

Friday September 5, 2014

Childhood and family conditions carry risk of chronic pain in adults, new findings from a twin family study reveal

Doctors should look for a personal and family history of common recurrent pain disorders as well as iron deficiency, anxiety and depressive disorders – and a condition known as “restless legs syndrome” – in adults who present with chronic pain, a meeting of pain specialists will hear today (Friday September 5).

The emerging importance of the link between restless legs syndrome and pain disorders will be revealed at the Australian and New Zealand College of Anaesthetists’ Faculty of Pain Medicine “Joining the Dots” conference which starts today in Leura, NSW.

While anxiety and depression are well known to be associated with recurrent and chronic pain disorders, the role of iron deficiency, found to be genetically influenced and a risk factor for pain, is an intriguing new finding according to pain medicine specialist and rheumatologist Associate Professor Champion.

Associate Professor Champion is conducting research from Sydney Children’s Hospital in NSW and will be explaining the findings from an ongoing multi-phase twins study - involving responses from 4000 families - that has shown genetics strongly influence the prevalence of growing pains, migraine, headaches and recurrent abdominal pain in children. New research has shown these conditions are commonly found in children and adolescents who have suffered from chronic pain conditions and the risks are carried into adult life.

“What happens in adult [pain conditions] is strongly influenced by genes and childhood,” Associate Professor Champion said.

“Pain physicians should be asking adult patients if they suffered from childhood pain as it is a good guide to vulnerability to recurrent and chronic pain.”

He said the experiences of childhood chronic pain had a significant bearing on adult wellbeing with the two most important of the childhood recurrent pain disorders in predicting adult pain being a history of migraine and recurrent abdominal pain. Addressing and adequately treating these childhood conditions could help prevent the development of adult chronic pain.

“Common recurrent pain complaints in children predict common pain complaints in adolescents which often lead to chronic pain conditions in adults,” he said.

The treatment of childhood pain complaints – including the possibility of clinical iron deficiency – was likely to reduce the risk of debilitating adolescent and then adult chronic pain conditions. Similarly, Associate Professor Champion said doctors “will be assisted in understanding their adult patients’ conditions by reviewing their childhood history.”

For more information or to interview Associate Professor Champion please contact ANZCA Media Manager Ebru Yaman on +61 408 259 369 or eyaman@anzca.edu.au. Follow us on Twitter @ANZCA.