

Y. Prior¹, A. Hammond¹, S. Tyson² (2014) Is Pain Disabling Adults with Musculoskeletal Conditions?

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Abstract

Background Pain is the most common symptom of musculoskeletal (MSK) conditions, affecting two thirds of adults aged ≥50 years in the UK (1). MSK pain often becomes chronic and significantly reduces people's ability to participate in daily activities, leading to disability (2).

Objectives To describe the extent of pain and disability in adults with MSK conditions and explore the relationship with physical and mental health, activity limitation, personal and environmental factors.

Methods Participants with Osteoarthritis (OA), Ankylosing Spondylitis (AS), Systemic Lupus Erythematosus (SLE) or Systemic Sclerosis (SS) over 18 years of age were recruited from hospitals and patient groups. They completed a postal questionnaire including demographic questions, pain, stiffness and fatigue numeric rating scales (0-10), the Evaluation of Daily Activity Questionnaire (EDAQ), and SF-36v2. Disability was measured through a single item asking "Do you consider yourself to have a disability?" (Yes/No). The prevalence of person-perceived disability was calculated overall and for age and gender for each condition using the chi-squared test. Binary logistic regression was used to estimate the association between pain and disability, before and after adjusting for covariates associated with person-perceived disability for each MSK condition. Results were summarised as odds ratios (OR) with 95% confidence intervals (CI).

Results 683 people responded (AS n=165; OA n=184; SLE n=164; SS n=170). One in two people considered themselves to have a disability (47% in AS; 43% in OA; 50% in SLE; 53.5% in SS). Older age and female gender was associated with person-perceived disability in OA, SLE and SS, and older age and male gender was associated with disability in AS. High to severe pain when moving was strongly linked to person-perceived disability in all MSK conditions. (Age and gender adjusted Odds Ratio (OR): 6.9 with 95% Confidence Interval (CI) 3.0, 15.8 for AS; OR: 3.4; CI: 1.8, 6.2 for OA; OR: 3.7; CI: 1.7, 7.8 for SLE; OR: 2.8; CI: 1.3, 5.8 for SS). Adjusting for key variables reduced the associations between pain and disability in those with AS and OA to OR: 4.7 CI: 1.9, 11.3; OR: 2.6 CI: 1.0, 7.0 respectively, whilst strengthening in those with SLE (OR: 3.2 CI: 1.5, 7.1). In those with SS, the relationship between pain and disability was through living alone (OR: 2.3 CI: 1.0, 5.3) and fatigue (OR: 3.9 CI: 1.7, 9.1).

Conclusions Half of adults with MSK conditions in this study considered themselves to have a disability. People with severe pain when moving, had higher odds of reporting person-perceived disability, with living alone and experiencing high levels of fatigue being the contributing factors. Strategies to reduce pain and fatigue, such as joint protection education, and providing help and assistance for those who live alone may help those with MSK conditions feel less disabled.

References

1. Thomas et al., 2004. Pain, vol. 110, no. 1-2.

2. Cherubino et al., 2012. Clinical Drug Investigation, vol. 32.

Disclosure of Interest None declared

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