DID DEPRESSED PATIENTS SUFFERING FROM NEUROPATHIC PAIN HAVE A POOR QUALITY OF LIFE?

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Background: Neuropathic pain (NP) is a leading cause of disability and has been shown to be frequently associated with impaired quality of life (QoL) and mental health conditions such as depression (1,2).

Objective: The aim of our study was to demonstrate the relationship between depression and quality of life (QoL) among patient suffering from NP.

Methods

We conducted a multicenter observational study including patients consulting for NP at the Pain Treatment Center in Tunis and the functional exploration department at Hbib Bourguiba Hospital. Patients with the history of psychiatric follow up or traumatic life events during the last three months and pregnant women were excluded. We used 4 questionnaires:

- Neuropathic pain questionnaire (DN4): to diagnose the NP
- Visual analog evaluation scale: to evaluate intensity of NP
- Brief pain inventory (BPI): to assess the Qol
- Hospital Anxiety and Depression Scale (HADS): to evaluate the depression

Results

Sixty-one patients were recruited

Demographic and clinical features of study patients

Sex ratio (M/F)	0.52
Mean age (years)	52.7 ± 14.3
Patients with medical history	67,21%
Average intensity of the pain	7.57 ± 1.73
Mean DN4 score	6.49 ± 1.54
Patients receiving treatment	27(65.85%)

Quality of life and psychological distress

- 40 patients had depressive symptomatology with a mean depression score of 12.9 ± 3.79
- 10 patients had severe depression
- The mean anxiety score: 11,3 ±4,48
- The mean global BPI score: 5.53 ±1.76



The disease impact on QoL: moderate

Association between NP, depression and QoL:

• Positive correlation between VAS pain intensity and depression score (r = 0.41, p = 0.001)

Depression scale		
	Р	r
capacity of walk	0	0.49
relation with others	0	0.5
sleeping	0.004	0.25
life enjoyment	0.001	0.42
Global PBI score	0	0.59

Correlation between depression and QoL

Discussion

The impact of NP on QoL was significant according to the questionnaire.

This finding corroborate with those of the literature.

Schaefer et al. also demonstrated that NP was significantly associated with poor function, compromised health status, sleep, and depression (3)

These effects on the patient's physical capacity, social interactions, mood and sleep quality would be even more burdensome on QoL than the NP itself (4).

❖ We found a positive correlation between depression scale and BPI scores in our study (p=0; r=0.59).

Studies found that QoL was significantly compromised in depressed patients with NP.

On the basis of this result, we can report that as the QoL falls, the tendency to experience depression increases among patients suffring from NP.

❖ The depression was corollate to three items of the BPI: « relation with other », « sleeping » and « life enjoyement ». But this correlation is to be taken with caution since the change in the relationship with the environment is at the heart of the depression. Depressive symptomatology affects the mood and causes isolation of the suffering person (1,5).

This association shows the importance of screening depressive symptom during patients care.

In reviewing the literature, studies were found indicating similar results with regard to the negative effects of NP on depression and its general effects on life.

Conclusion: Depression and pain had both individual and additive adverse associations with quality of life. Enhanced detection and management of this disabling symptom dyad is warranted.