conform to the findings that individuals suffering from chronic pain along with a history of affective disorder are indicated by higher levels of neuroticism. They have a general tendency to experience a variety of negative emotions and that in turn affects perceived health status, self-esteem and probably pain threshold.

References:

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