

Catastrophizing and rheumatoid arthritis

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Introduction and objective

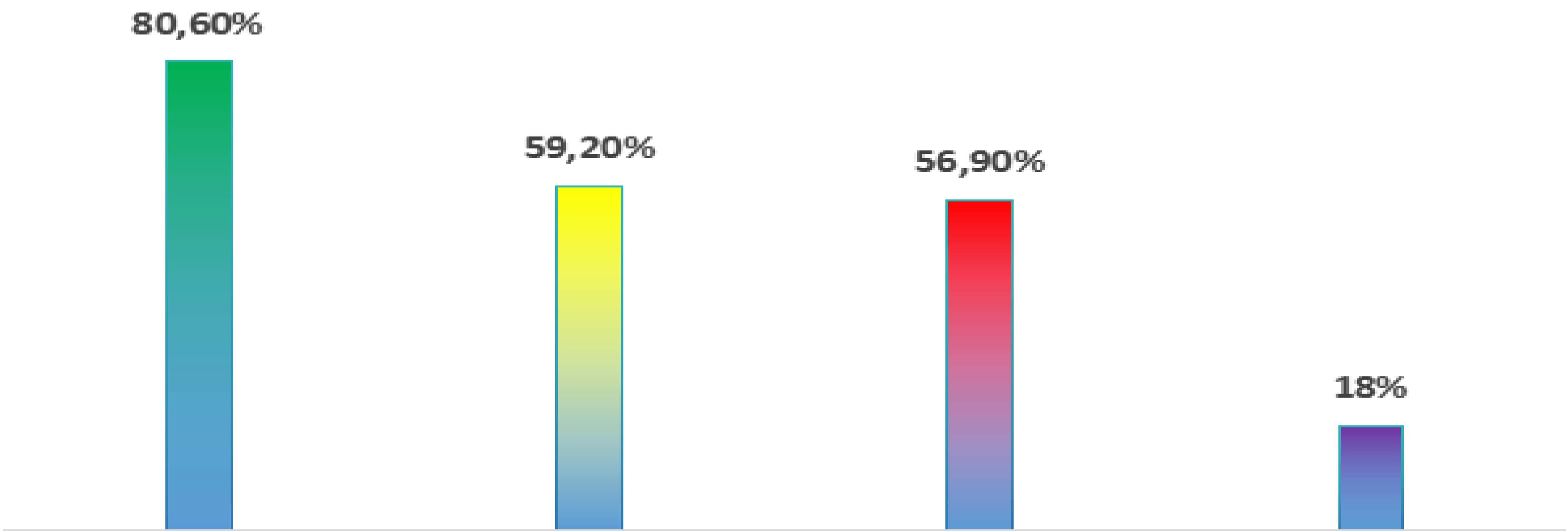
Catastrophizing is an exaggerated negative cognitive and affective response to an anxiety\_x0002\_inducing stimulus such as pain. It is considered an important cognitive factor in painful conditions and plays a role in the amplification and maintenance of chronic pain. The objective of this study was to evaluate the prevalence of catastrophizing in rheumatoid arthritis (RA) and the factors associated with this condition, as well as to determine if there is a link between catastrophizing and pain intensity, disease activity, depression, and anxiety.

Methodology

A retrospective descriptive study was conducted, collecting data from patients with confirmed RA based on the ACR/EULAR 2010 criteria. A data collection form was developed, including demographic, clinical, paraclinical, and therapeutic information. An average level of catastrophizing was calculated using the Pain Catastrophizing Scale (PCS). Associations between catastrophizing and disease activity (DAS 28) , pain (numerical rating scale (NRS)) , depression (HADS) , and anxiety were assessed by collecting correlation coefficients.

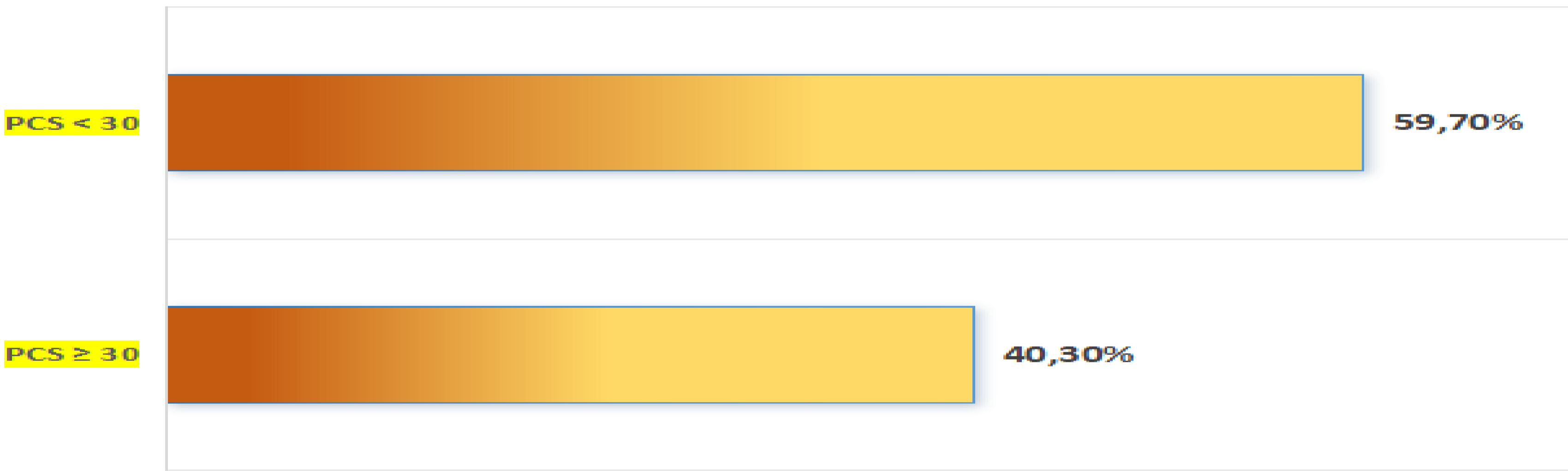
Results

Seventy-two patients with confirmed RA were included in the study. The average age was 55 years [23–75], with a significant female predominance of **76.4%**. The average disease duration was 12 years. Active RA, according to the DAS28, was noted in **80.6%** of patients. Methotrexate was the most commonly used disease-modifying antirheumatic drug (DMARD) (**59.2%**), and corticosteroid therapy was used in **56.9%** of cases.



Graphic 1 : General Data .

The median PCS score was 24/52, and the prevalence of a high level of catastrophizing (PCS ≥ 30) was 40.3%



Graphic 2 : Percentage of catastrophizing in our population .

In bivariate analysis, catastrophizing was significantly associated with anxiety and depression (**p < 0.01**). High levels of catastrophizing were associated with disease activity (DAS28-CRP) and pain with p-values of **0.003** and **0.05**, respectively

Discussion and Conclusion

In our study, nearly half of the patients had high catastrophizing scores, with a clear association with various parameters (anxiety, depression, disease activity, pain). A better understanding of the factors associated with catastrophizing opens new avenues for treatment in patients with RA.

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