



A3: PSYCHISCHE UND SOZIALE FAKTOREN BEI CHRONISCHEN KRANKHEITEN A3 : FACTEURS PSYCHIQUES ET SOCIAUX DANS LES MALADIES CHRONIQUES

PSYCHOLOGISCHE FAKTOREN BEI LUMBALEN RÜCKENSCHMERZEN – HYPE ODER WICHTIGE PROGNOSTISCHE INFORMATION?

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Hintergrund: Chronische Rückenschmerzen sind verantwortlich für erhebliche körperliche Einschränkungen, hohe Kosten und verminderte Produktivität. Während akute Rückenschmerzen meist spontan abklingen tritt in 10-15 Prozent eine chronischer Verlauf ein welcher jedoch 75 Prozent der assoziierten Gesundheitskosten verantwortet. Dauern die Schmerzen an nimmt Wahrscheinlichkeit dass Rückenschmerzen persistieren zu und die Wahrscheinlichkeit der vollständigen Erholung ab. Um gefährdete Personen frühzeitig zu identifizieren werden prognostische Faktoren gesucht. Inwieweit psychische Faktoren in der Schmerzverarbeitung eine Rolle spielen ist bisher umstritten und soll untersucht werden.

Methode: Zusammenfassung der Resultate von 4 systematischen Literaturanalysen

Resultate: Um die prognostischen Aussagekraft zweier Bewältigungsstrategien, dem "angstbedingte Vermeidungsverhalten" und dem "Katastrophisieren" zu untersuchen, wurden 21 respektive 16 Kohorten Studien analysiert. Der Einfluss auf die Therapieeffektivität wurde für das "angstbedingte Vermeidungsverhalten" anhand von 17 und für das "Katastrophisieren" anhand von 13 randomisiert kontrollierten Studien untersucht. Ein "angstbedingtes Vermeidungsverhalten" und "katastrophisierende" Gedanken waren mit mehr Schmerzen und körperlicher Einschränkungen assoziiert. Vor allem bei subakuten Rückenschmerzen ging ein Vorliegen von „angstbedingtem Vermeidungsverhalten“ mit einer höheren Rate langfristiger Arbeitsausfälle einher. Beide Bewältigungsstrategien beeinflussten auch den Therapieerfolg. Das "angstbedingte Vermeidungsverhalten" verminderte die Wirksamkeit der klassischen Physiotherapie. Therapieansätze, welche diese Ängste adressieren führten zu besseren Resultaten und Langzeitprognosen. Um den Einfluss des "Katastrophisieren" abschliessend beurteilen zu können standen nicht ausreichend Studien zur Verfügung.

Zusammenfassung: Psychische Faktoren führen zu unterschiedlichem Umgang mit lumbalen Rückenschmerzen. Insbesondere ein "angstbedingtes Vermeidungsverhalten" ist assoziiert mit einer schlechten Prognose und reduziert die Effektivität üblicherweise angewendeter Therapiestrategien. Ein "angstbedingtes Vermeidungsverhalten" sollte bei Schmerzpersistenz gezielt gesucht und in der Behandlung berücksichtigt werden.



ASSOCIATION OF SOCIOECONOMIC STATUS WITH ALLOSTATIC LOAD IN THE SWISS POPULATION-BASED COLAUS STUDY

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Background: Allostatic load reflects cumulative exposure to stressors throughout lifetime and has been associated with cardiovascular disease morbidity and mortality as well as with poorer cognitive and physical functioning. It is hypothesized that people with low socioeconomic status are exposed to higher chronic stress and have therefore greater levels of allostatic load.

Methods: We analyzed the association of receiving social transfers and educational level with chronic stress, as expressed by allostatic load. 3'589 participants (1'812 women) from the population-based study CoLaus (Lausanne, Switzerland, 2003-2006), aged 35 to 65 years, were included in the present study. We computed an allostatic load index aggregating cardiovascular, metabolic, dyslipidemic and inflammatory markers.

Results: Men receiving social transfers and those with low education were more likely to have higher levels of allostatic load than those not receiving social transfers or having high education, respectively (OR=1.93, 95%CI=1.45; 2.55 for social transfers and OR=3.12, 95%CI=2.34; 4.17 for education). The same patterns were observed among women (OR=1.45, 95%CI=1.13; 1.87 for social transfers and OR=2.88, 95%CI=2.14; 3.88 for education). Associations persisted after controlling for smoking, alcohol consumption, physical activity and marital status.

Conclusions: We found strong and robust associations between socioeconomic status and allostatic load in adult men and women from a Swiss population-based study.



PERCEIVED IMPACT OF ADULT HEIGHT ON PARTNERSHIP & OCCUPATIONAL OUTCOMES: REPORTS OF PATIENTS TREATED WITH RECOMBINANT HUMAN GROWTH HORMONE DURING CHILDHOOD.

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Background: Growth hormone (GH) promotes body growth. If GH production is impaired, it can be substituted with recombinant human GH (rhGH). Many patients who received rhGH still have a shorter-than-average adult height. Studies on the impact of short stature on social outcomes are contradictory. We therefore aimed to describe the prevalence of perceived height-discrimination in occupation and the search for partnership among young adults treated with rhGH during childhood in Switzerland.

Methods: We sent a questionnaire to patients treated with rhGH during childhood, who were aged ≥ 18 years at the time of the study. We asked if they believed that their height affected their ability to find a partner and choose an occupation. We excluded patients who had been treated because of cancer or chronic renal failure. Adult height was extracted from medical records. Overall results are reported, and then stratified by gender.

Results: The study included 109 men and 136 women (total 245; response rate 57%). Five percent believed that their short stature lowered their occupational status (4% of males; 7% of females; $p=0.306$); 7% reported that short stature prevented them from getting the job they most desired (3% of males vs. 10% of females, $p=0.020$); and, 20% felt that they were at a disadvantage when seeking a partner (30% of males vs. 13% of females, $p=0.002$). Men who believed that their occupational status had been lowered were, on average, 11cm smaller than those who did not (95% CI: 4-18cm, 160 vs. 171cm). Those who believed that their short stature prevented them from achieving the most desirable job were, on average, 2cm smaller than those who did not (95% CI: -6-1cm, 168 vs. 170cm). Those who believed that they were at a disadvantage in finding a partner were 5cm smaller, on average, than those who did not (95% CI: 1-7cm, 167 vs. 172cm). Women's averages for the same outcomes were 3cm (95% CI: -1-8cm, 152 vs. 155cm), 2cm (95% CI: -1-6cm, 153 vs. 155cm) and 7cm (95% CI: 4-9cm, 149 vs. 156cm) smaller.

Conclusion: Few patients felt their short stature disadvantaged them in their occupations. But one-fourth believed their short stature handicapped them in the search for a partner, and men overall felt more handicapped than women. Patients who felt their short stature was a disadvantage were significantly smaller than patients, who did not report a disadvantage.

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SOCIAL INEQUALITIES IN ALL CAUSE AND CAUSE SPECIFIC MORTALITY IN A COUNTRY OF THE AFRICAN REGION

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Background: Studies in high income countries consistently show low socioeconomic status (SES) to be associated with a higher mortality risk. Because of limited availability of mortality data this issue remains largely unexplored in low and middle income countries, particularly in the African region.

Methods: Three independent population-based surveys of cardiovascular risk factors were conducted in representative samples of all adults aged 25–64 years in the Seychelles, a small island state located east to Kenya, in 1989 (N=1081), 1994 (N=1067) and 2004 (N=1255). All deaths are recorded in Seychelles and survey data were linked with vital statistics for the period 1989-2012. Analyses were based on 3246 participants with complete data on all risk factors considered for the study.

Results: Over a mean follow-up for mortality of 15.0 years (range 0-24 years), 523 participants died (mortality rate 10.8 per 1000 person-years). Main causes of death were cardiovascular disease (CVD) (219 deaths) and cancer (142 deaths). Participants in the low SES group had a greater risk of all-cause (HR=1.80, 95% CI: 1.24; 2.62) and cardiovascular (HR=1.95, 95% CI: 1.04; 3.65) mortality compared to participants in the high SES group. Cancer mortality also tended to be patterned by SES (HR=1.44, 95% CI: 0.76; 2.75 in the low versus high SES group). Common lifestyle-related risk factors (smoking, heavy drinking, obesity, diabetes, hypertension, hypercholesterolemia) explained about one fourth of the association between low SES and all-cause mortality and 11% of that between low SES and CVD mortality.

Conclusions: In the first population-based study to assess social inequalities in mortality in the African region, SES was a strong predictor of all-cause and CVD mortality. Our findings support the view that the burden of non-communicable diseases disproportionately affects the poor in middle