Chronic and widespread pain
- Who is at risk and what are the consequences?

Half time review seminar June 4, 2020
Time: 09.00
Place: Konferensrummet, HTA Skåne
Wigerthuset
Remissgatan 4,
SUS Lund
And also on Zoom, Meeting ID: 689 0303 6020

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Abstract

Background

Chronic pain is a common condition in the general population with a prevalence of approximately 20%. It is believed that in many cases this pain debuted as pain from injury, disease or surgery but has later become disconnected from the original cause, becoming a disease in its own right. Pain can also become widespread, no longer connected to the locale of previous injury or illness but instead being felt in large parts of the body. Chronic and widespread pain leads to a distinctly negative impact on quality of life, increased health care costs and lowered work capacity, causing economic loss for both the individual and the community.

Aim/Method

The overall aim of this doctoral thesis is to identify potential risk factors for and consequences of, chronic and widespread pain using epidemiological methods and the extensive health care registers in Skåne and Sweden. The goal is to bring these findings to the clinical setting to better predict patients at risk who could benefit from earlier intervention and treatment.

Preliminary results

Study 1: We found evidence for a bi-directional relationship between pain and depression/anxiety where patients first consulting for pain have about a twofold risk of later consulting for depression/anxiety and vice versa, compared to patients unexposed to these diseases.(1)

Study 2: An association between a diagnosis of chronic disease with recurrent painful episodes, represented by rheumatoid arthritis, endometriosis and inflammatory bowel disease, and later widespread pain in the form of fibromyalgia and chronic widespread pain (CWP) as well as, maybe more surprisingly, an increased risk for patients with fibromyalgia and CWP to later be diagnosed with rheumatoid arthritis and endometriosis respectively.(2)

Study 3: Preliminary data suggest that there is a risk for prolonged opioid use after distal radius fracture depending on pre-fracture conditions and subsequent treatment.

Significance

Prevention or early identification and treatment of chronic pain has the potential to reduce both suffering and costs. Therefore, identifying risk factors predisposing for chronic or widespread pain is crucial. We believe that routinely collected health care data in Skåne and Sweden can add much by sound and innovative epidemiological methods.

Published papers