

# Chronic pain linked to socioeconomic background

April 22 2024

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Development of chronic musculoskeletal pain can be influenced by socioeconomics, fear of movement, smoking and poorer support networks, new research shows.

In a systematic review of current evidence, researchers found that people from a lower socioeconomic background were twice as likely to develop [chronic pain](#) following injury.

Those with a combination of characteristics including smoking, high level of pain at the time of injury, fear of movement, poorer support networks and a lower level of education or [household income](#), may be seven times more likely to develop chronic pain after injury. The results are [published](#) in *PLOS One*.

Pain is described as "acute" when it has been present for a short period of time—anything that lasts for less than three months after initial injury. Pain is described as chronic when it has been present for longer than three months after initial injury.

Chronic musculoskeletal pain affects about 43% of the UK population and is the greatest cause of disability worldwide, often persisting for many years or indefinitely. People with chronic pain often experience poorer quality of life and are also more likely to develop diseases including cancer, cardiovascular diseases and diabetes.

Current approaches to managing chronic pain focus on physical rehabilitation at the site of the pain, or injury. However, the body's healing process usually takes place over no longer than three months, suggesting that the reasons for longer-term pain are more complex.

Lead author Michael Dunn, of the University of Birmingham and St. George's University Hospitals NHS Foundation Trust, said, "The purpose of acute pain is to alter behavior to protect the body from harm, but chronic pain persists because of a sensitized nervous system that continues our experience of pain, even after the [healing process](#) has completed."

This process, the researchers found, is influenced by a range of psychological and [social factors](#) and so treatment which focuses solely on the injured body part is often ineffective.

Mr. Dunn continued, "The characteristics that we have identified are related particularly to an individual's experiences, rather than a type of injury. For that reason, approaches to treating people with musculoskeletal injuries should be more person-centered, focusing on broader biological, psychosocial and social well-being. Put simply, current health care approaches do not address all the reasons people do not get better."

The researchers also identified other factors related to developing chronic pain, such as lower job satisfaction, stress and depression. These characteristics were supported by lower quality evidence, but are also linked to lower socioeconomic backgrounds.

"People from lower socioeconomic backgrounds are twice as likely to develop chronic pain after [injury](#). This indicates that not only are current health care approaches inadequate, they may also be discriminatory, with current health care approaches that are orientated around the injured body part being geared towards those from higher socioeconomic backgrounds who are less likely to experience these psychological or social factors," said Mr. Dunn.

**More information:** Michael Dunn et al, The biopsychosocial factors associated with development of chronic musculoskeletal pain. An umbrella review and meta-analysis of observational systematic reviews, *PLOS ONE* (2024). [DOI: 10.1371/journal.pone.0294830](https://doi.org/10.1371/journal.pone.0294830)

Provided by University of Birmingham

Citation: Chronic pain linked to socioeconomic background (2024, April 22) retrieved 3 May 2024 from <https://medicalxpress.com/news/2024-04-chronic-pain-linked-socioeconomic-background.html>

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