

Abstract

Background : Chronic pain is a common problem in the general population. Psychiatric morbidity has been shown in literatures to be highly prevalent in chronic pain populations, however, local scenario has not been investigated so far.

Aim : To investigate the prevalence of psychiatric morbidity, identify predictors of psychiatric disorders, evaluate the usefulness of the 12-item General Health Questionnaire (GHQ-12) as a screening instrument for psychiatric disorders, and describe the service utilization in the local Chinese chronic pain patients.

Methodology : This is a cross-sectional study recruiting all consecutive Chinese patients attending follow-up in a chronic pain clinic. Subject characteristics on socio-demographic background, past medical and psychiatric history, pain parameters and cognitions, social problems, conventional medical service and alternative medicine were recorded. GHQ-12 was administered. Psychiatric diagnoses were made with the Structured Clinical Interview for DSM-IV axis I disorders.

Results : Eighty-nine subjects were recruited with a response rate of 90%. Prevalence of psychiatric disorders in this sample was 63% over a 6 months period. Current major depressive disorder was diagnosed in 31.5% of the sample, while dysthymia and adjustment disorder with depressed mood was found in another 9%. One third of the

patients suffered from Somatoform disorder, and Pain disorder contributed to 28.1%. Anxiety disorders were found in 18% of the subjects. Current substance use disorders were identified in 18% of the subjects, but only 5.6% abused analgesic prescriptions. After logistic regression, younger age and age of onset of pain were found to be predictors of overall psychiatric morbidity. Orthopaedic illnesses, dependence of activities of daily living on carers, higher pain intensity, negative pain cognition and problems with social and leisure activities were predictors of depressive disorder. Lack of identifiable organic pathology and hypochondriacal preoccupation were predictors of somatoform disorders. The GHQ-12 with the [0-1-1-1] scoring method provided the best discriminating power at a cut-off threshold of 10/11 in screening for psychiatric morbidity. If depressive disorder was to be screened for, the [0-1-2-3] scoring method with a cut-off threshold of 18/19 offered the best performance. Subjects with psychiatric morbidity utilized both conventional medical services and alternative medicine more heavily.

Conclusion : Depression and somatoform disorders were more prevalent among chronic pain clinic Chinese patients than in the general population. Predictors for overall psychiatric morbidity, depression and somatoform disorders could assist clinicians in recognizing these psychiatric illnesses. GHQ-12 was a useful tool in screening for psychiatric morbidity, especially depression, in chronic pain patients.

Keywords : Psychiatric morbidity, chronic pain, Chinese