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https://doi.org/10.1016/j.genhosppsych.2016.09.008



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relationship with depression, psychosis, anxiety,

sleep disturbances, and stress sensitivity: Data

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from 43 low- and middle-income countries

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# Abstract

## Background

Back pain (BP) is a leading cause of global disability. However, population-based studies investigating its impact on mental health outcomes are lacking, particularly among low- and middle-income countries (LMICs). Thus, the primary aims of this study were to: (1) determine the epidemiology of BP in 43 LMICs; (2) explore the relationship between BP and mental health (depression spectrum, psychosis spectrum, anxiety, sleep disturbances and stress).

## Methods

Data on 190,593 community-dwelling adults aged ≥18 years from the World Health Survey (WHS) 2002–2004 were analyzed. The presence of past-12 month psychotic symptoms and depression was established using questions from the Composite International Diagnostic Interview. Anxiety, sleep problems, stress sensitivity, and any BP or chronic BP (CBP) during the previous 30 days were also self-reported. Multivariable logistic regression analyses were undertaken.

The overall prevalence of any BP and CBP were 35.1% and 6.9% respectively. Significant associations with any BP were observed for subsyndromal depression [OR (odds ratio) = 2.21], brief depressive episode (OR = 2.64), depressive episode (OR = 2.88), psychosis diagnosis with symptoms (OR = 2.05), anxiety (OR = 2.12), sleep disturbance (OR = 2.37) and the continuous variable of stress sensitivity. Associations were generally more pronounced for chronic BP.

# Conclusion

Our data establish that BP is associated with elevated mental health comorbidity in LMICs. Integrated interventions that address back pain and metal health comorbidities might be an important next step to tackle this considerable burden.



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# Keywords

Back pain; Chronic back pain; Mental health; Mental illness; Depression; Psychosis; Anxiety; Sleep problems; Stress sensitivity; Low- and middle-income countries

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