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# Depression and Soft Tissue Pain

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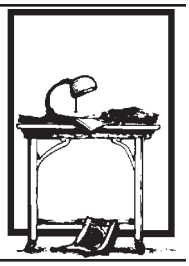
*EDITORIAL*



# Depression and Soft Tissue Pain

In this issue of the *Journal of Musculoskeletal Pain* [*JMP*], depression is implicated as an important comorbid factor in patients with soft tissue pain. According to Sorrell, Flanagan, and McCall (1,2), depressed United States patients with myofascial pain syndrome [MPS] were more resistant to treatment than were MPS patients who did not exhibit concomitant depression. Similarly, Hägg, et al. (3), found that depression bore an important influence on perceived quality of life among Swedish patients with surgical low back pain, among Swedish patients with fibromyalgia, and even among Swedish community nonpatients with chronic low back pain. Indeed, this phenomenon is not limited to people with soft tissue pain conditions because depression is believed to be an important comorbid factor regarding disability among patients with osteoarthritis (4-6), patients with rheumatoid arthritis (7-10), and patients with systemic lupus (11,12) to name just a few painful disorders. The old arguments that depression is the cause of low back pain or of pain in patients with fibromyalgia are clearly lame from multiple unsupported parades, but it is fair to say that the resilience of the human spirit becomes less elastic in the presence of chronic pain.

It has been estimated that depression is present in about 10 percent of the general population (13,14), in about 20 percent of all hospitalized patients, irrespective of the admitting diagnosis (13), and in about 40 percent of patients with chronic pain (15). The hypothesis that depression can cause rheumatoid pain or myofascial pain by altering pain perception was not supported by careful studies of these disorders (16,17), so it seems likely that concomitant depression, when it is present, can be one consequence of the chronic pain and other limitations imposed by these diseases. Of course, there is no reason that major depression could not present independently of the development of the painful condition. Since painful conditions and depression seem to be comorbid more frequently than would be predicted by chance alone, it would be nice be certain which should be viewed as the chicken and which the egg. Considering our current uncertainties, the better part of valor may be to recognize this association when it occurs and to do something about it.

The approach of Sorrell, Flanagan, and McCall (1,2) was to expectantly integrate psychological support with physical interventions to create a multidisciplinary treatment regimen

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for myofascial pain syndrome. Despite the apparent clinical value of that change, their failures were still notably among those patients with the longest durations of chronic pain and with comorbid depression.

On the other hand, Hägg et al. (3) point out that there were patients with long-term disability, due to marked physical limitations, who viewed their quality of life to be more favorable than the compromise in their function would project. In such cases, the authors proposed that community support had helped them adapt to "a lower level of physical activity" and had "allowed them to continue [their] personal development" under conditions that "minimize[d] detriments to social relationships" (3). The alternative is nourished by inadequate diagnosis, by delayed treatment, by innuendo that the patient is faking the symptoms for the purpose of secondary gain, and, occasionally, by 'cold medical and social shoulders.' People "with poorly defined and poorly acknowledged chronic pain accompanied by a lack of effective treatment" may be more at risk to experience a poor medical outcome, "extended stress responses, neuroendocrine dysregulation, and impaired medical and psychological functioning that [legitimately] leads to a generalized perception of poor quality of life" (3). Alas, hypotheses such as these are much more difficult to prove than they are to articulate. In the meantime, empathy requires some effort but is usually rewarded in kind.

Bunkan et al. (18) have offered a unique Norwegian attempt to apply psychometric theory and practice to the examination of skeletal muscles. This paper proposes to validate the palpable muscle consistency subscale of a Comprehensive Body Examination instrument (19) that may eventually be used as a validated outcome measure for research study.

Finally, the Research Ideas contribution by Lewis and Fontrier (20) suggests a possible mechanism for benefit from lithium therapy of patients with fibromyalgia.

When this editorial was originally written, it was still uncertain whether or not the new format for the *Journal of Musculoskeletal Pain* would become a reality with this issue. After 10 years of successful production of this journal in the smaller size, the pieces of the puzzle all came together this year to make the change. It was prompted by an earlier request from the Board of the International MYOPAIN Society but printing procedure at the publication site had, in the past, restricted the size. New equipment obtained by the publisher has made the change possible but adaptation to this format has somewhat delayed release of this first 2003 issue. In addition, the publisher had recently made color processing available to the *Journal of Musculoskeletal Pain* when that is needed for clarity of presentation. The *Journal of Musculoskeletal Pain* Editorial Staff, the Editorial Board, the Editorial Committee, and the International MYOPAIN Society Board and its officers would all like to express their appreciation to Mr. Bill Cohen, Publisher, and to the Staff at Haworth Press for their efforts toward making this new format a reality. Readers of the *Journal of Musculoskeletal Pain* are encouraged to write to the Editor and communicate their impressions regarding this new format.

Readers of the *Journal of Musculoskeletal Pain* are invited to submit original manuscripts for peer review, research ideas to promote investigation, and letters to keep us all on the narrow path toward truth. Letters may be sent by e-mail to the Editor at *russel@uthscsa.edu*, but be certain to indicate that your comments are for publication in the *JMP*. Letters sent by e-mail must be followed by mail [to the Editor] or by FAX [210-567-6669] submission of the same letter in hard copy along with a signed publication agreement.

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*The Editor*

## REFERENCES

1. Sorrell MR, Flanagan W: Treatment of chronic resistant myofascial pain using a multidisciplinary protocol [The Myofascial Pain Program]. J Musculoske Pain 11(1):5-9,2003.

2. Sorrell MR, Flanagan W, McCall JL: The effect of depression and anxiety on the success of multidisciplinary treatment of chronic resistant myofascial pain. J Musculoske Pain 11(1):17-20,2003.

3. Hägg O, Burckhardt C, Fritzell P, Nordwall A, and The Swedish Lumbar Spine Study Group: Quality of life in chronic low back pain: A comparison with fibromyalgia and the general population. J Musculoske Pain 11(1):31-38,2003.

4. Odding E,Valkenburg HA, Stam HJ, Hofman: Determinants of locomotor disability in people aged 55 years and over: the Rotterdam Study. European Journal of Epidemiology 17:1033-1041,2001.

5. Kominski GF, Simon PA, Ho A, Luck J, Lim YW, Fielding JE: Assessing the burden of disease and injury in Los Angeles County using disability-adjusted life years. Public Health Reports 117:185-191,2002.

6. Wu LR, Parkerson GR, Jr., Doraiswamy PM: Health perception, pain, and disability as correlates of anxiety and depression symptoms in primary care patients. Journal of the American Board of Family Practice 15:183-190,2002.

7. Cathey MA, Wolfe F, Kleinheksel SM: Functional ability and work status in patients with fibromyalgia. Arthritis Care Res 1:85-98,1988.

8. Pincus T, Callahan LF, Bradley LA, Vaughn WK, Wolfe F: Elevated MMPI scores for hypochondriasis, depression, and hysteria in patients with rheumatoid arthritis reflect disease rather than psychological status. Arthritis Rheum 29:l456-l466,1986.

9. Holm MB, Rogers JC, Kwoh CK: Predictors of functional disability in patients with rheumatoid arthritis. Arthritis Care & Research 11:346-355,1998.

10. Escalante A, del Rincon I, Mulrow CD: Symptoms of depression and psychological distress among Hispanics with rheumatoid arthritis. Arthritis Care & Research 13(3):156-167,2000.

11. Segui J, Ramos-Casals M, Garcia-Carrasco M, de Flores T, Cervera R, Valdes M, Font J, Ingelmo M: Psychiatric and psychosocial disorders in patients with systemic lupus erythematosus: A longitudinal study of active and inactive stages of the disease. Lupus 9:584-588, 2000.

12. Ward MM, Lotstein DS, Bush TM, Lambert RE, van Vollenhoven R, Neuwelt CM: Psychosocial correlates of morbidity in women with systemic lupus erythematosus. Journal of Rheumatology 26:2153-2158,1999.

13. Nielsen ACI, Williams TA: Prevalence by self-report questionnaire and recognition by nonpsychiatric physicians. Arch Gen Psychiatry 37:999-1004,1980.

14. Robins LN, Helzer JE, Weissman MM, Orvaschel H, Gruenberg E, Burke JD Jr, Regier DA: Lifetime prevalence of specific psychiatric disorders in three sites. Arch Gen Psychiatry 41:949-958,1984.

15. Ahles TA, Khan SA, Yunus MB, Spiegel DA, Masi AT: Psychiatric status of patients with primary fibromyalgia, patients with rheumatoid arthritis, and subjects without pain: A blind comparison of DSM-III diagnoses. American Journal of Psychiatry 148:1721-1726, 1991.

16. Dohrenwend BP, Raphael KG, Marbach JJ, Gallagher RM: Why is depression comorbid with chronic myofascial face pain? A family study test of alternative hypotheses. Pain 83:183-192,1999.

17. Ward MM: Are patient self-report measures of arthritis activity confounded by mood? A longitudinal study of patients with rheumatoid arthritis. J Rheumatol 21:1046-1050,1994.

18. Bunkan BH, Opjordsmoen S, Moen O, Ljunggren AE, Friis S: Palpation of skeletal muscles: A psychometric evaluation of the muscular items of the Comprehensive Body Examination. J Musculoske Pain 11(1): 21-30, 2003.

19. Bunkan BH: Kropp, respirasjon og kroppsbilde. [Body, respiration and body image]. Norwegian University Press, Oslo, 1996,

20. Lewis JM, Fontrier TH: Lithium and fibromyalgia. J Musculoske Pain 11(1):69-70,2003.