



Introduction

- Chronic pain is a prevalent and debilitating condition, affecting one in five Canadians¹.
- Chronic pain is associated with poor quality of life, underscoring the profound impact on mental health².
- Psychiatric comorbidities are common in individuals with chronic pain, with up to twothirds experiencing co-occurring disorders³.

Comorbidities suggest shared behavioural and biological mechanisms, however, the specific aspects of shared comorbidities remain unclear.

Aim: examine the association of chronic pain and psychiatric disorders to investigate characteristics to improve diagnostic and treatment approaches for individuals with comorbidities.



Comorbidity of Chronic Pain and Psychiatric Disorders

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Results



Figure 1: Manhattan plot of the odds ratio of pain disorders co-occuring with psychiatric disorders. Bonferroni corrected logistic regression for multiple comparisons. Statistically significant co-mobid disorders presented (p < 0.05).

Odds Ratio of Chronic Pain Location and Psychiatric Disorder

Headaches:	
1.49 (1.45-1.52)	
Facial Pain : 1.89 (1.7-2.02)	- 1.8
Neck/Shoulder Pain: 1.24 (1.22-1.27)	
Stomach/Abdominal Pain: 1.62 (1.57-1.68)	- 1.6
Back Pain : 1.19 (1.16-1.22)	- 1.4
Hip Pain: 1.19 (1.16-1.22)	
Knee Pain : 0.94 (0.92-0.97)	- 1.2
Widespread Pain : 2.03 (1.9-2.14)	- 1.0

Figure 2: Heat map of the odds ratio of having a psychiatric disorder and chronic pain sites. Bonferroni corrected logistic regression for multiple comparisons. (p < 0.05).

Relative Risk of Chronic Pain Site and Depressive Symptoms



Figure 3: Relative risk of the presence of depressive symptoms from the rating of the PHQ-9 and the chronic pain site in chronic pain patients.





Conclusion

• Widespread, facial, and stomach/abdominal chronic pain display the highest odds ratio of having a comorbid psychiatric disorder.

 Widespread chronic pain has the highest relative risk of all self-reported depressive symptoms using the PHQ-9.

An increase in knowledge in the underlying manifestations of chronic pain will provide a foundation for taking a multidimensional approach to provide for more comprehensive achievements in patient outcome.

Future Directions

• We aim to investigate the temporality of comorbid diagnoses.

• We aim to examine the underlying latent structures of the chronic pain and psychiatric disorders by investigating the shared biological mechanisms.

• We aim to explore the shared mechanisms of patients with comorbid diagnoses in different diverse, globally spanning datasets.

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