Austin Journal of Musculoskeletal Disorders

Open Access

Austin Publishing Group

Editorial

What's New in Association between Musculoskeletal Disorders and Quality of Life?

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Received: March 23, 2018; **Accepted:** April 20, 2018; **Published:** April 27, 2018

Keywords

Musculoskeletal Disorders; Quality of Life

Editorial

Musculoskeletal disorders are currently the most common cause of pain and chronic disability. In surveys carried out in Canada, the USA and the Europe, the point prevalence of physical disabilities caused by a musculoskeletal disorder is estimated at 4-5 percent of the general adult population. The prevalence is higher among women and increases markedly with age. Moreover, the pain and physical disability from musculoskeletal disorders affect social functioning and mental health, and diminishes quality of life [1-3].

According to the International Classification of Diseases (ICD-10) musculoskeletal disorders belong to the category of diseases of the musculoskeletal system and connective tissue [4]. They encompass a spectrum of disorders, from those of acute onset and short duration to lifelong dysfunctions. The primary musculoskeletal dysfunctions include osteoarthritis, inflammatory arthritis (principally, rheumatoid arthritis), back pain, musculoskeletal injuries (such as sports injuries), crystal arthritis (such as gout), and metabolic bone disease (principally osteoporosis). Other disorders included in this category are, amongst others, joint derangements, scoliosis, myositis, and fibromyalgia [4].

Musculoskeletal disorders make up two percent of the global economic disease burden [3]. They are a major cause of years lived with disability in all continents and economies. Musculoskeletal complaints are the most common medical causes of long - term absence because of sickness in developed countries. They also are common reasons for people claiming disability pensions [5].

The impact of Musculoskeletal Disorders (MSD) in the general population has been associated with disability and assessed by measures of Health Related Quality of Life (HRQoL) [6,7]. HRQoL has become an important measure when studying health status and health outcome [8-10]. Surveys from the industrialized world revealed a high prevalence of MSD and its negative effect on the perceived HRQoL, as compared with other common chronic conditions [11]. Musculoskeletal impairments rank number one in chronic impairments in the United States and 1 out of every 4 people in developed and less developed countries reports chronic musculoskeletal pain [12]. As such, the United Nations and WHO declared the decade 2000-2010 as the Bone and Joint Decade with the aim of increasing the understanding of the burden posed by MSD and improving the HRQoL of people suffering from them [13].

Several studies within primary care suggest that MSD are a frequent reason for seeking care in primary care. In most European healthcare systems, patients with MSD initially consult a primary care physician, usually a General Practitioner (GP) [14]. Care - seeking behavior due to MSD seems to depend not only on factors associated with the symptoms severity or persistence, but may also be explained by levels of mental distress and depression which have been associated with musculoskeletal pain in various studies [15].

Work and social participation have to be the most important goals for everyone involved in the care for subjects with chronic musculoskeletal disorders. Patient associations and platforms for professionals need to continue and maybe intensify their campaigns and programs in order to get this message across. Students should be made aware of the importance of both social and work participation in chronic disorders of the musculoskeletal system during their professional education, for example by adding more work specific information to case studies in their study manuals. Also, physiotherapists are important actors in the care for subjects with chronic musculoskeletal disorders. They should claim a strong position within the interdisciplinary teams and in the cooperation with occupational physicians and other professionals as well, for example as patient's case manager.

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Citation: Bernardino S. What's New in Association between Musculoskeletal Disorders and Quality of Life?. Austin J Musculoskelet Disord. 2018; 5(1): 1049.

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Austin J Musculoskelet Disord - Volume 5 Issue 1 - 2018
ISSN : 2381-8948 | www.austinpublishinggroup.com

Citation: Bernardino S. What's New in Association between Musculoskeletal Disorders and Quality of Life?. Austin J Musculoskelet Disord. 2018; 5(1): 1049.