Typology of Chronic Pain Among Overweight Mexican Americans

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Background
- Obesity and chronic pain are both major public health conditions of increasing prevalence, particularly among disadvantaged Hispanics in the United States.
- Having a better understanding of the intersection between chronic pain and obesity among the Mexican American community can be valuable for public health professionals in determining appropriate treatment, service provision, and prevention programs.

Objective
- To describe the location, severity, and bothersomeness of chronic pain among low-income, overweight or obese Hispanic adults with chronic pain.

Methods
- Using a community-based participatory research (CBPR) method, trained promotores interviewed 101 Hispanic (predominantly Mexican American) participants in Spanish about varying health indices: health status; type, severity, and bothersomeness of pain; access to care; acculturation; social support; self-efficacy; psychological distress; and physical activity level.
- Questions were translated into Spanish using translation/back translation methods.
- Pain indices were intensity (0-10 scale), pain troublesomeness (PT; 14-item scale, range = 0 - 70), number of pain sites (sum of PT scores ≥ 4 for 14 sites), presence of widespread pain (pain above/below the waist and on left/right sides of body for > 3 months), and pain interference (whether pain interfered, during last 4 weeks, with normal work using 5-level response set, not at all to extremely)
- Participants were measured for BMI and waist circumference (WC). BMI categories used were: overweight 25 - <30; obese 30 - <40; extremely obese ≥ 40. WC was measured at the waist level set, not at all to extremely.
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Results
- Table 1 presents key characteristics of the 101 participants shown in age categories (40-45, 50-59, > 60). Most were female (80%), born in Mexico (97%), and ranged in age from 40 to 79 (M = 52).
- A substantial number suffered from chronic medical conditions such as diabetes (50%), cardiovascular disease (52%), rheumatic conditions (30%), and uncorrected visual (whether pain interfered, during last 4 weeks, with normal work using 5-level response set, not at all to extremely).
- A minority reported rheumatoid (9%) or nonrheumatoid (13%) arthritis, fibromyalgia (2%), or sarcoidosis (9%).
- About two thirds of the sample reported moderate or greater pain interference with work.
- As seen in Table 3, the most common pain location was head (80%), followed by knee and upper back (both 74%), shoulder (74%) and lower back (73%).

Conclusions
- We found substantial levels of troublesome and intense chronic pain from a variety of causal conditions in participants who were not using medical management for their pain.
- Our findings support results from several other studies indicating that obesity is associated with a variety of musculoskeletal conditions (e.g., low back pain, knee and hip osteoarthritis, headaches).
- Future research should focus on low-cost interventions to help prevent, screen and treat comorbid obesity and chronic pain to reduce physical frailty and permanent disabilities, and to improve quality of life, especially with vulnerable, minority populations.

References
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