

***Impact of biopsychosocial factors in chronic pain in persons with myotonic and facioscapulothoracic muscular dystrophy.*** Authors: Miro J, Raichle KA, Carter GT, O'Brien SA, Abresch RT, McDonald CM, Jensen MP.

Paper published by colleagues at the Rovira I Virgili University, the University of Washington School of Medicine and the University of California at Davis.

The current study used a bio-psychosocial model of chronic pain to investigate how patients with DM1 and FSHD adjust to living with pain. Biopsychosocial refers to how a person responds to pain in terms of biology, psychology, and social factors. Researchers and clinicians use biopsychosocial models to study how patients experience chronic pain and which treatments and therapies may be most useful. These models have never been studied in patients with DM and FSHD. Authors of this paper recruited Registry members and other patients with DM and FSHD to further study chronic pain.

Registry members represented 74.9% of the patients that responded to the study (n=296 of 395 total respondents). Patients who reported experiencing pain at the time of the study or in the previous 3 months were included in the study (n=182). Study participants completed self-report surveys which assessed their average pain severity, interference of pain in daily activities, psychological functioning, and psychosocial variables including their perceived support, ability to cope, and beliefs about their pain.

Investigators concluded that biopsychosocial factors significantly and independently contribute to chronic pain in DM1 and FSHD. These factors included feelings of guilt and self-blame, behavioral and cognitive coping responses, and psychosocial factors. Pain significantly interfered with daily activities and decreased psychological health in patients with poor social support (from family members, friends, etc), and "catastrophizing cognitions" (magnifying symptoms, ruminating or thinking about symptoms repeatedly, and feelings of helplessness).

Results indicated that patient with higher social support or perceived access to therapies were associated with decreased burdens of pain in daily living and better psychological well being. Investigators indicated a need for further studies to determine the generalizability of their results to other samples of patients with DM1 and FSHD. Studies are also needed to identify any causal associations between these biopsychosocial factors to potentially develop better treatments for chronic pain in DM1 and FSHD.

More results and conclusions can be found at:

[http://www.ncbi.nlm.nih.gov/pubmed/19414560?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_DefaultReportPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/19414560?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum)