

Comparison of Depression and Spiritual Well-being in Chronic Pain Patients and Healthy Control Group

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Abstract

Background and Objective: The results of some recent studies suggest that spiritual well-being is related to physical health of individuals. The purpose of this study was to compare depression and spiritual well-being in patients with chronic pain and healthy people.

Methods: This is a cross-sectional descriptive-analytical study. The target population in this study included the patients with chronic pain and healthy individuals in Shiraz in the period 2017-2018. The total number of participants was 600, 300 with chronic pain and 300 healthy individuals, who were selected using available sampling and cluster sampling methods, respectively. The participants completed the Spiritual Well-being Questionnaire of Paloutzian and Ellison and the Patient Health Questionnaire. Descriptive statistics were used to describe demographic variables. To compare demographic characteristics, t-test and chi-square were used. Also, to compare the symptoms of depression and spiritual well-being in the patients with chronic pain and healthy participants, t-test was used. In this study, all the ethical considerations have been observed and the authors reported no conflict of interest.

Results: No significant differences were found between the healthy participants and the chronic pain patients regarding demographic variables. Based on the results of t-test, depression was significantly higher in patients with chronic pain (9.97 ± 6.30) compared to the healthy group (8.67 ± 5.09) ($P < 0.006$). Also, the results of t-test showed that spiritual well-being (73.78 ± 12.10) was significantly lower in the patients with chronic pain than the healthy participants (87.14 ± 15.03) ($P < 0.000$).

Conclusion: According to the results, people with chronic pain had lower levels of spiritual well-being and higher levels of depression than the healthy people. Therefore, it seems that performing psycho-spiritual interventions to reduce depression and promote the level of spiritual well-being of the community is an important step in preventing pain or reducing the severity of pain in patients with chronic pain.

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Summary

Background and Objective

Pain is one of the most common phenomena forcing people to ask for help (1). For this reason,

after saving individuals' life, relieving pain is the highest medical priority (2). Pain is defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage" (3). In terms of duration, pain is divided into acute and chronic. It is regarded as chronic when it lasts

or recurs for more than 3-6 months (4, 5). Chronic pain has a dramatic impact on the lives of the affected individuals and a substantial economic impact on the society (6). In recent years, chronic pain has become more prevalent (7). Its prevalence in different communities is estimated at 8-60% (8, 9).

Depression is a negative emotional consequence of life with pain (10, 11). It is a common disorder that negatively affects how one thinks, feels and acts. Depression causes feelings of sadness and/or a loss of interest in activities (12). According to the previous studies, chronic pain and depression have reciprocal effects on each other, so that the existence of one increases the risk of the other (13).

According to the biopsychosocial-spiritual model of pain, spiritual beliefs play an important role in the appraisal process and the ability to cope with pain (14). Spiritual well-being is one of the important dimensions of health that provides integrated and harmonious communication between the internal forces and is characterized by qualities such as peace, harmony and coordination, stability in life, feeling close to self, God, society and the environment, and ensures integrity and solidarity (15). The results of some recent studies indicate that spiritual well-being is associated with physical health (16, 17). However, studies have reported contradictory results as to the relevance of spiritual well-being to people's health. For example, the results of some studies did not show any connection between spirituality and health (18). However, some other studies suggest that spiritual well-being is related to physical health. The present study attempts to compare healthy people and patients with chronic pain in terms of depression and spiritual well-being.

Methods

Compliance with ethical guidelines: During the study, the researchers attempted to adhere to all the ethical considerations including the voluntary nature of the study. The participants were also ensured that their personal information would be kept confidential and that they could quit the study any time they wished to. Written informed consent was also obtained from all the participants.

A descriptive-analytical design was adopted in the present cross-sectional study. The target population included the patients with chronic pain and healthy individuals in Shiraz, in 2018. The sample population included 600 individuals, out of which 300 were chronic pain patients referring

to pain clinics and 300 were healthy people. Sampling of chronic pain patients was done by available sampling method, and cluster sampling was used for the healthy group.

Paloutzian and Ellison's (SWBQ) Spiritual Well-being Questionnaire was used to assess the spiritual well-being and the Patient Health Questionnaire (PHQ-9) was used to assess depression. All the collected data were codified. T-test analyses were used to compare depression and spiritual well-being in patients with chronic pain and the healthy participants.

Results

The results showed that 78.8% (N=469) of the respondents were female, most of them (73.8%) were married and 42% had a diploma. The results of t-test and chi-square tests showed no significant differences between the healthy group and the chronic pain patients concerning demographic variables. Based on the results of t-test, depression was significantly higher in patients with chronic pain (9.97 ± 6.30) than the healthy group (8.67 ± 5.09) ($P < 0.006$). The results of t-test further showed that spiritual well-being (73.78 ± 12.10) was significantly lower in the patients with chronic pain than the healthy participants (87.14 ± 15.03) ($P < 0.000$).

Conclusion

Based on the results, people with chronic pain had more depressive symptoms than healthy people. According to the literature, which depression and pain may influence each other in different ways, including the common pathophysiology of depression and pain. For example, norepinephrine and serotonin have been found to play a role in the pathology of both diseases (19, 20). Moreover, depressed people are less able to tolerate pain and have a lower pain threshold than other people due to their greater attention and focus on physical symptoms and sensations (21, 22). Lack of adaptability and self-efficacy skills and increased frustration and helplessness in depressed people also make them susceptible to a variety of physical disorders (19, 21).

The results also showed that people with chronic pain had lower levels of spiritual well-being than healthy people. However, little research has been done on the role of spirituality in patients with chronic pain. In their study of patients with chronic pain, Rippentrop et al., found that having daily spiritual experiences such as praying could predict the quality of life in these patients (23). Spirituality allows people to better cope with the pain caused by physical disorders

(24). It increases attention to an extraordinary and superior force, which reduces the focus on physical symptoms in people (25). Doing spiritual activities also reduces mental rumination associated with physical symptoms, reduces the feeling of frustration and helplessness, which may promote physical health (25). Therefore, spiritual well-being training may be help to reduce chronic pain by increasing self-awareness, communication with God, altruism, forgiveness, and gratitude.

Overall, people with chronic pain had lower levels of spiritual well-being but higher levels of depression. Therefore, it seems that performing psycho-spiritual interventions to reduce depression and promote the level of spiritual well-being of the community is an important step in preventing pain or reducing the severity of pain in patients with chronic pain.

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Ethical considerations

Ethical approval was obtained from the Ethics Committee of the Islamic Azad University, Institute for Psychology.

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Conflict of interest

The authors reported no conflict of interest.

Author's contributions

Study design, statistical analysis, interpretation of results and article writing: first author; study design: second author; and data collection: third, fourth and fifth authors

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
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مقارنة بين الصحة الروحية وأعراض الاكتئاب لدى المرضى المصابين بآلام مزمنة وبين الأشخاص الأصحاء

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الملخص

خلفية البحث وأهدافه: تشير بعض الدراسات الى ان هناك علاقة بين الصحة الروحية والصحة الجسدية. ومع ذلك فإن نتائج هذه الدراسات متناقضة. كان الغرض من هذه الدراسة، مقارنة الصحة الروحية وأعراض الاكتئاب بين المصابين بآلام مزمنة وبين الأصحاء.

منهجية البحث: هذا البحث عبارة عن دراسة مستعرضة وصفية تحليلية. اشتمل المجتمع المستهدف، المصابين بآلام مزمنة والأصحاء في مدينة شيراز عام ١٤٠٨-١٤٠٩. بلغ العدد الإجمالي للعينات ٦٠٠، من بينهم تم اختيار ٣٠٠ مريض يعاني من آلام مزمنة والذي ذهب إلى عيادات الألم وكذلك تم اختيار ٣٠٠ شخص من الأصحاء. تم اخذ العينة المتاحة من المجموعة الأولى العينة العنقودية من المجموعة الثانية ثم تمت الاجابة على استبيان الصحة الروحية لـ"بالتزيان" و"اليسون" و"صحة المريض". من أجل وصف المتغيرات الديموغرافية تم استخدام الإحصائيات الوصفية، ولمقارنة الخصائص الديموغرافية تم استخدام اختبار T ومربع كاي، كما تم استخدام اختبار T لغرض مقارنة أعراض الاكتئاب والصحة الروحية بين المجموعتين. تمت مراعاة جميع الموارد الأخلاقية في هذا البحث وازدادة الى هذا فإن مؤلفي البحث لم يبلغوا عن اي تضارب في المصالح.

الكشوفات: ظهرت الكشوفات انه ليس هناك فروق ذات دلالة احصائية بين مجموعة الأصحاء ومجموعة المصابين بآلام مزمنة من حيث المتغيرات الديموغرافية. كما انه كان مستوى أعراض الاكتئاب لدى المصابين بآلام مزمنة (٩/٩٧±٦/٣٠) اعلى بكثير (٨/٦٧±٥/٠٩) من مجموعة الأصحاء ($P < ٠.٠٠٦$). وإضافة الى هذا فإن الصحة الروحية في المصابين بآلام مزمنة كانت اقل بكثير ($P < ٠.٠٠٠$) مقارنة بالأشخاص الأصحاء (٨٧/١٤±١٥/٠٣).

الاستنتاج: يبدو أن اجراء التدخلات النفسية والاجتماعية لغرض تقليل أعراض الاكتئاب وتعزيز مستوى الصحة الروحية لدى أفراد المجتمع يعتبر خطوة مهمة في الحد من شدة الألم أو تقليله لدى المرضى الذين يعانون من آلام مزمنة.

يتم استناد المقالة على الترتيب التالي:

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مقایسه سلامت معنوی و نشانه‌های افسردگی در بیماران مبتلا به درد مزمن در مقایسه با افراد سالم

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معنویت

نشانه‌های افسردگی

چکیده

سابقه و هدف: نتایج برخی مطالعات اخیر حاکی از این است که سلامت معنوی با سلامت جسمی افراد در ارتباط است. با این حال، نتایج موجود درباره این ارتباط ضد و نقیض می‌باشد. هدف از مطالعه حاضر، مقایسه سلامت معنوی و نشانه‌های افسردگی در افراد مبتلا به درد مزمن در مقایسه با افراد سالم بود.

روش کار: این پژوهش مطالعه‌ای مقطعی از نوع توصیفی-تحلیلی است. جامعه هدف بیماران مبتلا به درد مزمن و افراد سالم شهر شیراز در سال ۹۶ و ۹۷ بودند. تعداد کل نمونه ۶۰۰ نفر بود که ۳۰۰ نفر از آنان افراد دارای درد مزمن مراجعه‌کننده به درمانگاه‌های درد و ۳۰۰ نفر افراد سالم بودند که به ترتیب به روش نمونه‌گیری دردسترس و خوشه‌ای انتخاب شدند و به پرسش‌نامه‌های سلامت معنوی پالوتزین و الیسون؛ و سلامت بیمار پاسخ دادند. برای توصیف متغیرهای جمعیت‌شناختی از آمار توصیفی، برای مقایسه ویژگی‌های جمعیت‌شناختی از آزمون t و کای اسکور؛ و برای مقایسه نشانه‌های افسردگی و سلامت معنوی در دو گروه از آزمون t استفاده شد. در این پژوهش همه موارد اخلاقی رعایت شده است و مؤلفان مقاله هیچ‌گونه تضاد منافی گزارش نکرده‌اند.

یافته‌ها: نتایج نشان داد تفاوت معنی‌داری بین گروه افراد سالم و گروه مبتلا به درد مزمن در زمینه متغیرهای جمعیت‌شناختی وجود نداشت. همچنین، میزان نشانه‌های افسردگی در افراد دارای درد مزمن ($9/97 \pm 6/30$) به‌طور معناداری بیشتر از افراد سالم ($8/67 \pm 5/09$) بود ($P < 0/006$) و سلامت معنوی در افراد دارای درد مزمن ($73/78 \pm 12/10$) در مقایسه با افراد سالم ($87/14 \pm 15/03$) به‌طور معنی‌داری پایین‌تر بود ($P < 0/00$).

نتیجه‌گیری: به نظر می‌رسد انجام مداخلات روانی-معنوی در جهت کاهش نشانه‌های افسردگی و ارتقای سطح سلامت معنوی افراد جامعه گامی مهم در جهت پیشگیری یا کاهش شدت درد در بیماران مبتلا به درد مزمن باشد.

استناد مقاله به این صورت است:

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