

Quality of Life in Osteomuscular Chronic Pain

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Background and objective: To value the quality of life of the patients with osteomuscular chronic pain users of 2 primary care centres, by means of the application of questionnaire COOP-WONCA adapted to the Spanish during the second semester of 2003 and first of 2004.

Material and methods: Cross-sectional, observational, descriptive design. Systematic random sample. 320 users of the Health Centres of Puerto de Sagunto (Valencia) and Alto Palancia (Castellón) that suffer chronic pain of osteomuscular origin. Collection of data from the application of Questionnaire COOP-WONCA adapted to Spanish.

Results: The subjective perception of health of the great majority of our population is regular or bad. Greater deterioration of the physical state than of the mental one. Badly pharmacologic control of pain.

Conclusions: The musculoskeletal chronic pain has a noticeable repercussion on the quality of life.

Key words: Quality of life. Chronic pain. Osteoarthritis. Low back pain. Questionnaires.

mayor deterioro del estado físico que del mental y mal control farmacológico del dolor.

Conclusiones: El dolor osteomuscular crónico tiene una notable repercusión sobre la calidad de vida.

Palabras clave: Calidad de vida. Dolor crónico. Artrosis. Lumbalgia. Cuestionarios.

Introduction

The appearance of the concept of quality of life and the preoccupation with its scientific and systematic evaluation is relatively recent. Today we are faced with a boom in the global evaluation of illness, considering both psychological and social factors, and the implications of these on the patients life. Less euphemistically we would have to talk about the deterioration or loss of quality of life caused by the presence of illness. This new perspective tries to present the illness from the patients point of view and logically this acquires special importance in chronic diseases, such as diabetes, kidney diseases that require dialysis, chronic obstructive pulmonary disease, hypertension, Parkinson's disease, pain of osteomuscular origin, etc. Because of this, different questionnaires have been developed in which the objective is to measure the health as perceived by the patient, and whose usefulness depends on their trustworthiness and validity as well as the possible interpretation of the results for the clinical, psychological and social perspectives.¹ Trials on quality of life in relation to health (QOLRH) try to obtain representative measurements of concepts such as the mental and psychological state of the patient, physical limitations due to the presence of illness, degree of impairment of social relationships of the patient, pain, physical wellbeing, etc. Among the most commonly used are: SF-36, NHP, SIP, EUROQOL-5D, COOP-WONCA,²⁻⁴ etc. The use of specific questionnaires for an illness or group of illnesses is more ample every passing day, though the questionnaires employed have, by their own nature, less diffusion as they are restricted in their field of application to a specific area.

Our purpose was to evaluate the quality of life (QOL) in patients with chronic osteomuscular pain belonging to 2 primary care centers, using the COOP-WONCA questionnaire adapted to Spanish, during the second semester of 2003 and the first of 2004.

Calidad de vida en el dolor osteomuscular crónico

Fundamento y objetivo: Valorar la calidad de vida de los pacientes con dolor crónico osteomuscular, usuarios de 2 centros de atención primaria, mediante la aplicación del cuestionario COOP-WONCA adaptado al español durante el segundo semestre de 2003 y el primero de 2004.

Material y métodos: Diseño descriptivo, observacional, transversal. Muestra aleatoria sistemática. Un total de 320 usuarios de los C.S. del Puerto de Sagunto (Valencia) y del Alto Palancia (Castellón) con dolor crónico de origen osteomuscular. Recogida de datos a partir de la aplicación del cuestionario COOP-WONCA adaptado al español.

Resultados: La percepción subjetiva de salud de la gran mayoría de nuestra población es regular o mala. Hay

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Material and Methods

Design

This is a descriptive study, observational, transversal, where the data was obtained from the application of the COOP-WONCA questionnaire adapted to Spanish. The method consists in showing the patient 7 cards referring to different aspects of health: physical form, feelings, daily activities, social activities, changes in health status, health status, and pain. Each card consists of a title, a question referring the state of the patient and an ordinal scale from 1 ("no difficulty") to 5 ("completely difficult") as possible answers. Apart from this, every level has a vignette that permits a rapid visualization of the answer, improving its comprehension.⁵ Using a simple question the patient is asked to show which has been his or hers situation during the past 2 weeks with relation to the measured aspect. Higher punctuation shows a worse situation of functional capacity.

Sample and Participants

A randomized, systematic sampling was done in patients with osteomuscular chronic pain lasting at least 3 months, sampling 320 patients of the Health Centres of Puerto de Sagunto and Alto Palancia (Segorbe, Altura, and Geldo). The exclusion criteria were: concomitant illness that by themselves cause chronic pain such as cancer, neuropathic pain and headaches, visceral pain, arterial disease, etc; neurologic disorders that cause limitations in comprehension and correct compliance with the questionnaire on the part of the patient; patients in treatment with corticosteroids, tricyclic antidepressants, antiepileptic drugs, neuroleptic drugs, anxiolytics, anesthetics, antimigraine and antiemetic drugs; patients addicted to parenteral drugs; and faulty therapeutic compliance proved through the clinical history.

Analysis

The question was designed to be brief and acceptable for use in the clinical practice.⁶ It relates the functional state to the quality of life of the patients. It includes the 3 dimensions considered as basic by the WONCA committee: physical, mental, and social symptoms. The Spanish version has been adapted to the process by translation and retrotranslation done by bilingual translators.⁷ The questionnaire is validated, is trustworthy and moderate sensibility to change.⁸ The obtained data was coded on a database with entry control to eliminate values outside the permitted range. The results were analyzed for each COOP-WONCA card. To compare the different levels of quality of life in each of the populations we used the χ^2 test.

Results

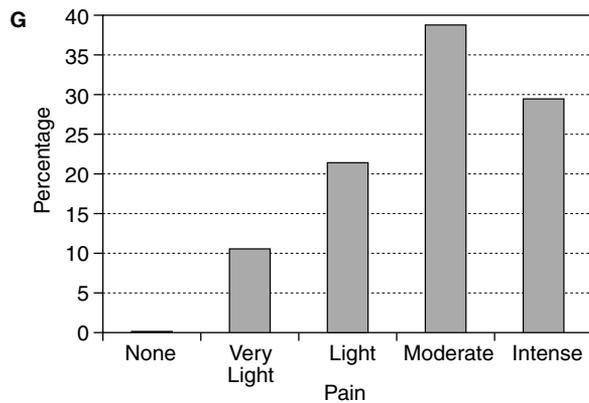
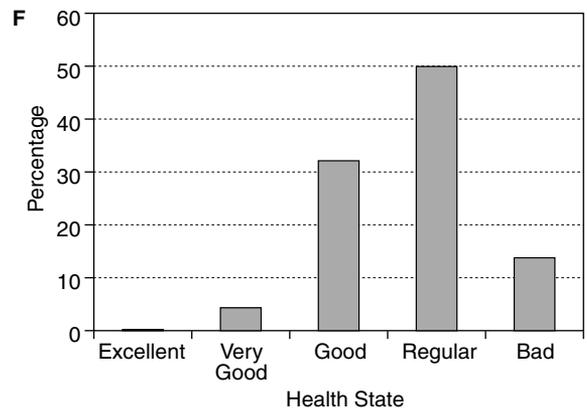
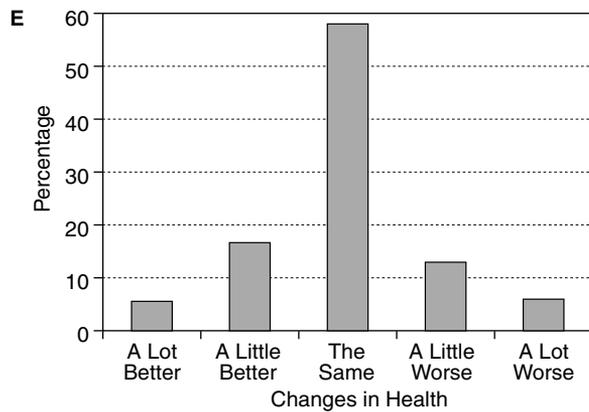
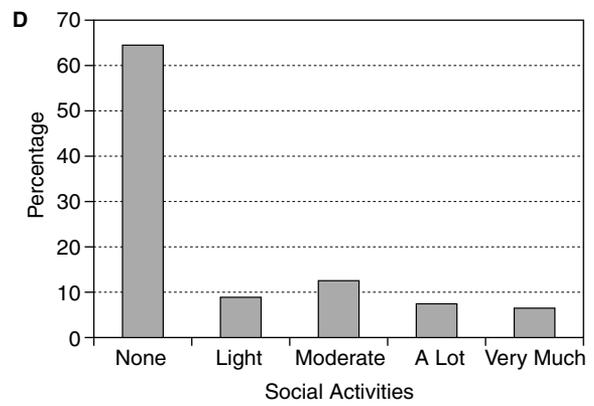
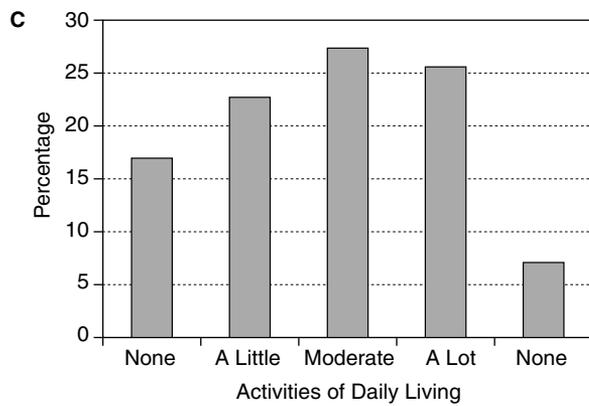
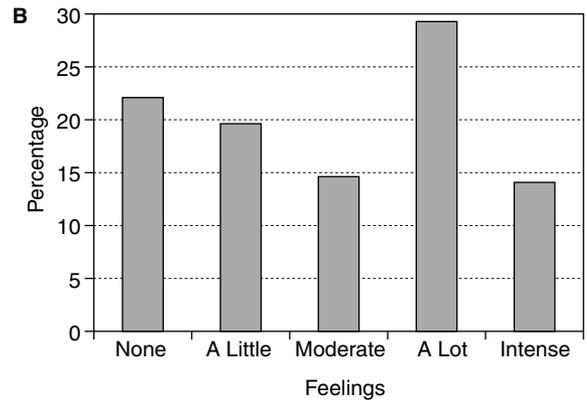
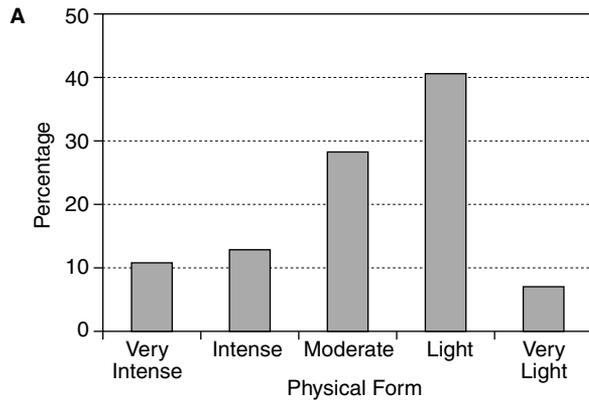
The study was centered on the population of 2 locations of the 3rd Sanitary Area of the Comunidad Valenciana, one rural and the other one industrial. The mean age of the studied patients was 66.6 years (standard deviation [SD], 11.9) and they were mostly women (76.6%). In figure values obtained for each one of the 7 cards of the questionnaire are shown. Only 47.8% of patients were able to carry out the maximum light or very light physical activity during at least 2 minutes. 43.5% had emotional problems such as anxiety, depression, irritability or sadness and lack of interest, that were very or intensely uncomfortable. 32.8% had a lot of difficulty or could not do any of the everyday activities both in and outside their homes. 64.7% had no limitations in their social activities due to their physical health or emotional status. 58.1% did not experience changes in their health status in the past 2 weeks. 64.1% said their health was regular or bad. 67.9% of the patients had, in the past 2 weeks, pain of moderate or intense quality. The dimensions studied lead us to state that both populations, rural and industrial, are comparable, without any significant differences between them (see table).

Discussion

The measurement in the quality of life has been a qualitative leap when evaluating health in a population, as well as the different therapeutic strategies in chronic disease and the effectiveness of our decisions.⁹ The role that the physician plays today is primordial, having to take into account both psychological and social factors, and the implications that the illness has on the life of patients. According to EPISER,¹⁰ chronic illnesses that have a larger impact on QOLRH are, in order, osteomuscular and pulmonary disease. The results of the COOP-WONCA questionnaire show that the subjective perception of health in the majority of our population is regular or bad. As shown in the EPIDOR¹¹ study, ours coincides with a larger decay of the physical state over the mental one. Notwithstanding this, prevalence of depressive symptoms in patients with pain is high.¹² It is necessary to point out the faulty pharmacologic control of pain because to two thirds of our patients, its intensity was moderate or high. Our efforts as physicians must lead to an improvement in the quality of life of the patients and not only in the treatment of their diseases.

Conclusions

Thanks to the COOP-WONCA questionnaire adapted to Spanish, the quality of life subject to this chronic disease has been reflected and evaluated the effectiveness of our



Values obtained for each one of the 7 cards of the questionnaire. A) Maximum physical activity done during 2 minutes. B) Measure in which the patient has been bothered by emotional problems C) Difficulty to carry out everyday tasks. D) Limitation of social activities. E) Comparison of today health to 2 weeks ago. F) Perception of the state of health. G) Intensity of pain.

Comparison of the Evaluated in the COOP-WONCA Questionnaire Between Rural and Industrial Populations Included in the Study

Variable	χ^2
Physical form	0.110
Feelings	0.236
Everyday activities	0.895
Social activities	0.364
Changes in health	0.656
State of health	0.225
Intensity of pain	0.492

$P < .05$: variables not comparable.

therapeutic decisions. Osteomuscular pain has a marked influence on quality of life and the physical and emotional aspects are significantly affected by rheumatic diseases that cause chronic pain.

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