

Research Paper

## Screening for Psychiatric and Personality Disorders in Patients with Chronic Back Pain

Ms. Ishita Kane<sup>1\*</sup>, Mr. Satish Kumar<sup>2</sup>, Dr. Thomas Kishen<sup>3</sup>, Dr. Vivek Verma<sup>4</sup>

### ABSTRACT

The current study aimed to report psychiatric and personality disorders, as well as other psychological variables such as pain catastrophising, kinesiophobia and disability in patients with chronic back pain, among adults aged 18 to 65 years (n=205) who were selected for the study using purposive sampling. The instruments used were Mini International Neuropsychiatric Interview and International Personality Disorder Examination for assessing psychiatric and personality disorders in the population. Pain Catastrophising, Kinesiophobia and Disability were assessed using Pain Catastrophising Scale, Tampa Scale of Kinesiophobia and Oswestry Disability Index respectively. To determine the presence of psychological variables, descriptive statistics were used. The results revealed a presence of anxious and depressive features along with kinesiophobia and pain catastrophising in the chronic back pain population. It was seen that among the CBP population, paranoid personality disorders (29%) were most prevalent, followed by anankastic personality disorder (27%) and Schizoid Personality Disorder (13%). Patients with chronic back pain also showed kinesiophobia and pain catastrophising along with moderate disability.

**Keywords:** *Chronic Back Pain, Pain Catastrophising, Kinesiophobia, Disability, Personality, Personality Disorders, Paranoid, Anankastic Depression, Anxiety, Psychiatric disorders, Psychological Variables, Back Pain*

Chronic back pain is a prevalent condition characterized by persistent or episodic pain lasting over three months (Mason et al., 2008). It is influenced by various physiological, psychological, and social factors. Psychological factors play a significant role in chronic pain, including chronic back pain, with evidence linking it to poor self-rated health, psychopathology, and reduced quality of life (Merskey, 1986; Cousins et al., 2000; Crofford, 2015). The biopsychosocial model emphasizes the importance of an interdisciplinary approach, considering the influence of physical injury on psychological distress, illness behaviours, and patient's perception of their condition (Bever et al., 2016; Moseley and Butler, 2015). Pain perception related to back pain is a complex phenomenon

<sup>1</sup>Affiliation with Manipal Academy of Higher Education, Bangalore, India

<sup>2</sup>Clinical Psychologist, Department of Clinical psychology, Manipal Hospitals, Bangalore, India

<sup>3</sup>Spine Surgeon, Department of Spine Care, Manipal Hospitals, Bangalore, India

<sup>4</sup>Assistant Professor, Department of Statistics, Assam University, Silchar, Assam, India

\*Corresponding Author

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influenced by disease progression, neurophysiology, and psychosocial factors (Sturgeon and Zautra, 2016).

Radiographic evidence is commonly used to assess chronic back pain outcomes; however, there is often a discrepancy between the severity of symptoms and radiographic findings (Fukui et al., 2010). Pain cognitions, such as pain catastrophizing and kinesiophobia, contribute to the maintenance of pain and disability in individuals with chronic back pain (Ibrahim et al., 2020; Leung, 2012). The fear-avoidance model emphasizes the role of negative pain perceptions in triggering catastrophic thinking, fear of pain, and avoidance behaviours, leading to a cycle of disability, depression, and pain (Bunzli et al., 2017).

In addition to psychological factors, personality disorders and psychiatric disorders can significantly affect the experience of chronic back pain. Personality traits, such as anankastic personality disorder or borderline personality disorder, may contribute to the development and maintenance of chronic pain conditions, as well as difficulties in pain management (Dersh et al., 2006; Volkert et al., 2018; Sansone and Sansone, 2012). The presence of psychiatric disorders, including depression and anxiety, is higher in individuals with chronic back pain compared to the general population, which can further impact the quality of life and increase the likelihood of chronicity (Reme et al., n.d.; Baumeister et al., 2011; Pincus et al., n.d.). Understanding the influence of psychological and personality factors on chronic back pain is crucial for developing comprehensive treatment approaches that address the physical and psychological aspects of the condition (Gunderson et al., 2018; Hartvigsen et al., 2018; Lee et al., 2018).

Radiographic evidence, in many cases, cannot sufficiently explain the complaints of disability and pain that are experienced by CBP patients. There is a lack of research on how psychological factors can play a role in chronic back pain. Limited research has been done on this topic in India. In clinical practice, we have identified chronic back pain patients exhibiting personality disorders and other psychological correlates. The role that personality disorders and other psychological factors can play in chronic back pain patients is poorly understood.

This study aims at screening various psychological disorders and personality disorders along with other factors like pain catastrophizing, kinesiophobia and disability in Chronic back pain patients.

### **METHODOLOGY**

The cross-sectional exploratory study was conducted in XXXXXXXX, XXXX. Patients who experienced chronic back pain were included in this study. Two hundred and five patients with chronic back pain were screened for psychiatric and personality disorders and other variables like pain catastrophising, kinesiophobia and disability. Inclusion criteria involved both sexes, aged between 18 to 65 years of age. Participants who had an existing psychiatric disorder and those who did not give consent were excluded. Descriptive Statistics were used to analyse the data. The variables were screened using questionnaires and a psycho diagnostic interview. The outcome measures were:

- **MINI:** The Mini-International Neuropsychiatric Interview is a systematical diagnostic interview, developed by clinicians and psychiatrists from Europe and USA. It helps diagnose the 17 common psychiatric disorders. MINI-6 will be used in

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this study. Results of a study conducted by Sheehan et al. (1997) suggest that the diagnostic interview has good reliability and validity. (Sheehan et al., 1997)

- The **IPDE** Interview is a self-administered form with items that are binary in nature. The International Personality Disorder Examination (IPDE) was developed by a collaborative group of researchers from the World Health Organization (WHO) and the NIMH (Loranger et al., 1997). In order to enable the investigator to ascribe a specific diagnosis item from the DSM- IV and ICD criteria are included. Results of various studies showed great test-retest reliability and validity (Samuel et al., 2013)
- The **Oswestry Disability Index** is a tool used for assessing a patient's long-term functional disability. John O'Brien initiated the development of ODI in 1976 (Fairbank and Pynsent, 2000). It has a good test-retest reliability as well as construct validity. (Vianin, 2008)
- The **Tampa Scale of Kinesiophobia** (TSK) helps to check fear avoidance, movement phobia, and fear of physical activity. The TSK contains 17 items and its scores range from 1 to 4. It was developed in 1980 by "Steven H. Kori, Robert P. Miller, and Dennis D. Todd" (Kori, 1990). It is a reliable and valid measure. (Tkachuk and Harris, 2012)
- The **Pain Catastrophising Scale** (PCS) developed in 1995, helps measure a person's pain experience (Sullivan et al., 1995). People are asked to rate how frequently the aforementioned thoughts and feelings occur to them when in pain on a scale of 0 (never) to 4 (frequently) (always). Results of a study by Osman et al. showed inter-rater reliability and validity. (Osman et al., 1997)
- The **VAS** is a popular pain measurement tool that measures the intensity of pain. The scale was developed by British anesthesiologist named Dr. Edward C. H. Simpson. Study conducted by Bijur et al. showed good reliability and validity. (Bijur et al., 2001)

### *Data analysis:*

The study utilized SAS University Edition for data analysis. Descriptive statistics were employed to analyze the sociodemographic variables and screen the psychological variables in patients with back pain.

## **RESULTS**

205 patients with chronic back pain were recruited in this study. Patients were screened for psychiatric and personality disorders and other variables like pain catastrophising, kinesiophobia and disability.

*Table 1: Sociodemographic Variables*

<b>DEMOGRAPHICS</b>	
<b>Variable</b>	<b>Frequency (Percentage)</b>
<b>GENDER</b>	
Female	104 (50.73)
Male	101 (49.27)
<b>AGE (MEAN± SD)</b>	
Less than 40 years	116 (56.59)
More than 40 years	89 (43.41)
<b>MARITAL STATUS</b>	
Married	179 (87.32)
Unmarried	26 (12.68)
<b>DOMICILE</b>	

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<b>DEMOGRAPHICS</b>	
<b>Variable</b>	<b>Frequency (Percentage)</b>
Urban	131 (63.90)
Rural	74(36.10)
<b>OCCUPATION</b>	
Unemployed	12 (5.85)
Business	35(17.07)
Teacher	17(8.29)
Desk Job	38 (18.54)
Labour	22 (10.73)
Doctor	7 (3.41)
Government Service	9 (4.39)
Homemaker	65 (31.71)
<b>EDUCATION</b>	
Uneducated	16 (7.80)
Secondary	37 (18.05)
Higher Secondary	46 (22.44)
Undergraduate	69 (33.66)
Postgraduation	37 (18.05)

**Table 1.** represents the sociodemographic variables. Results showed that 57% of patients were below the age of 40. Most of the patients with back pain were married and lived in urban areas. 32% of people with chronic back were homemakers, and 19 per cent of people had desk jobs.

**Table 2: Factors Associated with Pain.**

<b>VARIABLE</b>	<b>FREQUENCY (PERCENTAGE)</b>
<b>RADIOGRAPHIC FINDINGS</b>	
Normal	82 (40)
Disc Pathology	111 (54.15)
Spondylolysis/ Degeneration	12 (5.85)
<b>AGGRAVATING FACTORS</b>	
Sit	101 (49.51)
Stand	111 (54.41)
Walk	96 (47.06)
Bend	81 (39.51)
Morning	51 (24.88)
Afternoon	4 (1.95)
Night	77 (37.56)
Throughout	59 (28.78)
DURATION OF SYMPTOMS (MEDIAN)	24.00 ± 48.09 (Interquartile range)
<b>PAIN DISABILITY</b>	
Minimal	38 (18.54)
Moderate	131 (63.90)
Severe	36 (17.56)
VAS PAIN INTENSITY (MEAN±SD)	6.64 ± 1.75

**Table 2.** represents the factors associated with back pain. Patients were diagnosed by the spine doctor. Results show that 40 percent of people had normal radiographic findings, 54 percent of patients were diagnosed with a disc pathology and only 5 percent showed

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spondylolysis. The duration of symptoms (in months) was  $24.00 \pm 48.09$ . 63 percent of patients show moderate disability due to pain.

**Table 3: Pain catastrophizing and kinesiophobia.**

VARIABLE	MEAN $\pm$ SD
KINESIOPHOBIA (MEAN $\pm$ SD)	$37.54 \pm 7.41$
Activity Avoidance	$15.99 \pm 3.84$
Somatic Focus	$10.69 \pm 2.07$
PAIN CATASTROPHISING SCALE (MEAN $\pm$ SD)	$26.63 \pm 12.28$
Rumification	$8.27 \pm 4.02$
Magnification	$5.80 \pm 3.01$
Helplessness	$12.49 \pm 5.91$

**Table 3.** represents the presence of pain catastrophizing and kinesiophobia in patients with chronic back pain. Results show significant levels of kinesiophobia ( $37.54 \pm 7.41$ ) and pain catastrophizing ( $26.63 \pm 12.28$ ).

**Table 4: Psychiatric Disorders.**

PSYCHIATRIC DISORDERS	FREQUENCY(PERCENTAGE)
Depressive features	49 (23.90)
Anxious features	79 (38.54)
Generalised Anxiety Disorder	9 (4.39)
Phobic Disorder	2 (0.98)
Panic Disorder	6 (2.93)

**Table 4.** shows the prevalence of psychiatric disorders in chronic back pain patients. 38 percent of people with back pain showed features of anxiety, while 8 percent of people qualified for anxiety disorders. 24 per cent of people showed depressive features.

**Table 5: Personality Disorders.**

PERSONALITY DISORDERS	FREQUENCY (PERCENTAGE)
Paranoid	55 (28.95)
Schizoid	25 (13.16)
Antisocial	4 (2.11)
Impulsive	8 (4.21)
Borderline	8 (4.21)
Histrionic	12 (6.32)
Anankastic	51 (26.84)
Anxious	16 (8.42)
Dependant	11 (5.79)

**Table 5.** shows the prevalence of personality disorders in chronic back pain. Paranoid personality disorder was the most people, followed by anankastic personality disorder and schizoid personality disorder.

## DISCUSSION

Pain is a subjective experience comprising of interactions between psychological, biological and social factors.(Turk and Monarch, 2002) Pain perception in Chronic Back Pain (CBP)patients is influenced by disease progression, neuropsychology and psychosocial

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variables. In this study, we understand the prevalence of psychological variables in CBP Patients. 205 patients with CBP were screened for psychiatric disorders, personality disorders and other variables like kinesiophobia, pain catastrophising and disability.

This study showed that patients with chronic back pain do show certain psychiatric disorders. People who showed anxious features were the most common. Thirty-nine per cent of people with back pain showed anxious features, whereas 8 % of people qualified for anxiety disorders. 24 per cent of people showed features of depression.

When people experience anxiety, their body often responds with a 'Fight or Flight response'. This causes their muscles to stiffen up in anticipation of taking action (Michaelides and Zis, 2019). If this tension in the body remains unresolved, it can lead to aches and pains in the body, particularly the back. Moreover, anxiety could also cause shallow breathing, which can reduce the amount of oxygen going to the muscles, which could cause pain. Finally, anxiousness can lead to bad posture or actions that put a strain on your back, including slouching over a computer or lifting heavy objects wrongly. A study was conducted by Sagheer et al (Sagheer et al., 2013) in order to understand the prevalence of anxiety in chronic back pain patients at a tertiary care centre. Results showed that high risk for developing anxiety disorders was seen in CBP patients.

24 percent of people with chronic back pain reported depressive features. Lee et al. (Lee et al., 2018) conducted a study where they sought to explore patients with chronic pain. They studied the prevalence of unidentified depression in these patients who did not report any previous history of psychiatric disorders. Through the study, it was found that depression was most commonly reported in patients with chronic low back pain. Another study was conducted by Tsuji et al (Tsuji et al., 2016) in order to understand the impact of depression on the health-related quality of life in chronic back patients. The results showed that higher pain scores and lower health-related quality of life scores were all linked to depression in CLBP patients. Physical symptoms of depression include exhaustion, changes in eating habits and sleep patterns, and decreased activity levels. These symptoms can either lead to the development of chronic back pain or aggravate pre-existing pain. Reduced activity levels, for example, can result in muscular deconditioning, which can raise the risk of back pain.

Furthermore, depression might influence how a person perceives and copes with pain. Depression can cause negative thought processes such as catastrophizing or dwelling on pain, which can magnify the pain experience and make it more difficult to deal.

We also assessed personality disorders in patients suffering from chronic back pain. 27 percent of people showed anankastic personality disorder. Anankastic personality disorder, can cause chronic back pain in a number of different ways. Due to their extreme perfectionism and attention to detail, people with OCPD frequently spend a lot of time sitting rigidly in one position at a desk or computer or working long hours. Chronic tension in the back and as a result of this may eventually cause pain and discomfort. Additionally, those who have OCPD may be more prone to disregard pain or discomfort signals and continue with their work or exercise routines in spite of their physical discomfort. This can exacerbate any underlying conditions that may be causing chronic back pain by putting additional strain on the back's muscles and joints.

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29 percent of people with CLBP showed paranoid personality disorder. A paranoid personality disorder is characterised by pervasive mistrust and suspicion of other (Schütze et al., 2017). Due to a general mistrust of medical professionals, people with a paranoid personality disorder may be more reluctant to seek medical attention for their back pain. This could result in a delay in the diagnosis or treatment of underlying conditions that might be causing their pain, which can eventually make the problem worse. People with PPD may experience muscle tension and pain in the back as well as other parts of the body due to their constant vigilance and hyperarousal. (Lee and Robbins, 2021)

Results in our study showed that 13 percent of people with chronic back pain showed signs of schizoid personality. Schizoid Personality Disorder is characterised by a persistent lack of interest in social interactions, emotional coldness, and detachment. Back pain may be a result of some of the signs and behaviours linked to this condition. (Akhtar, 1987)

Lack of interest in maintaining social ties over time can result in a sedentary lifestyle and limited physical activity. The muscles in the back and other body parts may become weaker as a result, which over time, may cause chronic back pain. They may find it difficult to express their emotions, which can cause emotional stress and tension to accumulate, in turn contributing to pain. A study conducted by Polatin (Polatin, 1993) assessing personality disorders in 200 patients with chronic back pain showed the most prevalent personality disorder was paranoid personality disorder (33%). These results were very similar to our findings.

Furthermore, Pain catastrophising was also assessed. Pain catastrophising is the tendency to emphasise or overstate the negative aspects of a painful experience and to feel helpless or overwhelmed by it (Schütze et al., 2017). Results showed that people experiencing chronic back pain do show pain catastrophizing. ( $26.63 \pm 12.28$ ). Pain catastrophizing causes heightened pain perception and increased mental discomfort, which can make back pain worse (Elfving and Institutet, 2007). As a result of exaggerating the severity and effects of their suffering, those who participate in catastrophic thinking may experience greater stress and anxiety. Consequences of this include tight muscles, a decline in activity, and reluctance to engage in activities that can be beneficial for relieving back pain. The existing literature shows similar findings. A population cohort study on the general Dutch population by Picavet et al. (Picavet et al., 2002) showed similar findings. They attempted to determine the role played by pain catastrophizing and kinesiophobia in 'chronic low back pain' and its associated conditions. It was found that patients who had high scores on pain catastrophizing or kinesiophobia had an increased possibility of future chronic low back pain. Both pain catastrophizing and kinesiophobia can contribute to the development and maintenance of chronic pain by increasing pain-related distress and disability. For example, individuals who catastrophize about pain may experience heightened pain sensitivity and may have difficulty engaging in activities that are important for maintaining physical and psychological health. Similarly, individuals with kinesiophobia may limit their physical activity levels, leading to decreased muscular strength and flexibility and increased pain-related disability.

Additionally, Patients with chronic back pain do show disability due to the pain. 64 percent of people with chronic back pain showed moderate disability, whereas 18 percent of people reported severe disability. 19 per cent reported minimal disability. Fear avoidance is a typical psychological response to injury or pain in which people develop a fear of engaging in activities which they think would bring on further pain or harm. This might start a vicious cycle of avoidance and inactivity, which would eventually impair physical ability and

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exacerbate disability. The existing literature is congruent with the current findings. A study conducted by Salvetti et al. aimed to understand the prevalence of disability and factors associated with disability outcomes in 177 CLBP adults. The results showed that 65% prevalence of impairment, and 80.7% of them had a moderate-to-severe disability. (Salvetti et al., 2012)

Another variable that was studied was kinesiophobia. Kinesiophobia is characterised as a severe, irrational dread of movement or physical exertion. People with chronic back pain did show kinesiophobia ( $37.54 \pm 7.41$ ). Patients suffering from chronic back pain may develop kinesiophobia as a result of their fear of experiencing pain while engaging in physical activity. Individuals suffering from chronic back pain may experience severe and disabling pain, leading them to believe that any movement or exercise will cause further damage or worsen the pain. Previous pain experiences during physical activity can reinforce this fear. Fear of pain can lead to avoidance of physical activity over time, creating a vicious cycle of pain, fear, and inactivity (Altuğ et al., 2016). This cycle can lead to body deconditioning, resulting in additional weakness, soreness, and pain. This can lead to a further decrease in physical activity and an increase in kinesiophobia, perpetuating the cycle. Existing literature corresponds with the current findings.

### CONCLUSION

The study revealed that personality and psychiatric disorders do contribute to chronic back pain. Other factors like pain catastrophising and kinesiophobia also played a role.

#### *Limitations of The Study*

Even though this study provides information about the presence of psychological variables, it does not explain their correlation with the intensity of pain, leaving scope for further research. The role of specific personality disorders can be further examined.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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