BACKGROUND

The lifetime prevalence of PTSD in the general population, according to the National Comorbidity Survey Replication, is 6.8% for men and 5.7% for women (1). Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential damage or described in terms of such damage. When it persists for 6 months or longer it is referred to as “chronic pain” (2). Chronic pain affects nearly 100 million adults in the US (3). Despite the fact that pain symptoms are not part of the DSM IV inclusion criteria for a PTSD diagnosis, numerous studies have shown high prevalence rates of chronic pain (as high as 90%) in those diagnosed with PTSD (4). Individuals with comorbid pain and PTSD report health problems with greater frequency, along with more pain-related disability, higher pain ratings, and increased functional impairment. These findings highlight the fact that the functional and financial impact of co-occurring pain and PTSD conditions should not be ignored.

To date only a small number of studies have reported the results of treatments designed to address co-occurring chronic pain and PTSD. Hickling et al. described cases in which patients with PTSD and headache required longer treatment and failed to show improvement with their headaches until PTSD symptoms were addressed (5). An examination of the comorbid pain and PTSD treatment model has been implemented in the VA, with very positive preliminary outcome data demonstrating physical, emotional, and functional gains by patients along with high levels of treatment satisfaction. Thus, it is in the medical community’s best interest to screen and identify those from the chronic pain patient (CPP) that suffer from comorbid PTSD, so that we may provide more effective treatment plans.

PURPOSE AND HYPOTHESIS

Purpose: To better estimate the prevalence rates of PTSD in the chronic pain population. There have been limited studies examining the rates of PTSD in the CPP. One similar study was conducted in Denmark and Finland. Other similar controlled studies have been performed in the US but only examining specific patient populations such as post motor vehicle accidents, war veterans, work-related injuries, back pain, and headache. To the best of our knowledge, no similar study has previously been performed in a large multidisciplinary pain clinic in the United States.

Hypothesis: We believe that the prevalence rate of PTSD in our CPP will be statistically significantly higher than the general population’s lifetime prevalence rate of 6.8%.

MATERIALS AND METHODS, continued

Study Design: Prospective Observational Study

Inclusion Criteria:
- New admit or newly referred admissions to the KUMC Pain Clinic aged 18 and above who are diagnosed with chronic pain.

Exclusion Criteria:
- Patients with diagnosed malignancy-related pain
- Inability to read, speak or understand English
- Age of less than 18 years old

Recruiting and Consenting Procedures:
- Only patients establishing care with a pain specialist at the Spine Center will be approached
- Consent is obtained
- Participant is asked to complete a 10 item self-report screening test called the Brief Trauma Questionnaire (BTQ) which is used to assess for trauma.
- If screened positive for the BTQ the participant will fill out another self-report questionnaire called the PSS-SR. This is used to diagnose and screen for PTSD according to the DSM-IV criteria. It consists of 17 items that are each scored from 0-5 for a grand total of 85. Based on previous studies testing the reliability and validity of the PSS-SR, a score of 4 or greater will be used as a positive screen for PTSD.

Data Collected:
- Data collected will include, age, sex, race/ethnicity, relationship status, educational level, socioeconomic status, and current and past medical history related to trauma, pain, and mental disorders.

Studied Statistics:

- For the purpose of this study, we will be estimating the prevalence rates of PTSD in the pain population of KUMC. We enrolled 300 patients, of which 265 qualified as eligible for the study.

MATERIALS AND METHODS

The prevalence of PTSD in chronic pain patients was examined in our CPP. One similar study was conducted in Denmark and Finland. Other similar controlled studies have been performed in the US but only examining specific patient populations such as post motor vehicle accidents, war veterans, work-related injuries, back pain, and headache. To the best of our knowledge, no similar study has previously been performed in a large multidisciplinary pain clinic in the United States.

Hypothesis: We believe that the prevalence rate of PTSD in our CPP will be statistically significantly higher than the general population’s lifetime prevalence rate of 6.8%.

Results

- Out of the 300 total patients in our study, 35 were excluded. 29 patients based on a diagnosis of acute pain, 5 based on age (too young or too old), and 1 based on an incomplete form. Therefore, the sample size for data analysis was 265 patients.

CONCLUSIONS

Based on the preliminary data of our study, we have concluded that our hypothesis was not rejected. The prevalence of PTSD in our sample population of patients in the KUMC Pain Clinic (27.9%) exceeds the lifetime prevalence of PTSD in the general population (6.8%) by a significant margin.

An analysis of the data also yielded other significant relationships regarding chronic pain and PTSD. For instance, while the general prevalence of PTSD is much higher in women compared to men (9.7% for women and 3.6% for men), our study showed that there was a higher prevalence of PTSD in males compared to females. This is despite the fact that more women than men presented to the pain clinic with the complaint of chronic pain.

REFERENCES