

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

This study shows the association of demographic factors, family, social, economic, pain factors and depression in chronic musculoskeletal pain. The high percentage of probable depression in chronic musculoskeletal pain subjects (CMSP) are found in females, insufficient income, poor family relationship, multiple pain sites, and high score of pain intensity. There are no significant differences of age, marital status, education, officemate relationship, community relationship, pain duration, pain disability and health problems during risk depression and probable depression. Furthermore, it shows that gender and pain intensity are the strongest predictors of depression. The females had a risk of probable depression about 10.72 times more than males and high score of pain intensity had a risk about 8.15 times more than the one with lower pain intensity.

The incidence of high risk depression in subjects with CMSP is little higher than subjects without pain but the prevalence of high risk depression in CMSP shows higher than no-pain group. However, in both groups shows a significant difference of the number of occurrence of high risk depression the entire time. Relative risk of high risk depression in CMSP is 1.06 (95% CI 0.38-2.94) and 2.39 (95% CI 0.50-11.52) at the 3rd and 6th month follow-up period. This point out that chronic musculoskeletal pain is not an independent factor provoking the depression.

It suggests that the treatment focusing on self-management techniques or active modalities, which is non-pharmacological treatment is effective for the patients with musculoskeletal pain and probable depression. And it can also protect against the consequence of depression.

For the further community study, this study suggests that sometimes the purposive sampling from health data of the government unit is the better technique for collecting the target group although there is a large percentage of the population who

do not use the government service. The co-operation from the public health team in the study area is very important because they will bring about a good relationship and understanding between the researcher and the subjects. An interview questionnaire or in-depth interview may be more appropriate than a self administered questionnaire in the Thai population with an educational status lower than high school. However, the large number of subjects and collected data are also a limitation for the interview technique. For the large number of subjects, it will take very much time to collect data which constitutes non baseline data for the follow-up study because time is the one factor that affects the depression score and pain score. However, if the variable does not relate to time, the interview technique may be the better technique for a Thai community study. But if it is necessary to use the self administered questionnaire, the ordinal scale with a description questionnaire may be appropriate for the Thai community with middle level education.

The follow-up study suggests that the health problem variables that cannot be shown obviously should not have been followed-up by the questionnaire. In my opinion, the appropriate tool for the follow-up of depression is the relationship of family, neighbors, and the familiarity of the public health team. As the pain variable, during the follow-up period, the situation indicates that probable depression in chronic musculoskeletal pain should be ruthlessly watched. The follow up study is not appropriate to the subjects suffering health problems without any treatment. For the study in phase 3, intervention phase, the longitudinal study in enhancement for a long time of self management is necessary. For further study, the number of samples and the follow-up or treatment period should be increased. This will improve the power to detect incident rate of depression and to determine the statistically significant effect of treatment.