

IMPACT OF CATASTROPHIZING PAIN ON PATIENTS WITH KNEE OSTEOARTHRITIS

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Objective

The pain is the main symptom leading to consultation our patients with knee osteoarthritis. This painful experience may be influenced by various factors, such as anxiety-depressive state or catastrophism. Catastrophism is defined as a negative cognitive and emotional response based on an inadequate expression of pain, and is thought to have a significant negative impact in gonarthrosis, both on the experience of pain and on the response to different types of medical and surgical treatment.

The aim of this study was to evaluate the correlation between the Lequesne index and catastrophizing in gonarthrosis in patients consulting the Rheumatology Department.

Methods

We conducted an analytical cross-sectional study, including 115 patients consulting for gonarthrosis in the Rheumatology Department. Socio-demographic and gonarthrosis-related data were collected. Functional discomfort was assessed using the Lequesne index for the knee, and catastrophizing was assessed using the Pain Catastrophizing Scale (PCS) questionnaire. Both questionnaires were used in the validated Arabic version.

The correlation between the two scores was evaluated by a Pearson test using Jamovi software .

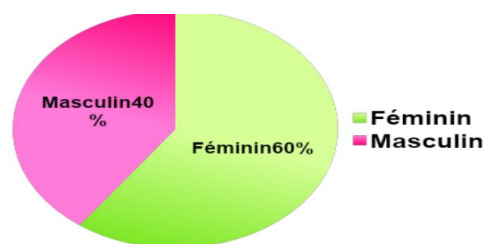
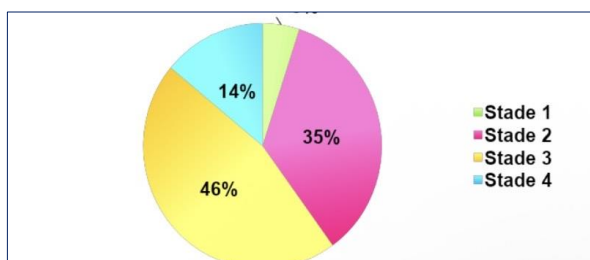
Results

115 patients were included, 60% were women, mean age 61.8 ± 10.1 years, urban origin 86%, our patients were predominantly overweight (24.9 - 29.9) at 43%, self-medication with analgesics and NSAIDs was 45.3% and 57.4% respectively. 60% of patients had no regular physical activity, and 69.9% had a chronic medical history, with diabetes accounting for 25%. 96.5% were not being treated for depression.

The most frequent radiographic stage was stage 2 at 47%. The mean PCS was 21.18 and the Lequesne index was 10.36.

There was a significant difference in PCS according to the presence or absence of a chronic pathology $p < 0.001$.

In correlation analysis, there was a positive association between PCS and Lequesne index ($r = 0.30$; $p < 0.0001$), particularly in elderly patients with a longer duration of gonarthrosis.



Discussion

After a review of other studies like Lecorney ,2017 ,France with 100 patients: 50 general practitioners/50 rheumatologists Mean age 64, 57% female, index of quads: $10.4 \div 0.4$, PCS index: $12.9 + 1.1$ they found that the correlation between Lequesne index and radiographic score was weak ($r = 0.3$; $p < 0.01$), moderate between PCS and Lequesne index ($r = 0.47$; $p < 0.0001$) and no relationship between PCS and radiographic score . Another one in Tunisia made by S.Elarem,2022, 90 patients follow up 3 months : mean age 58 years, index of quesene: $11.33 \div 3.53$, PCS index: $23.91 \div 11.28$, There was a significant correlation between the PCS and the Lequesne index ($r = 0.383$; $p = 0.00001$) and no statistically significant association between Lequesne Lequesne score and radiographic stage ($p = 0.069$).

Our study was similar to the previous papers with a positive association between PCS and Lequesne index ($r = 0.30$; p less than 0.0001)

Conclusion

The Lequesne index and PCS are correlated in gonarthrosis patients. A high catastrophism score is predictive of poor functional outcome. Therefore, a high Lequesne score suggests that catastrophism should be assessed early in the management of gonarthrosis, in order to adapt therapeutic management.