

Relationship between Intensity of Pain, Depression Level and Quality Of Life in Geriatric Population Suffering From Different Regional Pains.

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Abstract

Background: Disability, painful joints and depression becomes common in geriatric patient. There are many regional painful joints which are common in this age-group owing to degenerative process. **Objectives:** This study aims to detect which regional pain contributes most for the depression and how pain influences the level of depression and the quality of life in geriatrics. **Methodology:** Study was conducted on 60 subjects; above 60 years of age and divided into 4 groups based on their location of pain. Each group was assessed for pain intensity using Numeric Analogue Scale (NAS), quality of life using EQ-5D scale and depression using Geriatric Depression Scale (GDS). **Result:** Strong correlation ($p < 0.05$) between NAS and GDS in neck pain and back pain group. Strong co-relation ($p < 0.05$) existing between NAS and EQ-5D in neck pain and knee pain group. Correlation between GDS and EQ-5D was very strong ($p < 0.05$) for knee pain group. **Conclusion:** Pain has strong influence on depression and poor quality of life in geriatric population suffering from neck/shoulder/back/knee pain. Depression and reduced quality of life was correlating with all the 4 conditions in a range from negligible to strong.

Introduction

Pain is recognized as a very common problem for geriatric population, with persistent or bothersome (chronic) pain affecting more than 50% of older people living in a community setting and greater than 80% of nursing home residents. While chronic pain is prevalent among older adults, it is not a normal part of aging. Rather, physical pathology and/or psychopathology are always involved.

Common age-associated psychosocial issues e.g., loss of family and friends, retirement from the workforce, bereavement, loss of independence/institutionalization may influence the expression, maintenance, and treatment of pain. There are several self-report pain assessment tools available that have demonstrated reliability and validity for use in older adults (e.g., verbal descriptor scales, numeric scales, and faces scales). Moreover, elderly people with