Concurrent pain and depression have a greater impact than either disorder individually on functional status as well as health care utilization (Kroenke, et al., 2008). Literature reveals that treating chronic pain has become a challenge that many healthcare professionals face. The objective of the study was to identify individuals previously diagnosed with specific chronic pain criteria, measure their level of comorbid depression, and assess barriers to treatment of past or current depression.

Depression was identified by administration of the Beck BDI-treatment of past or current depression. Level of comorbid depression, and assess barriers to diagnosis with specific chronic pain criteria, measure their objective of the study was to identify individuals previously identified by administration of the Beck BDI-treatment of past or current depression. Level of comorbid depression, and assess barriers to diagnosis with specific chronic pain criteria, measure their objective of the study was to identify individuals previously diagnosed with specific chronic pain criteria, measure their level of comorbid depression, and assess barriers to treatment of past or current depression.

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Hypothesis Questions

The current hypotheses that the research group has postulated coincide with what has been seen in the literature and include the following:

Our first prediction is that greater than 65% of the treated chronic pain population at the clinic has comorbid depression.

Our second prediction is that men will have a lesser incidence of depression than women.

Our third prediction is that patients identified with chronic pain who report substance abuse are more likely to be depressed than their counterparts who deny use of illicit substances.

Our fourth and final prediction is that patients who perceive their pain to be adequately treated are less likely to be depressed than those who feel that their pain is not treated adequately.

References