



Editorial comment

HIGH risk of chronic pain in women with LOW education, LOW socio-economic status, and LOW mood

Harald Breivik

University of Oslo and Oslo University Hospital, Department of Pain Management and Pain Research, Oslo, Norway

In this issue of the *Scandinavian Journal of Pain* Thomtén et al. publish an interesting study on chronic pain in women indicating that depressive symptoms may have a mediating role in the high risk of developing chronic pain in women with low socio-economic status [1]. Their study confirms what Eriksen et al. have reported in their publications from the ongoing health surveys in Denmark for almost two decades [2]: low education and depression in middle aged women are significantly associated with persistent pain conditions. We do not know what is the egg and what is the hen: does low mental mood and depression cause chronic pain [3,4]? Or does a persistent pain condition and the accompanying stress on mental energy, working abilities, social interactions and financial strain cause depression [3,4]? Or is the explanation that some unfortunate persons have a shared vulnerability to both chronic pain and mental diseases such as depression, possibly through a dysfunctional brain dopamine system as suggested by Taiminen et al. [5]. It is not possible to successfully treat chronic pain without treating the accompanying depression as suggested by Linton and Bergbom [3] and strongly supported by Nicholas [4]. It is also not possible to help a complex chronic pain patient with a massive burden of socio-economic problems in addition to the pain condition without helping the patient with her (most often women) economic and social problems as emphasized by Hagelberg [6] and Aho et al. [7,8]. The study by Thomtén et al. [1] in this issue of the *Scandinavian Journal of Pain* is therefore a valuable reminder that chronic pain is strongly associated with the socio-economic status of the patient and that those who try to help these unfortunate women face a complex challenge where a truly multidisciplinary team approach is necessary [9]. The social worker, the psychologist and psychiatrist [3,4,10], the physiotherapist [11], as well as specialists in women's diseases [11] are more important than the "pain specialist" using pharmacology and interventional techniques.

All of these aspects of chronic pain among women have been reviewed and discussed in-depth during the three first years of our publishing the *Scandinavian Journal of Pain* [1,3–11]. As founding Editor-in-Chief, I am grateful for all the enthusiastic contributors to

our scientific journal from the large group of health care providers and researchers in the Nordic countries who are interested in the many aspects of the conundrum chronic of pain and pain management. The *Scandinavian Association for the Study of Pain* (SASP) was founded in 1976 by Professor Ulf Lindblom and reinvigorated as *newSASP* in 2009 by Professor Torsten Gordh, launching the scientific journal of *newSASP* already in May 2009. The success of the journal so far witnesses to the need for this venue of scientific pain publications in the Nordic countries.

References

- [1] Thomtén J, Soares JFF, Sundin Ö. Pain among women: association with socio-economic factors over time and the mediating role of depressive symptoms. *Scand J Pain* 2012;3:62–7.
- [2] Eriksen J, Jensen MK, Sjøgren P, Ekholm O, Rasmussen NK. Epidemiology of chronic nonmalignant pain in Denmark. *Pain* 2003;106:221–8.
- [3] Linton SJ, Bergbom S. Understanding the link between depression and pain. *Scand J Pain* 2011;2:47–54.
- [4] Nicholas MK. Depression in people with pain: there is still work to do commentary on understanding the link between depression and pain. *Scand J Pain* 2011;2:45–6.
- [5] Taiminen T, Kuusalo L, Lehtinen L, Forsell H, Hagelberg N, Tenovuori O, Luutonen S, Pertovaara A, Jääskeläinen S. Psychiatric (axis I) and personality (axis II) disorders in patients with burning mouth syndrome or atypical facial pain. *Scand J Pain* 2011;2:155–60.
- [6] Hagelberg NM. Social work in a pain clinic. *Scand J Pain* 2010;1:74–5.
- [7] Aho H, Kauppila T, Haanpää M. Patients referred from a multidisciplinary pain clinic to the social worker, their socio-demographic profile and the contribution of the social worker to the management of the patients. *Scand J Pain* 2010;1:213–9.
- [8] Aho H, Kauppila T, Haanpää M. Patients referred from a multidisciplinary pain clinic to the social worker, their general health, pain condition, treatment, and outcome. *Scand J Pain* 2010;1:220–6.
- [9] Hals EKB, Stubhaug A. Mental and somatic co-morbidities in chronic orofacial pain conditions: pain patients in need of multiprofessional team approach. *Scand J Pain* 2011;2:153–4.
- [10] Martinsen EW. Combination of physiotherapy and cognitive therapy in chronic pain. *Scand J Pain* 2011;2:121–3.
- [11] Haugstad GK, Kirste U, Leganger S, Haakonsen E, Haugstad TS. Somatocognitive therapy in the management of chronic gynaecological pain. A review of the historical background and results of a current approach. *Scand J Pain* 2011;2:124–9.