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Musculoskeletal pain in developing countries: Kenya. Unite for Sight Global Health Conference, Yale University. New Haven CT. April 2011.

Background/Purpose: There is a growing recognition of musculoskeletal conditions as a major cause of morbidity and decreased quality of life in the developing world. It's presence as a co-morbid entity with CV risks has been noted. The predicted increase in life expectancy, sedentary lifestyle and obesity portend the likelihood that musculoskeletal conditions and its attendant chronic pain and disability will become an even greater problem in the developing world. On previous visits to Kenya the nearly universal complaint of musculoskeletal pain was noted. On a subsequent visit to Kenya we continued our assessment of pain complaints.

Methods: Patients were seen in one of four screening clinics held in four rural villages outside metropolitan Nairobi. Guideline concordant protocols were used to measure BMI, Glucose, Blood pressure, QOL, pain (complaints, distribution, duration) and demographics.

Results: Patients (n=602) were black, Kikuyu ethnicity; mean age 54 yrs (± 18), 77% female; 51% reported pain (37% at multiple sites; 12% LBP, 17% leg/feet), 41% reported having pain for years; 55% reported pain limited activity. Pain was significantly associated with older age ($p=.019$) poor health ($p<.001$) and stress ($p<.001$). For those who reported pain, 75% had glucose >140 mg/dl, 80% had BMI >30 and 78% had systolic BP >140 .

Conclusions and Implications: The association of musculoskeletal pain in a population with CV disease risks is not uncommon. While more life threatening diseases have received greater attention there is a need in resource limited countries to address prevention of risk factors common to a number of chronic diseases.

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