Associations Between Adverse Childhood Experiences and Pain, Health, and Functioning in Patients with Chronic Low Back Pain

Jesse “Tobias” C. Martinez Jr., Ellen M. Bajorek, Ph.D., Sandra Burge, Ph.D.

The University of Texas Health Science Center at San Antonio, San Antonio, TX 78229

BACKGROUND

Chronic lower back pain is a common complaint in many physician offices all over the nation. In America nearly $50 billion is spent each year on treatment for lower back pain, making it one of the most common causes of job-related disability and absenteeism in the work place. 1

Previous studies have shown a strong relationship between Adverse Childhood Experiences (ACE) and Chronic Pain.2,3,4,5 Studies demonstrate the importance in including a history of adverse childhood experiences in the care and management of chronic pain patients. There is also a strong relationship with ACEs and poorer health status in patients with chronic pain.6

Most studies that demonstrate a strong relationship between ACE and Chronic Pain have focused on analysis of women.2,3,5

The unique aspects of this study include its focus on chronic low back pain and its examination of a heterogeneous population including men and women from varying age groups and ethnic backgrounds. We aim to study the correlation between Adverse Childhood Experiences and functional status of chronic low back pain patients in several family community clinics in Texas.

METHODS

In eight Texas family medicine residency programs, medical students identified and surveyed 223 family medicine patients with chronic low back pain (3 months or longer) during a routine office visit. Surveys addressed characteristics of the pain (severity, cause, duration); characteristics of the patient (age, gender, ethnic background, occupation); mediators of pain (trust in the doctor, length of the doctor/patient relationship, treatments for pain, and social support), and issues that exacerbate pain (depression, anxiety, substance abuse, adverse childhood experiences, co-morbidities, and social stress). An Adverse Childhood Experience Risk Score was calculated from items addressing the experience of childhood sexual abuse, physical abuse, psychological abuse, witnessing domestic violence, crime in household or a family member with mental illness. Outcome measures included pain severity and health and functional status, measured by the MOS Short-Form-36.

After the visit, students surveyed subjects’ doctors, addressing characteristics of the back pain, patients’ use of and requests for medicines, and doctors’ levels of trust of their patients.

ACKNOWLEDGMENTS

This project was supported by the Texas Academy of Family Physicians Foundation, the Area Health Education Center for South-Central Texas, and Office of the Dean of Medicine and Department of Family & Community Medicine at the University of Texas Health Science Center.