

A prospective cohort study on influence of subjective economic status on onset or improvement of neck pain (So-called Katakori) at 2 to 3 years after the Great East Japan Earthquake

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学 位 論 文 要 約

博士論文題目 A prospective cohort study on influence of subjective economic status on onset or improvement of neck pain (So-called Katakori) at 2 to 3 years after the Great East Japan Earthquake (東日本大震災2年から3年後における主観的経済状況が肩こりの発生および改善に与える影響に関する前向きコホート研究).....

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Background: Musculoskeletal symptoms have been reported to increase in the chronic phase after natural disasters. One of the most common musculoskeletal symptoms in the Japanese general population is *katakori*, which is characterized by discomfort in the occipital region, scapular region, and shoulder girdle, including dull pain, subjective heaviness, and/or muscle tightness. This study aimed to investigate if there is an association between subjective economic status and the course of *katakori* in the chronic phase after the Great East Japan Earthquake (GEJE).

Methods: This study used longitudinal data from 1711 adults who had responded to self-report questionnaires at 2 and 3 years after the GEJE. Onset of *katakori* was defined as *katakori* being absent at 2 years and present at 3 years; improvement of *katakori* was defined as *katakori* present at 2 years and absent at 3 years after the GEJE. Subjective economic status at 2 years after the GEJE was categorized into four groups: “Normal,” “A little bit hard,” “Hard,” and “Very hard.” Multiple logistic regression analysis was used to estimate the odds ratio (OR) and 95% confidence interval (CI) was used to examine the association of subjective economic status with the onset or improvement of *katakori*.

Results: Among 1360 participants without *katakori* at 2 years after the GEJE, 12.9% (n = 176) reported the onset of *katakori*. Among the 352 participants with *katakori* at 2 years after the GEJE, 43.8% (n = 154) reported improvement of *katakori*. A significantly higher rate of onset of *katakori* was observed in participants who considered their subjective economic status to be “Hard” (OR = 2.02, 95% CI = 1.40–2.93) and “Very hard” (OR = 2.86, 95% CI = 1.81–4.51; p for trend < 0.001) than that in those who considered their status to be “Normal.” Although there was no significant association between subjective economic status and improvement of *katakori*, lower rates of improvement of *katakori* tended to be observed in participants who considered their economic status to be “Hard” (OR = 0.60, 95% CI = 0.21–1.15) and “Very hard” (OR = 0.50, 95% CI = 0.23–1.06), compared with the “Normal” group.

Conclusions: Subjective economic status was significantly associated with the onset of *katakori* in the chronic phase of

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the GEJE