

Quality of Life of People with Chronic Lumbar Pain and Associated Factors

Xavier Pericot

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Quality of Live of people affected by Chronic Lumbar Pain and the associated factors

Pericot Mozo, Xavier ¹

¹Dr. Josep Trueta University Hospital of Girona

Introduction

Chronic Lumbar Pain (DLC) is a complex skeletal muscle disease of diffuse pain in the lumbar region. Is the principal health problem of the Catalan population of over 15 years and over with a prevalence of 39.1% in the women's group.

It has a strong impact on the daily activities of the person and causing a decrease in quality of life (QdV) related to health. Causes one physical, psychic and social suffering and requires a bio psychosocial treatment and a multidimensional approach in your treatment (Kamper et al., 2014).

Hypothesis and objectives

People with DLC and with a greater ability to adapt positively to life's adverse situations will have a better perceived QdV, meaning patients with DLC will have a better health perception.

These main objectives of this research project is: Describe and relate socio demographic variables, clinical, QdV, state of health, disability, coping styles and perceived resilience in activities in different aspects of the day.

Methodology

The design of the research study will be longitudinal, observational and prospective. The study sample will be formed by all those patients who have DCL with or without radiculopathy and want to participate in the study. The first data collection will be made to the people who go for the first visit and after 3 months to the unit of pain during year 2019.

The data collection questionnaire will have the variables socio demographic own for to knowledge of aspects related to personal, family, work and social life, and will evaluate there are risk factors related to their DCL. Jointly with the questionnaires BPI, EQ-5D, VPMI, CD-RISC-10 and the Oswestry disability index.

Conclusions

There is considerable scientific evidence in which the DLC is described as causing functional disability and practically affects all areas of daily life activities (Lawford, Walters, & Ferrar, 2016). Using passive or maladaptive coping strategies, they are the best predictors of poor adaptation, and they become important distortors of therapeutic benefit, increasing the intensity of the pain and further deteriorating the patient's QdV (Løchting, Garratt, Storheim, Werner, & Grotle, 2017). Resilience will provide us with strength and virtues while having cognitive and behavioral skills for better adaptation (Elliott, Burton, & Hannaford, 2014). The catastrophism predicts the intensity of pain and disability (Wertli et al., 2014).

Biliography

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