

# Research study available for older adults living with low back pain and depression

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Older adults experiencing chronic low back pain and depression are invited to participate in the final year of a five-year study that aims to find out whether medication alone or medication along with health coaching and learning new problem-solving skills is best for treating both conditions. The "Addressing Depression and Pain Together," or ADAPT study, is an effort led by researchers at the University of Pittsburgh School of Medicine.

Both low back pain and clinical [depression](#) are common in seniors, and up to 25 percent of [older adults](#) suffer from both conditions at the same time, said principal investigator Jordan F. Karp, M.D., associate professor of psychiatry, University of Pittsburgh School of Medicine.

"Chronic low back pain and depression make each other worse, have similar risk factors, and increase the likelihood of each other's recurrence," he said. "Both can cause poor sleep and subsequent daytime drowsiness, keep people from participating or enjoying their usual activities, and isolate them at home. When they are both present, patients can enter a vicious cycle of the blues, pain, physical deconditioning, and feeling hopeless."

For the ADAPT study, adults 60 or older who have [depression symptoms](#) and [low back pain](#) on most days for at least three months will participate in the first stage during which everyone takes the anti-depressant drug venlafaxine, also known as Effexor. Participants who have not improved after the first six weeks then have the opportunity to continue in the study for an additional 14 weeks, and be randomly assigned to receive a higher dose of venlafaxine alone or in combination with a counseling program that teaches problem-solving skills specific for managing pain, mood, sleep, and other difficulties commonly experienced by seniors living with these linked conditions.

At low doses, venlafaxine increases the levels of

the neurotransmitter serotonin, which regulates mood. At higher doses, the drug also increases levels of the neurotransmitter norepinephrine, which regulates both mood and pain, Dr. Karp said.

"Venlafaxine has been approved for the treatment of anxiety and depression, and it is a widely used, well-tolerated drug," he said. "Getting people moving and in better control of their [pain](#) through healthy behavior changes also may help their mood and improve quality of life."

According to Dr. Karp, the goal of the study is to learn whether people who do not improve with low-dose venlafaxine alone need the addition of the problem-solving therapy to get them feeling better.

**More information:** For more information about participating in the study, which is sponsored by the National Institutes of Health, call 412-246-6015 or visit [www.ADAPTstudy.com](http://www.ADAPTstudy.com).

Provided by University of Pittsburgh

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