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ASSOCIATION BETWEEN LIFE SATISFACTION AND PRESENCE AND SEVERITY OF CHRONIC MUSCULOSKELETAL PAIN: A CROSS-SECTIONAL STUDY IN ELSA-BRASIL MSK

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BACKGROUND

Little is known about the relationship between subjective well-being and chronic musculoskeletal pain (CMP). Subjective well-being is an enduring affective state, which is composed by positive affect, negative affect, and the evaluation of one's overall life or life satisfaction. It is generally defined as pain lasting for more than 6 months, being classified as primary if conceived as a disease in its own right, or secondary if it is part of an underlying illness affecting the bones, joints, muscles. This study investigated the association between life satisfaction and the presence and severity of CMP located in at least one of nine evaluated body sites.

MATERIALS AND METHODS

A cross-sectional study was performed using data collected at baseline (2012–2014) of the ELSA-Brasil musculoskeletal cohort (ELSA-Brasil MSK). Chronic musculoskeletal pain was defined as pain with ≥ 6 months duration in any of nine body sites investigated (neck, shoulders, upper back, elbows, lower back, wrists/hands, hips/thighs, knees, ankles/feet). Chronic musculoskeletal pain was characterized at one or more sites by the presence of overall disability, requirement of healthcare utilization (troublesome CMP) and spread (multisite CMP, at ≥ 3 sites, and generalized CMP, in upper + lower limbs + axial skeleton). Life satisfaction was assessed by the Satisfaction with Life Scale. Associations were estimated by binomial logistic regressions for CMP at any site and by multinomial logistic regressions for all other response variables. The models were adjusted for potential confounders (age, sex, level of education, marital status, leisure-time physical activity, current smoking, obesity, use of antidepressant medication and depression).

RESULTS

The sample included 2,756 participants with mean age of 55.8 (± 8.9) years old and slight predominance of women (52.5%). After adjustment for sociodemographic and clinical factors, life satisfaction was inversely associated with CMP at any site (odds ratio, OR: 0.95; 95% confidence interval, CI: 0.94–0.97), with associations of stronger magnitude being observed for more severe CMP: CMP accompanied by overall disability (OR: 0.94; 95% CI: 0.92–0.96); multisite CMP (OR: 0.93; 95% CI: 0.91–0.95) and generalized CMP (OR: 0.93; 95% CI: 0.90–0.96).

CONCLUSION

The highest life satisfaction was associated protectively to the presence and severity of CMP, indicating the importance of addressing life satisfaction during the assessment of individuals with CMP, especially in the presence of more severe clinical presentations.