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PHYSICIAN SPECIALITY AND PAIN REDUCTION IN PATIENTS WITH DEPRESSIVE SYMPTOMS UNDER TREATMENT WITH VENLAFAXINE

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Aims: Excessive pain perception may lead to unnecessary diagnostic testing or invasive procedures to result in iatrogenic complications and prolonged disability. Naturalistic studies on depressed patients with chronic pain investigating the impact of medical speciality on treatment outcome in a primary care setting are lacking.

Methods: In this observational study, we examined whether the magnitude of pain reduction in 444 depressed patients under venlafaxine would differently relate to the medical speciality of the 122 treating physicians, namely psychiatrists (n=110 patients), general practitioners (n=236 patients), and internists (n=98 patients).

Results: Independent of demographic factors, comorbidity, severity of pain and illness at study entry, and the duration of pain and depression, patients seemed to profit significantly less in terms of pain reduction ($p < .001$) and of reduction in severity of their illness by psychiatrists as compared to general practitioners ($p < .019$) and internists ($p < .002$).