



Title: Is Obesity a Predictive Factor for Poor Outcomes in Intrathecal Analgesia? Cross-sectional observational study.

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Introduction: Chronic pain is a significant public health issue, with a prevalence exceeding 25% in Spain, a portion of which consists of refractory chronic pain. Within the fourth analgesic step that can be employed for these patients, we find intrathecal drug delivery (IDD). Historically, obesity has been considered a predictive factor for poor outcomes in patients proposed for this type of treatment; however, there is a lack of evidence in the literature regarding this matter.

Objective: The primary objective was to analyze the quality of life (HRQoL) and the efficacy of treatment in patients with chronic pain and IDD, dividing them into obese and non-obese groups at the onset of treatment.

Materials and Methods: This was a cross-sectional observational study conducted at a single center. Adult patients with refractory chronic pain with IDD and followed at the Virgen de las Nieves University Hospital (Granada) were included. The study population was divided into two groups: obese and non-obese. Their HRQoL was assessed using the following questionnaires: BPI-SF, EQ-5D-5L, EQ-5D VAS, and SF12. To evaluate the level of pain and its reduction with treatment, the Visual Analog Scale (VAS) was employed.

Results: The study population consisted of 84 patients. The results indicate that patients with IDD exhibit poor HRQoL, with similar data observed in both groups (obese and non-obese), showing no statistically significant difference between them. Furthermore, the reduction in pain was comparable in both groups, approximately 40%.



Conclusions: The HRQoL of patients with refractory chronic pain is severely affected. We did not observe differences in HRQoL or treatment efficacy between patients who were obese and those who were non-obese at the onset of treatment with IDD; therefore, obesity does not appear to be a prognostic factor for poor outcomes in patients considered for this type of treatment.