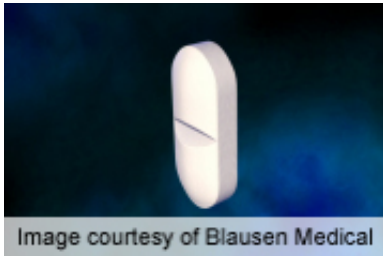


# Pre-op depression linked to narcotic use before spinal Sx

19 December 2013



(HealthDay)—For patients undergoing spinal surgery for a structural lesion, preoperative depression and anxiety are associated with increased preoperative narcotic use, according to a study published in the Dec. 1 issue of *Spine*.

Sheyan J. Armaghani, M.D., from Vanderbilt University School of Medicine in Nashville, Tenn., and colleagues examined self-reported preoperative narcotic consumption information obtained at the initial preoperative visit for 583 patients undergoing lumbar (60 percent), thoracolumbar (11 percent), or cervical [spine](#) (29 percent) surgery. Preoperative measures of depression and anxiety were recorded and the correlation with preoperative narcotic use was assessed.

The researchers found that Preoperative Zung Depression scale (ZDS) scores ( $P = 0.006$ ), prior [spine surgery](#) ( $P = 0.007$ ), and preoperative pain ( $P = 0.014$ ) were independent risk factors for preoperative narcotic use in multivariable analysis controlling for age, sex, smoking status, preoperative employment status, and prior [spinal surgery](#). Preoperative scores on the Modified Somatic Perception Questionnaire (MSPQ) approached statistical significance as a risk factor ( $P = 0.083$ ). Higher preoperative narcotic use was seen for those categorized as depressed or

anxious based on ZDS and MSPQ scores, compared to those who were not ( $P$

"Depression and anxiety as assessed by ZDS and MSPQ scores were significantly associated with increased preoperative narcotic use, underscoring the importance of thorough psychological and substance use evaluation in patients being evaluated for spine [surgery](#)," the authors write.

Relevant financial activities were reported.

**More information:** [Abstract](#)  
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