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## **Study finds high history of depression in women with chronic pain**

A new study by University of Cape Town (UCT) researchers found a 32% prevalence of comorbid pre-existing depression in patients presenting with chronic pain to the Chronic Pain Management Clinic (CPMC) at Groote Schuur Hospital (GSH). This is more than three times higher than the described lifetime prevalence in South Africa of 9.7%.

The researchers reviewed the medical records of 665 patients between June 2010 and June 2017. They found that 77% of patients with chronic pain plus a history of depression were women compared with 23% of male patients with chronic pain and a history of depression.

"Women have a higher risk of depression than men, particularly during puberty, prior to menstruation, during pregnancy and the postpartum period and at perimenopause. In South Africa, one in three women during or after childbirth, experience a mental health disorder, primarily depression. This figure is threefold higher than the World Health Organization described worldwide prevalence," said Joseph van Vreede, an anaesthetics registrar at GSH and the study's principal investigator.

Van Vreede said the mechanisms that appear to contribute to women's vulnerability to depression may overlap with those for chronic pain. In the peripartum periods, besides the physiological hormonal changes present, multiple life changes contribute to vulnerability.

"The low levels of oestrogen during the transition to menopause, either biologically or abruptly after a hysterectomy, combined with acute sleep disruptions and inherited traits account for the increased prevalence of depression in this group of patients. In South Africa, women may also be vulnerable to domestic abuse, both physical and emotional, and may be victims of sexual or racial discrimination on a social level, affecting their self-esteem and contributing to their vulnerability to depression," he said.

Reporting the findings to the [\*South African Journal of Psychiatry\*](#), Van Vreede said a further social factor contributing to women's susceptibility is poverty, with studies showing that women are more likely than men to live in poverty.

"All these female hormonal fluctuations that have been implicated in depression have also been implicated in the development of chronic pain. However, other biological and genetic factors, plus personal life events or triggers are also associated with a risk of both depression and chronic pain.

“Women in South Africa play an important role in the nation’s economy and an essential domestic role at home with their families, so this finding merits more attention to ensure women’s overall physical health and mental well-being,” he noted.

Professor Romy Parker, director of the Pain Management Unit in the Department of Anaesthesia and Perioperative Medicine at UCT and the study’s co-principal investigator, said the majority of patients had received amitriptyline, followed by the selective serotonin reuptake inhibitors.

Amitriptyline is the most commonly used antidepressant in South Africa, likely because of its low cost and accessibility in primary healthcare facilities. A total of 51% of the patients had previously received or were currently on amitriptyline – either to help with sleep, chronic pain management – specifically neuropathic pain and at higher doses for the treatment of depression.

Said Parker: “Most of the patients accessing our pain clinic come from low socioeconomic groups, and our results showed that overall, 51% of the patients assessed were unemployed with low levels of education. There was no association between those with and without depression with respect to employment status and the level of education obtained, but this was not unexpected considering the patient demographic profile.”

People with lower levels of income and education are at an increased risk of depression and chronic pain, she said.

“Low socioeconomic status is associated with a high psychiatric morbidity, more disability and poorer access to healthcare. The lack of access to healthcare services in these communities, means both depression and pain may go undiagnosed, management and follow-up is likely to be suboptimal and appropriate referrals are delayed.”

Parker said the study provides essential insight into the importance of psychiatric and psychological management as an integral part of an effective pain management strategy and the need for an interdisciplinary team approach in chronic pain management.

Van Vreede indicated that their findings emphasise the importance of the interrelation of the physiological, psychiatric, psychological and socio-economic factors that link depression and chronic pain.

“Pain relief alone is insufficient to ensure optimal rehabilitation and integrating the management of depression using pharmacological and non-pharmacological treatment modalities with an interdisciplinary approach should be utilised to improve patient outcomes and overall well-being,” he said.

***ENDS***

***Issued by: UCT Communication and Marketing Department***

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