

Psychosocial Factors Predict Low Back Pain Events

BY PATRICE WENDLING
Chicago Bureau

CHICAGO — A patient's psychological state appears more predictive than physical abnormalities of outcomes from persistent benign low back pain following herniated disk surgery, according to the conclusions of a prospective, longitudinal study.

The hypothesis from the outset was that physical findings such as disk degeneration, annular disruption, and end-plate changes would most strongly predict serious future low back pain events. However, the data did not support that theory, lead investigator Eugene J. Carragee, M.D., said at the annual meeting of the North American Spine Society.

In fact, psychosocial variables were strongly predictive of both long- and short-term disability events and health

Distressed patients had more weeks of long-term disability and additional short-term work loss than the nondistressed patients.

care visits for low back pain problems. Smoking and a previous workers' compensation claim also were predictive of outcomes, said Dr. Carragee of Stanford (Calif.) University.

Patients most likely to have periods of remission from their low back pain were those who were psychologically healthy, as well as those who stopped working a heavy labor job, and those who did not have chronic nonlumbar pain.

Of the physical findings, only moderate or severe Modic changes of the vertebral end plate were weakly associated with an adverse outcome.

The cohort of 100 patients had known risk factors for degenerative lumbar disk disease and a history of mild, persistent, but nondisabling, low back pain lasting more than 2 years after herniated disk surgery.

Patient selection was biased (ratio 2:1) to subjects with a history of chronic nonlumbar pain, as this group is known to be at greater risk for both increased psychosocial and neurophysiologic complications.

At baseline, 22% of patients were distressed or at risk of being distressed according to blinded psychometric testing, and 69% had other chronic pain syndromes, he said.

Physical exams and MRI studies revealed that 70% of patients had degenerated disks and 30% had annular fissures.

During the 5-year follow-up period, there were 134 back pain episodes without disability and 17 episodes with disability including four patients who went on long-term disability.

Positive findings observed in 12 of 25 patients who underwent experimental discography at baseline were not predictive of future episodes of back pain.

Instead, distress at baseline was associ-

ated with all the major adverse events. Distressed patients had more weeks of long-term disability, and suffered additional short-term work loss (0.42 episodes versus 0.015 episodes among the nondistressed patients).

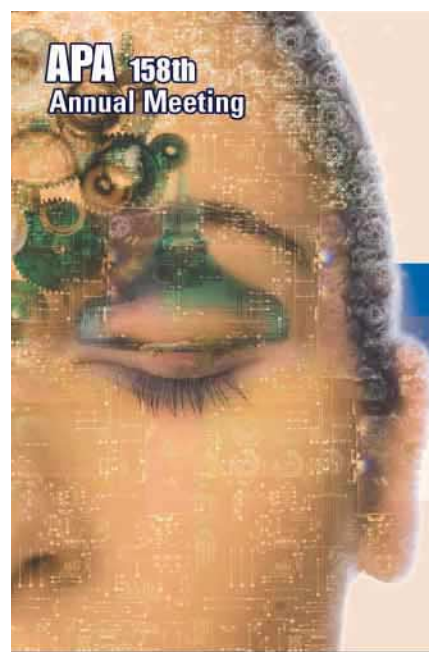
Remission of 6 months or longer was reported by 26 patients, and was strongly associated with a decrease in performing heavy labor. The distressed group did not report any 6-month periods of remission, Dr. Carragee said.

Distressed patients used considerably more medical resources, compared with nondistressed patients (3.25 visits per year vs. 0.003 visits, respectively).

During the course of the study, there were 12 new workers' compensation or litigation claims made for low back conditions, half of which were filed by distressed patients early in the study, three by patients deemed at risk of being distressed, and three by patients with normal psychometric scores.

The workers' compensation claims for low back problems were strongly associated with long-term disability, severe back pain episodes, short-term disability, and medical care utilization, Dr. Carragee said at the meeting.

Current smoking status increased the likelihood of short-term disability, long-term disability, and the frequency of back pain episodes, but there was no significant association between smoking and health care visits or remission rates. ■



Sunday, May 22, 2005 • 1:30 PM - 4:30 PM

Atlanta Marriott Marquis • Imperial Ballroom, Convention Level • Atlanta, Georgia

CLINICAL INTERVENTIONS

for the Treatment of Insomnia

ASSOCIATED WITH PSYCHIATRIC AND COMORBID MEDICAL ILLNESSES



AGENDA

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| <p>1:00 PM Lunch</p> <p>1:30 Welcome and Introduction
Alan F. Schatzberg, MD, Program Chair
Kenneth T. Norris, Jr., Professor and Chairman
Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine
Stanford, CA</p> <p>1:40 Interrelationship of Insomnia to Medical Illnesses and Neurological Disorders
Phyllis C. Zee, MD, PhD
Professor
Department of Neurology, Neurobiology and Physiology
Northwestern University
Director, Sleep Disorders Center
Northwestern Memorial Hospital
Chicago, IL</p> <p>2:05 Effect of Chronic Pain Syndromes on Sleep
Raymond R. Gaeta, MD
Associate Professor, Anesthesiology
Department of Anesthesia
Stanford University School of Medicine
Director, Pain Management Service
Stanford Hospital & Clinics
Stanford, CA</p> <p>2:35 Clinical Approaches to Insomnia
David J. Kupfer, MD
Thomas Detre Professor and Chairman
Department of Psychiatry
University of Pittsburgh School of Medicine
Medical Director
Western Psychiatric Institute and Clinic
Pittsburgh, PA</p> <p>3:00 Gender-Specific Sleep Considerations in Women
Hadine Joffe, MD, MSc
Director of Endocrine Studies
Perinatal and Reproductive Psychiatry Clinical Research Program
Massachusetts General Hospital
Boston, MA</p> <p>3:20 New Pharmacologic Approaches for the Treatment of Insomnia
John W. Winkelman, MD, PhD
Assistant Professor
Department of Psychiatry
Harvard Medical School
Medical Director, Sleep Health Center
Brigham and Women's Hospital
Boston, MA</p> | <p>3:45 Question-and-Answer Session
Alan F. Schatzberg, MD
Ned H. Kalin, MD, Program Co-Chair
Hedberg Professor and Chairman
Department of Psychiatry
University of Wisconsin Medical School
Madison, WI
Faculty Panel</p> <p>4:30 Adjournment</p> |
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OBJECTIVES

At the conclusion of this program, participants should be able to:

- Identify the need for careful evaluation of insomnia that may present with psychiatric disorders and comorbid medical illnesses
- Review the diagnostic strategies that are important for the assessment of insomnia in psychiatric and comorbid medical illnesses. Evaluate the medical-psychiatric aspects of insomnia
- Recognize the interrelationship between insomnia, psychiatric disorder, and comorbid medical illnesses and understand how treating the insomnia can impact clinical outcome
- Evaluate the behavioral and pharmacologic approaches for the treatment of insomnia

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Attendees must be registered for the APA 2005 Annual Meeting to attend this symposium. Seating is limited and will be on a first-come, first-served basis. For more information about the meeting, please visit the APA Web site at www.psych.org or contact the APA toll free at 1-888-357-7924 (within the United States and Canada) or at 703-907-7300.



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