Illness behaviour and psychosocial factors in Diffuse Upper Limb Pain Disorder

Dr Moira Henderson MBBS FFOM (hon)
Department for Work and Pensions, UK
[Honorary Research Fellow,
St. Bartholomew's Hospital, London]

Diffuse upper limb pain (DULP)

- Pain and diminished function, in the absence of detectable pathology - not a distinct diagnostic
- May or may not be related to work or occupation
- Often attributed to psychological or psychosocial factors, including abnormal illness behaviour
- No published studies of the prevalence of psychiatric disorder in DULP

- **Most previous studies used no controls, or healthy controls without pain**
- **Case-control design to establish that any association with psychosocial factors not due to chronic pain per se**

Hypothesis that DULP patients would:

- Have a greater prevalence of current and past psychiatric morbidity
- Have more psychological distress and abnormal personality scores
- Move the affected arm less by day and more by night
- More often claim financial compensation

Method

- 37 hospital outpatients with DULP, screened to exclude identifiable pathology
- 36 hospital outpatients with carpal tunnel syndrome (CTS), confirmed by published criteria including nerve conduction studies.
- Control group chosen as having chronic upper limb pain of known pathology
- Matched for gender, pain intensity, and duration of symptoms, but CTS median age greater by 8 years

- **Symptoms and personality characteristics assessed by self-rated questionnaires**
- **Illness behaviour assessed by self-rating of coping strategies, illness beliefs, treatments used, somatic distress, financial compensation sought**
- **Psychiatric morbidity assessed by structured standard interview**
- **Movements of affected limb and whole body measured by 24-hour ambulatory monitoring**

Results

- No significant difference in prevalence of psychiatric morbidity, personality scores, symptom amplification, disability, or movements
- Higher than normal anxiety, fatigue, and sleep disturbance in both groups, *but* depression, somatic distress, fatigue and sleep disturbance *less* in DULP patients.
- Greater incidence of litigation in DULP patients, but only a minority involved

- **Both groups believed condition due to physical not psychological factors**
- **86% DULP patients believed condition due to work, compared with 31% controls (p>0.001)**
- **49% DULP patients blamed repetitive movement, compared with 22% controls (p=0.03)**
- **41% DULP patients blamed stress at work (pressure, interpersonal relationships) compared with 8% controls (p=0.03)**

Discussion

- Looked at possible confounding factors: neither age nor socio-economic status affected psychiatric morbidity
- Self-rated questionnaire findings subjective, but supported by objective findings (movements)
- No evidence to support hypotheses about psychiatric morbidity, personality, or illness behaviour

- Spence (1990) used similar control group with chronic pain, found no significant difference in psychological distress or personality scores
- Role of psychosocial factors in maintaining chronic pain of any aetiology
- Role of psychosocial stressors at work in development/maintenance of DULP.
  - Biopsychosocial model for pain and disability.