

GJ Macfarlane et al. *BMJ*. (2001) #7314 p 662.

A longitudinal study of mortality among those with pain.

It is often argued that unexplained regional or widespread pain is just a manifestation of the early stages of some as yet unknown disorder. This study set out to find associations between pain and subsequent causes of death.

6569 people took part starting in 1991 and continuing for 8 years.

Pain status at baseline vs. subsequent mortality. Pain positive if felt continuously for more than a day in the previous year.

15% at baseline had widespread pain, 48% had regional pain. 36% had no pain.

Mortality in the following 8 years was associated with pain status at baseline as follows:

- RR = 1.21 (95% CI = 1.01 to 1.44) for regional pain and,
- RR = 1.31 (95% CI = 1.05 to 1.65) for widespread pain.

Excess was almost entirely due to cancer.

Location of pain and location of cancer were not correlated.

#### Comment

The results show a small increased mortality risk associated with regional and widespread pain. Statistical significance is questionable.

There are no clear explanations for this apparent link.

If widely disseminated, this result would probably increase the concern felt by people with unexplained pain and may encourage catastrophising, a known cause of unnecessary chronicity and severity of pain conditions.

