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Correlation between quality of pain and depression: A post-operative assessment of pain after caesarian section among women in Ghana

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Background and aims: Post-operative pain after caesarean operation remains one of the major complains after delivery. With the rising rate of caesarean deliveries, the assessment and management of acute pain has become a major concern for medical professionals in Ghana. The aim was to determine the association between the neuroplasticity of pain and depression using a post-operative pain assessment among women after caesarean section in Ghana.

Methods: A descriptive pilot studies consisting of 54 women who have undergone caesarean operations and reported of acute pain after three months were conducted in King David Hospital and Neptune Medical centre. A purposeful sampling was used to complete the Numeric Pain Scale (NPS) and the Wong-Baker FACES Pain Rating Scale to justify the inclusion criteria. While the Pain Quality Assessment Scale (PQAS) and the Beck Depression Inventory (BDI) were completed by participant.

Results: On the characteristics of their pain respondents scored above 7, on average, for hot pains (7.04 ± 2.028, minimum of 5 and maximum of 10), unpleasant pains (7.33 ± 1.907, minimum of 5 and maximum of 10), intense and deep pain (7.35 ± 1.825, minimum of 5 and maximum of 10) and intense but surface (7.38 ± 1.784, minimum of 5 and maximum of 10), each with a minimum of 5 and a maximum of 10. This implies that for each of those types of pain, respondents scored very high levels of intensity. Similarly, on intensity of pain sensation (6.43 ± 1.814, minimum of 5 and maximum of 10), sharpness of pain (6.53 ± 1.772, minimum of 5 and maximum of 10), how dull their pains felt (6.38 ± 2.603, minimum of 0 and maximum of 10) sensitiveness of their skins (6.75 ± 1.9, minimum of 4 and maximum of 10) and how itchy (6.98 ± 2.137, minimum of 4 and maximum of 10) their skins felt with their respective standard deviations. On the depression scale, more than half of the respondents (51.9%) captured in this study had moderate depression.

Conclusions: We ultimately sought to conduct a test of association between ten indicators of quality of pain and depression. There turned out to be significant association between intensity of pain and depression ($\chi^2 = 21.507$; $p < 0.001$) simply implying that where there is a rise in intensity of pain, there is likely going to be depression. There was also a significant association between sharp sensation and depression ($\chi^2 = 31.256$).

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Dynamic and static mechanical pain sensitivity is associated in women with migraine

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Aims: To explore the association between static (hyperalgesia) and dynamic (allodynia) pressure algometry for assessing muscle pain hypersensitivity in women with migraine.

Methods: One hundred and twenty women with migraine (42% chronic, 58% episodic) participated. Dynamic muscle allodynia was assessed with a dynamic pressure algometry set (Aalborg University, Denmark©) consisting of 11 rollers with fixed pressure levels from 500 g to 5300 g. Each roller was moved at a speed of 0.5 cm/s over a 60 mm horizontal line covering the temporalis muscle. Dynamic pain threshold (DPT-pressure level of the first painful roller) was calculated on each side of the head. Migraine pain features were collected on a headache-diary. As golden standard, static pressure pain thresholds (PPTs) were assessed over the temporalis