

PAIN PHENOMENON LIPOEDEMA

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Background

Little is known about lipoedema and its long-term effects¹. Epidemiologic data are scarce and estimates range from 1 in 72,000 in the United Kingdom² to 11% in post-pubertal women and girls in Germany³. To date, no therapy has been described that eliminates the cause of the disease, but liposuction may reduce symptoms and improve functioning and mobility^{1, 4}.

The accumulation of adipose tissue results in symmetrical swellings just above the ankles or wrists (cuff marks), which are characteristic of lipoedema. Although the name suggests swelling caused by body water, the deformity is actually caused by fat cells. Initial onset and exacerbation of symptoms are associated with hormonal changes such as puberty, pregnancy or menopause, although hormonal causes have not yet been proven¹.

Some characteristic symptoms of lipoedema^{1, 3, 4}

- nodules to swellings
- uneven skin as well as dimples,
- formation of skin flaps mostly on the lower, less frequently on the upper extremities,
- localized pain,
- tenderness,
- bruising, often without cause.

Research question and objectives

The painful nature of lipoedema and the often prolonged periods of pain place high demands on patient self-management. To obtain an overview of pain patterns and pain-related problems, self-management needs in dealing with pain and other symptoms, a narrative literature review was conducted.

Methods

A five-step process was developed for this review, which is summarized in Table 1 on the right. All types of English- and German-language publications that addressed lipoedema as a main topic or therapeutic strategies for it were included. The search took place from January to April 2021.

Conclusions

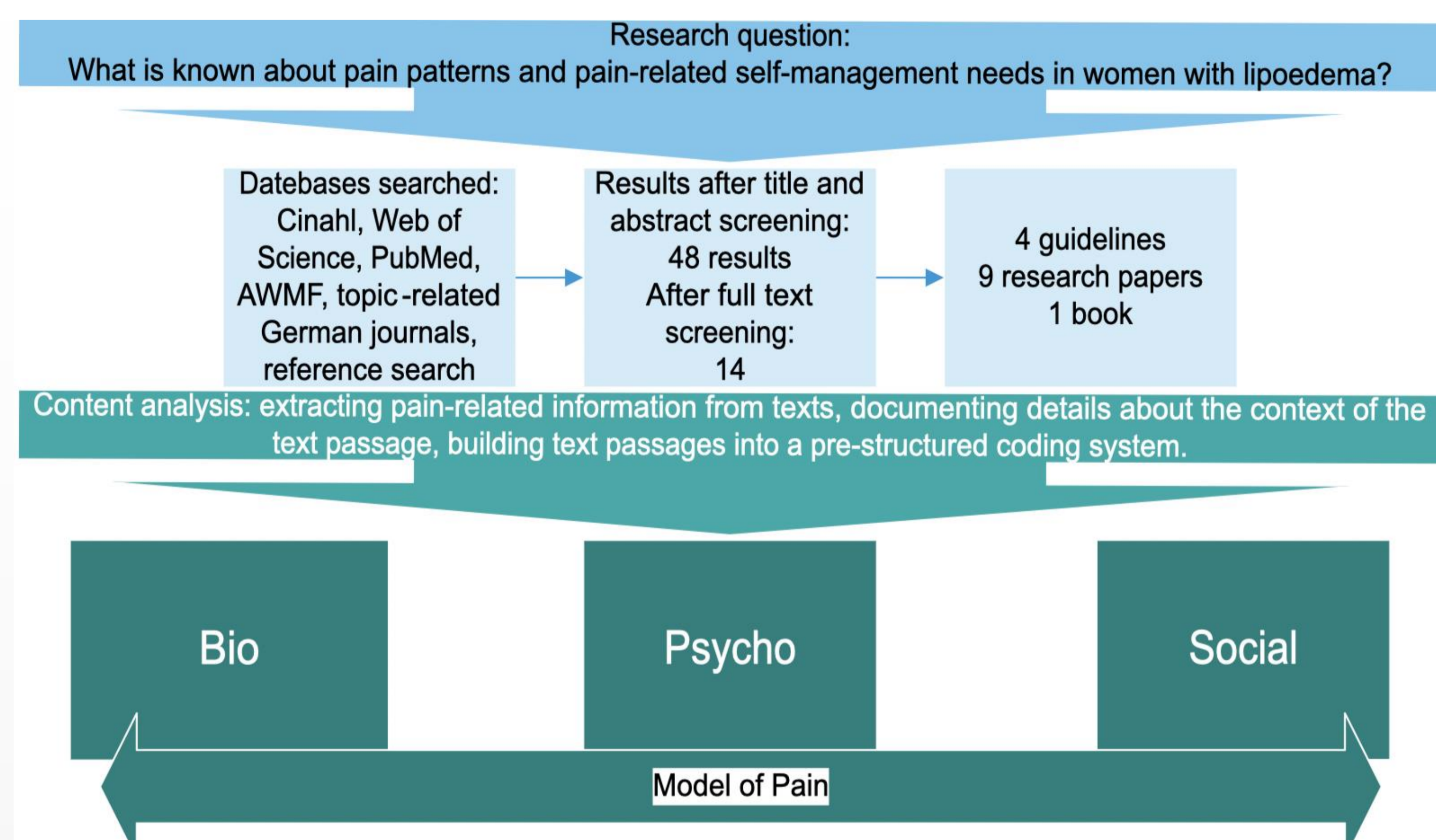
Pain treatment strategies for lipoedema patients must especially take into account the psycho-social concomitants and/or burden and address the interaction between pain, chronification processes, social life and improved well-being. So far, only few offers are available for this in the German-speaking countries. Lipoedema patients can receive support with nutrition and exercise and get information about therapy options. Structured inclusion of pain management, such as raising awareness of the risk of developing chronic pain, should be developed based on patients' needs and investigated for its effectiveness.

This review formed the theoretical basis for an interview study conducted with lipoedema patients in Austria. Based on the literature, a knowledge gap regarding the frequency of pain syndromes and chronic pain was revealed in the patient group. The results also show how important early psychological therapy is for lipoedema patients.

References

- 1) Wounds UK. (2017). Best Practice Guidelines The management of lipoedema. Wounds UK. download from: www.wounds-uk.com
- 2) Child, A. H., Gordon, K. D., Sharpe, P., Brice, G., Ostergaard, P., Jeffery, S., & Mortimer, P. S. (2010). Lipedema: An inherited condition. *American Journal of Medical Genetics Part A*, 152A(4), 970–976. <https://doi.org/10.1002/ajmg.a.33313>
- 3) Bertsch, T., & Erbacher, G. (2018). *Lipödem – Mythen und Fakten Teil 1*. <https://doi.org/10.12687/PHLEB2411-2-2018>
- 4) Dadras, M., Mallinger, P. J., Corterier, C. C., Theodosiadi, S., & Ghods, M. (2017). Liposuction in the Treatment of Lipedema: A Longitudinal Study. *Archives of Plastic Surgery*, 44(4), 324–331. <https://doi.org/10.5999/aps.2017.44.4.324>
- 5) The complete list of findings can be requested from the first author

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Results from the category "biological"⁵

Primary pain phenomena are localized pain, tenderness, painful tightness and pain from touch and pressure during activities in the swollen areas. Heaviness and pain from even light touch are described¹.

Secondary pain phenomena occur as:

- Joint pain (mostly knee and hip),
- back pain
- pain due to restricted movement and sparing behavior

Results from category "psycho"⁵

There are reports of a high proportion of lipoedema patients also suffering from depression, low self-esteem, self-harming behaviour and eating disorders. Similar to chronic pain, psychological disorders can exacerbate the negative effects of lipoedema.

Results from category "social"⁵

Those affected experience stigmatisation due to the publicly noticeable physical change, which is often mistaken for being overweight. Equally public are failed attempts to lose weight, which in patients with lipoedema has little effect on the deformity of the legs.

Family relationships are described ambivalently: Women of previous generations may also be affected and convey enduring this inheritance as the only solution strategy.