A NEW LOOK AT PAIN
‘HOW MANY PAINS HAVE YOU GOT?’:
A MORE IMPORTANT QUESTION THAN ‘WHERE IS THE PAIN?’

Musculoskeletal pain which occurs concurrently in multiple body sites is the most common form of long-term or chronic pain in adults aged 50+ years. Despite this, the clinical presentation, assessment and treatment of pain has tended to focus on single-site pain.

We studied multi-site pain among people in the general population, and in people consulting general practice.

Patterns of self-reported multi-site pain in the general population

We mailed a survey to a sample of the general population aged 50+ years in North Staffordshire, UK.

People were asked if, in the past 4 weeks, they had had pain, regardless of whether they had seen a doctor about it, and to shade all such pain sites on an outline drawing of the body.

Shading on drawings was used to identify people’s pain in 16 sites:

- Head
- Neck
- Chest
- Abdomen
- Spine
- Elbow
- Hand
- Buttock
- Knee
- Thigh
- Foot
- Shoulder
- Calf & shin
- Forearm
- Upper back
- Lower back

Pain sites were analysed to see if they ‘clustered’ together to form common patterns.

Results
There were four clusters determined more by the number of pain sites (low, medium, high), than where the pains were located.

Proportion of 12,408 participants in each pain cluster

People in the cluster with a high number of pain sites were more likely to have other health problems, e.g. diabetes, raised blood pressure, anxiety, depression, cognitive complaints, and sleep problems.

Key messages – general population

- Adults aged 50+ in the general population separate into four clusters determined by number of pain sites
- Number of pain sites is a more useful classification of people’s pain than one based on location alone
- A classification based on these clusters could help the treatment of musculoskeletal pain because one of the reasons for lack of success in treating single-site pain may be that multi-site pain is ignored.
Patterns of multi-site pain consultations in general practice

We studied patients with one particular syndrome of multi-site pain (‘chronic widespread pain’ or ‘CWP’) who consult for combinations of musculoskeletal pain over time across a number of sites.

Our study definition of CWP was based on patterns of musculoskeletal consultations over 5 years:

- At least one consultation for neck or back
- At least one consultation for upper or lower limb
- At least one consultation in 3 separate years
- At least four consultations in total

Results

- Patients with CWP made up 3% of registered adults.
- Compared to matched controls with no musculoskeletal consultation:
  - Patients with CWP reported:
    - More health problems (Figure 1)
    - Higher levels of fatigue
    - Worse general health
    - Greater sleep disturbance
    - More severe symptoms

- Patients with CWP were more likely to also consult for:
  - Anxiety / depression
  - Dizziness / neurological symptoms
  - Fatigue
  - Gastrointestinal conditions
  - Headache

Key messages – primary care

- Patients regularly presenting to primary care with musculoskeletal pain problems in different sites exhibit other known characteristics of chronic widespread pain
- This includes reporting and consulting for a range of health problems
- General pain management approaches, rather than separate treatments for each pain site, may improve outcome

Recommendations

CLINICAL: consider

- asking about other pains in people presenting with single-site pain
- if people presenting with single-site musculoskeletal pain have CWP
- asking about other health problems in people presenting with pain
- identifying patients whose treatment can be directed at more than the presenting single site of pain

POLICY: consider providing enhanced pain services for people with multi-site pain and CWP

RESEARCH: identify best practical targeted treatments classified by number of pain sites

References


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