# P4. ASSOCIATION OF SOMATIC SYMPTOM DISORDERS (SSDs) WITH PAIN, DISABILITY AND QUALITY OF LIFE IN PATIENTS WITH CHRONIC LOW BACK PAIN (CLBP). PRILIMINARY FINDINGS.

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## INTRODUCTION

Many studies have suggested that psychological factors, including anxiety, depression, and SSDs are risk factors of LBP and predictors of poor outcomes, thus shaping the concept of a "biopsychosocial pain syndrome"<sup>1-2</sup>.

### PURPOSE

To investigate changes in pain, disability, anxiety, depression, somatic symptom burden and quality of life among patients with CLBP after the implementation of a physiotherapy regimen, and to examine the association of SSDs with the above parameters.

### MATERIALS AND METHODS:

#### A before-and-after trial without control study

Patients recruitment: Using random systematic sampling study

**Treatment:** 10 sessions of conventional physiotherapy program

**Pre-& post-test:** Numerical Pain Scale (NPS), Rolland-Morris (RMQ), EuroQoL 5-dimension 5-level (EQ-5D-5L), Somatic Symptom Scale-8 (SSS-8), Hospital Anxiety and Depression Scale (HADS)

**Data analysis via SPSS 22.0:** Paired t-test, Wilcoxon signed test, McNemar test. Pearson's r between SSS-8 and NPS, RMQ, EQ-5D-5L and HADS. P<0.05.

Figure 1 • Flow diagram of the study

### RESULTS

32 subjects (13M:19F), Mean age 57.3 years (16,4), 46.9% overweight and 18.8% obese.

	Pre		Post		
	Mean score	SD	Mean score	SD	P Paired t-test
Pain (NPS)	5,06	2,17	3,46	2,02	0,002
Health status (EQ-5D-5L Index value)	0,68	0,15	0,71	0,18	0,174
Health status (EQ-5D-5L VAS)	69,66	13,54	76,23	15,81	0,023
Depression (HADS-D)	6,53	3,72	6,42	3,21	0,135
Anxiety (HADS-A)	5,41	3,68	5,00	3,19	0,169
Somatic symptom burden (SSS-8)	9,25	4,59	7,81	4,13	0,020
Disability (RMQ)	7,44	4,70	6,31	5,56	0,020
Figure 2 • Changes in NPS, EQ-5D-5L, HADS, SSS-8 and RMQ					

## RESULTS

- Level of pain was improved significant (28.1% of patients mentioned severe pain before and 7.7% after the treatment).
- Frequency of having regular exercising more than twice per week remained stable (43.8% and 42.3%).
- Pearson's r of primary score of SSS-8 and EQ-5D-5L VAS (r=-0.46) and changes of SSS-8 and NPS (r=0.39).

## CONCLUSIONS

Physiotherapy regimen was shown to be effective in patients with CLBP, by improving pain, disability, SSDs and health status. A somatic symptom burden was moderate correlated with a higher pain intensity and a lower health-related quality of life.

# REFERENCES

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