

Exploring Pain in Social Media: A Study on Perceptions and Discussions of Chronic Pain Conditions

Maria Teresa Valades, Cesar Ignacio Fernandez-Lazaro, Francisco Javier Lara-Abelenda, María Montero-Torres, Inés Cuberta, Miguel Angel Ortega, Melchor Alvarez-Mon, Miguel Angel Alvarez-Mon

Submitted to: JMIR Infodemiology on: October 13, 2024

Disclaimer: © **The authors. All rights reserved.** This is a privileged document currently under peer-review/community review. Authors have provided JMIR Publications with an exclusive license to publish this preprint on it's website for review purposes only. While the final peer-reviewed paper may be licensed under a CC BY license on publication, at this stage authors and publisher expressively prohibit redistribution of this draft paper other than for review purposes.

Table of Contents

Original Manuscript	5
Supplementary Files	
	43
	47
Figure 2	48
Figure 3	49
Figure 4	50

Exploring Pain in Social Media: A Study on Perceptions and Discussions of Chronic Pain Conditions

Maria Teresa Valades^{1, 2, 3} Grado en Medicina; Cesar Ignacio Fernandez-Lazaro^{4, 5}; Francisco Javier Lara-Abelenda^{1, 6}; María Montero-Torres¹; Inés Cuberta³ Grado en Medicina; Miguel Angel Ortega^{1, 1} doctorado; Melchor Alvarez-Mon^{1, 7} doctorado, Grado en Medicina; Miguel Angel Alvarez-Mon^{1, 1, 8, 9} doctorado, Grado en Medicina

Corresponding Author:

Maria Teresa Valades Grado en Medicina
Department of Medicine and Medical Specialties, Faculty of Medicine and Health Sciences,
University Campus - C/ 19, Av de Madrid, Km 33,600
Alcalá de Henares, Madrid.
ES

Abstract

Background: Chronic pain, an unpleasant sensory and emotional experience lasting over six months, affects a large proportion of the global population and significantly impacts health and quality of life. Certain diseases cause chronic pain, resulting in a social and medical misunderstanding that intensity the patient's emotional suffering. In recent years, the social media platform Twitter, now called "X," has become a valuable resource for research and discussion on chronic pain, providing an accessible environment for communication and information exchange.

Objective: To analyze content on Twitter related to fibromyalgia, headache, paraplegia, neuropathy, and multiple sclerosis, as well as characterize the profile of users involved in these conversations, identify prevalent topics, measure public perception, evaluate treatment efficacy, and detect discussions related to the most frequent non-medical issues.

Methods: 72,874 tweets in English and Spanish containing pre-specified keywords were collected between 2018 and 2022. A manual review was conducted on 2,500 tweets, and the larger subset was classified by machine learning methods. Subsequently, tweets related to chronic pain conditions were analyzed to examine their medical and non-medical content, types of X users, the origin of the disease, and the efficacy of treatments.

Results: Of the total tweets collected, 55,451 (76,1%) were classifiable. The most active users were healthcare professionals and institutions. The primary perceived etiology was pharmacological, and higher treatment efficacy was noted in neuropathy, paraplegia, and multiple sclerosis. Regarding non-medical content, there were more tweets related to the definition and understanding of the disease.

Conclusions: Social media platforms, such as X, are playing a crucial role in the dissemination of information on chronic pain. Discussions largely focus on the available treatments and the need to enhance public education, utilizing these platforms to correct misconceptions and provide better support to patients.

(JMIR Preprints 13/10/2024:67473)

DOI: https://doi.org/10.2196/preprints.67473

Preprint Settings

¹Department of Medicine and Medical Specialties, Faculty of Medicine and Health Sciences, Alcalá de Henares, Madrid. ES

²Ramon y Cajal Institute of Sanitary Research (IRYCIS), Ramon y Cajal Hospital, Madrid, Spain. Madrid ES

³Department of Anesthesiology, Critical Care, and Pain Therapy, University Hospital of Torrejon Torrejon de Ardoz ES

⁴Department of Preventive Medicine and Public Health, School of Medicine, University of Navarra. Pamplona ES

⁵IdiSNA, Navarra Institute for Health Research Pamplona ES

⁶Department of Signal Theory and Communications, Telematics and Computing Systems, Rey Juan Carlos University Madrid ES

¹Immune System Diseases-Rheumatology and Internal Medicine Service, Center for Biomedical Research in Hepatic and Digestive Diseases Network, University Hospital Principe de Asturias Alcala de Henares, Madrid ES

⁸Department of Psychiatry and Mental Health, Infanta Leonor University Hospital Madrid ES

⁹CIBERSAM-ISCIII (Biomedical Research Networking Centre in Mental Health) Madrid ES

- 1) Would you like to publish your submitted manuscript as preprint?
- **✓** Please make my preprint PDF available to anyone at any time (recommended).

Please make my preprint PDF available only to logged-in users; I understand that my title and abstract will remain visible to all users. Only make the preprint title and abstract visible.

- No, I do not wish to publish my submitted manuscript as a preprint.
- 2) If accepted for publication in a JMIR journal, would you like the PDF to be visible to the public?
- ✓ Yes, please make my accepted manuscript PDF available to anyone at any time (Recommended).

Yes, but please make my accepted manuscript PDF available only to logged-in users; I understand that the title and abstract will remain very Yes, but only make the title and abstract visible (see Important note, above). I understand that if I later pay to participate in - a href="http://example.com/above/participate">

Original Manuscript

"Exploring Pain in Social Media: A Study on Perceptions and Discussions of Chronic Pain Conditions"

Valades, MT^{1,2,3}, Fernandez-Lazaro, CI^{4,5}, Lara-Abelenda, FJ^{1,6}, Montero-Torres, M¹, Cuberta, I³, Ortega, MA^{1,2}, Álvarez-Mon, M^{1,2,7}, Alvarez-Mon, MA^{1,2,8,9}

¹Department of Medicine and Medical Specialties, Faculty of Medicine and Health Sciences, University of Alcala, Alcala de Henares, Madrid, Spain.

²Ramon y Cajal Institute of Sanitary Research (IRYCIS), Ramon y Cajal Hospital, Madrid, Spain.

³Department of Anesthesiology, Critical Care, and Pain Therapy, University Hospital of Torrejon, Torrejon de Ardoz, Madrid, Spain.

⁴Department of Preventive Medicine and Public Health, School of Medicine, University of Navarra, Pamplona, Spain.

⁵IdiSNA, Navarra Institute for Health Research, Pamplona, Spain.

⁶Department of Signal Theory and Communications, Telematics and Computing Systems, Rey Juan Carlos University, Madrid, Spain.

⁷Immune System Diseases-Rheumatology and Internal Medicine Service, Center for Biomedical Research in Hepatic and Digestive Diseases Network, University Hospital Principe de Asturias, Alcala de Henares, Madrid, Spain

⁸Department of Psychiatry and Mental Health, Infanta Leonor University Hospital, Madrid, Spain,

⁹CIBERSAM-ISCIII (Biomedical Research Networking Centre in Mental Health), Madrid, Spain.

ABSTRACT:

Background: Chronic pain, an unpleasant sensory and emotional experience lasting over six months, affects a large proportion of the global population and significantly impacts health and quality of life. Certain diseases cause chronic pain, resulting in a social and medical misunderstanding that intensity the patient's emotional suffering. In recent years, the social media platform Twitter, now called "X," has become a valuable resource for research and discussion on chronic pain, providing an accessible environment for communication and information exchange.

Objective: To analyze content on Twitter related to fibromyalgia, headache, paraplegia,

neuropathy, and multiple sclerosis, as well as characterize the profile of users involved in these conversations, identify prevalent topics, measure public perception, evaluate treatment efficacy, and detect discussions related to the most frequent non-medical issues.

Methods: 72,874 tweets in English and Spanish containing pre-specified keywords were collected between 2018 and 2022. A manual review was conducted on 2,500 tweets, and the larger subset was classified by machine learning methods. Subsequently, tweets related to chronic pain conditions were analyzed to examine their medical and non-medical content, types of X users, the origin of the disease, and the efficacy of treatments.

Results: Of the total tweets collected, 55,451 (76,1%) were classifiable. The most active users were healthcare professionals and institutions. The primary perceived etiology was pharmacological, and higher treatment efficacy was noted in neuropathy, paraplegia, and multiple sclerosis. Regarding non-medical content, there were more tweets related to the definition and understanding of the disease.

Conclusions: Social media platforms, such as X, are playing a crucial role in the dissemination of information on chronic pain. Discussions largely focus on the available treatments and the need to enhance public education, utilizing these platforms to correct misconceptions and provide better support to patients.

Keywords: Social Media, Fibromyalgia, Headache, Paraplegia, Multiple Sclerosis, Neuralgia, Chronic Pain, Infodemiology.

1. INTRODUCTION:

Chronic pain is defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage" (IASP)¹. This type of pain is considered chronic when it persists beyond the normal duration of time, typically for more than six months². Chronic pain has a global prevalence of 30.3%, representing a significant impact on global health³, with important implications both on a

personal and social level, leading to substantial loss of income, productivity, and quality-adjusted life years worldwide⁴. Additionally, individuals suffering from chronic pain often feel misunderstood by both their social environment and healthcare professionals⁴. This lack of understanding can exacerbate the emotional impact of pain, leading to feelings of isolation and frustration⁵⁻⁷. The absence of an adequate response from healthcare institutions and professionals may aggravate these feelings, causing patients to feel neglected and hopeless⁵⁻⁸.

There are several diseases with neurological and musculoskeletal involvement that manifest with chronic pain, such as fibromyalgia, headache, paraplegia, neuropathy, and multiple sclerosis. These pathologies are a leading cause of disability and are associated with high morbidity rates, significantly impacting individuals' quality of life⁹. These pain conditions contribute to mental health issues, such as anxiety and depression, increasing the global disease burden and indirect mortality due to factors such as suicide and accidents resulting from temporary disability^{9,10}.

Social media has attracted the attention of millions of users worldwide due to the possibility of rapid communication, access to a vast amount of information, and its wide dissemination^{11,12}. According to studies, more than 55% of the global population used social media in 2022¹³. Therefore, in recent years, medical research has focused on analyzing social media posts to understand diseases and their therapeutic processes better¹⁴. Additionally, social media allows individuals to create and share content in a more informal and spontaneous environment, unlike traditional media, where users are passive consumers^{11,15-18}. Twitter, now called "X," stands out as one of the most popular and widely used platforms, considered an effective communication channel¹⁹ and the most employed in health research, with content analysis as the main focus^{18,20,21}.

Only a few studies have utilized social media to evaluate information related to patients with

chronic pain^{18,22-29}. In our study, we analyze the natural language used in posts extracted from X regarding five chronic pain diseases with the following objectives: (1) conduct a quantitative analysis of posts on X from 2018 to 2022 concerning headaches, fibromyalgia, paraplegia, neuropathy, and multiple sclerosis, and determine which disease is most frequently discussed and which generates the greatest interest among users; (2) characterize the user profile that most actively participates in these discussions; (3) identify the etiopathogenesis of these diseases as attributed by X users; (4) analyze public perceptions regarding the treatment of these diseases; and (5) identify the most frequently discussed non-medical topics.

2. METHODS:

2.1 Data Collection:

This observational study, incorporating both quantitative and qualitative methods, analyzed tweets related to headache, fibromyalgia, paraplegia, neuropathy, and multiple sclerosis on the social media platform X. The aforementioned diseases were selected as they are common causes of chronic pain consultations. Subsequently, all tweets referencing these diseases were collected. The tweets had to meet the following criteria: (1) they had to be published from an open account, meaning public tweets; (2) they had to contain one of the following keywords (i.e., words mentioned in the tweet's content): "fibromyalgia"; "headache," "migraine"; "multiple sclerosis"; "polyneuropathy," "neuropathy," "neuralgia"; "paraplegia," "tetraplegia," and their equivalents in Spanish; (3) they had to be published between January 2018 and December 2022, a broad period that allows for capturing extensive and ongoing discussions on social media about the topic; (4) they had to be written in English or Spanish. Additional data were also collected from the tweets: the number of retweets and likes generated by each tweet, which serves as an indicator of the interest generated by the corresponding content among users^{28,30}. The tool used for tweet

collection was Tweet Binder, which has been widely utilized in previous research^{28,31,32} and is capable of accessing 100% of public tweets.

2.2 Content Analysis Process:

A total of 72,874 tweets were collected (Figure 1). A codebook was created to analyze the tweets, and we selected a total of 2,500 tweets, which were manually classified. A tweet was considered non-classifiable if its content was unrelated to the objectives of this study or if the content was insufficient to obtain relevant information. First, we analyzed the type of user. We distinguished between patients, patient's acquaintances, healthcare professionals. and institutions. To determine the user type, we examined the pronouns used (useful for distinguishing between patients and patient's acquaintances), the Twitter profile of the author (which helps identify healthcare professionals and institutions), or the content of the tweet (where the author identifies themselves as a patient, patient's acquaintance or professional, among others). Next, we differentiated between medical and non-medical content. A tweet was classified as "medical" content if it referred to the origin or cause of the disease and its treatment. Regarding the origin or cause, tweets were categorized based on whether they referred to an infectious antecedent, vaccination, stress, or drug administration. If the content was medical, we also identified whether the treatment was effective or not for chronic pain. On the other hand, for "non-medical content," we distinguished between three themes: (1) knowledge about the disease; (2) commercial issues or advertising; and (3) legal issues. The classification criteria and tweet examples are shown in Table 1.

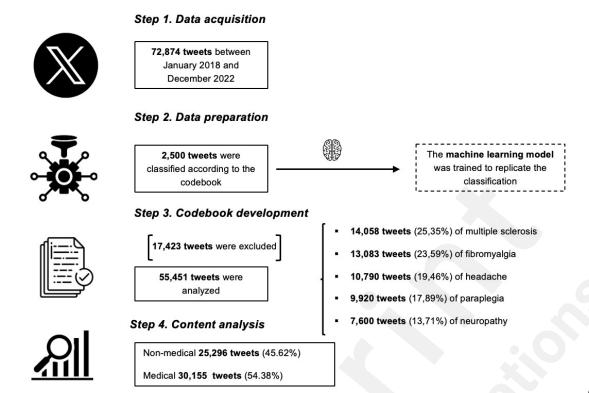


Figure 1.

Flowchart of the Study Design.

Table 1. Category, Definitions, and Classification Examples.

Category **Examples User Type** (refers to the person posting or 1. "I'm feeling a bit down today. I've been sharing the tweet). battling a migraine since yesterday and ran out of my migraine medication." 1. Patients 2. "Hello, we are raising money for my dear 2. Patient's acquaintances cousin who has a very aggressive and 3. Healthcare professionals and institutions progressive form of multiple sclerosis." 3. "<u>@Med-:</u> The 5% lidocaine patch is indicated for the relief of pain associated with neuropathy." Cause (probable etiology of the disease). 1. "HHV6 infection showed a moderate correlation with nerve fiber damage in 1. Vaccine or previous Infection chronic fibromyalgia." 2. Stress 2. "Worries and stress, many people are sick, and not from COVID, migraine." 3. Medications "Linezolid-associated neuropathy: systematic review of cases." 1. "Medical News Today: spinal stimulation <u>Treatment Efficacy</u> (whether the treatment is perceived as effective or not for chronic helps men with paraplegia walk again." 2. "It's unlikely that focusing fibromyalgia pain). treatment solely on inflammation in this 1. Effective for chronic pain group will produce optimal improvements in 2. Not effective for chronic pain quality of life."

Non-medical content:

- 1. Knowledge (refers to general information about the diseases: definitions/theories/criteria, classification, etc)
 2. Commercial/Advertising (advertising of the disease or related topics)
- 3. Legal/Judicial (refers to political/social/police complaints or claims)
- 1. "Fibromyalgia causes widespread body pain, extreme fatigue, and cognitive dysfunction. Symptoms can impact daily life and may lead to other complications, such as depression and anxiety."
- 2. "We'll be talking with the charity soon! Remember that donations greatly help research on Multiple Sclerosis. Follow the charity here. Donate to the cause and win prizes."
- 3. "Advocating for Cannabis Regulation is providing them with a powerful therapeutic weapon against multiple sclerosis."

Usernames and personal names were removed.

2.3 Machine Learning Classification:

Manually analyzing large datasets composed by thousands of tweets is often impractical; therefore, machine learning appears as a crucial tool in data analysis, encompassing three primary methodologies: supervised, unsupervised, and semi-supervised learning³³. This study focuses on semi-supervised learning, which integrates elements from both supervised and unsupervised techniques by using a combination of labeled and unlabeled data to develop a machine learning model that replicates expert evaluations for the classification of millions of tweets. After preprocessing, where tweets are normalized by expanding negative contractions, removing special characters and repetitive text, and converting emojis into their textual equivalents, the tweets are translated into English to improve performance in certain machine learning applications³⁴. The dataset, composed of 2,500 manually labeled tweets, is then randomly divided into two subsets: 75% (1,875) tweets) for training and 25% (625 tweets) for testing. The BERTweet model was selected due to its extensive application in the literature 35,36 and its training specifically on English tweets similar to those we are evaluating. To ensure that these models accurately replicate expert analyses, fine-tuning was conducted with the support of techniques such as Easy Data Augmentation (EDA)³⁷ to balance categories. The models were evaluated using the

F1-score, showing strong and consistent results with similar methodologies reported in the literature^{38,39}.

2.4 Statistical Analysis:

Descriptive statistics, including frequencies, proportions, and ratios, were used to summarize the number of tweets, likes, and retweets. The like-to-tweet ratio was calculated by dividing the number of likes by the number of tweets, while the retweet-to-tweet ratio was determined by dividing the number of retweets by the number of tweets. All statistical analyses were conducted using STATA version 16 (StataCorp LP).

2.5 Ethical Considerations:

This study received approval from the Research Ethics Committee of the University of Alcalá (Code CEI: CEID/2024/1/005) and adheres to the ethical research principles established in the Declaration of Helsinki. This research did not involve human subjects directly nor included any human intervention, as it utilized publicly available tweets. However, special care has been taken not to disclose users' names or any information that could reveal users' identities in this report.

3. RESULTS:

3.1 Total Tweet Count:

A total of 72,874 tweets were obtained. According to the codebook, 55,451 (76.1%) were classifiable, while 17,423 (23.9%) tweets were excluded. The classifiable tweets represented the diseases in the following order: multiple sclerosis with 14,058 tweets (25.35%), fibromyalgia with 13,083 tweets (23.59%), headache with 10,790 tweets (19.46%), paraplegia with 9,920 tweets (17.89%), and lastly, neuropathy with 7,600 tweets (13.71%). Based on their content, of the 55,451 tweets, 30,155 (54.38%) were classified as "medical" and 25,296 (45.62%) as "non-medical" (*Figure 1*). Regarding user engagement with the content, headache stood out with a like-to-tweet ratio of 468.80 and a retweet-to-

tweet ratio of 76.76, followed by multiple sclerosis with a like-to-tweet ratio of 163.12 and a retweet-to-tweet ratio of 47.97 (*Table 2*).

Table 2. Number of Tweets Published and Impact Ratios by Disease.

Category	Original tweets n (%)	Ratio like-tweet	Ratio retweet-tweet
Multiple sclerosis	14058 (25,35%)	163.12	47.97
Fibromyalgia	13083 (23,59%)	70.28	27.68
Headache	10790 (19,46%)	468.80	76.76
Paraplegia	9920 (17,89%)	10.37	4.65
Neuropathy	7600 (13,71%)	13.03	4.19

3.2 Healthcare Professionals and Institutions Are the Most Active Specific User Group:

The users who published the most tweets related to chronic pain-related diseases were "healthcare professionals and institutions" (43.43%), followed by "patients" (27.2%) and "patient acquaintances" (8.84%). When comparing by disease (*Figure 2*), "patients" were the most active specific user group in tweets related to headache (45.09%) and fibromyalgia (36.8%). In contrast, for paraplegia, neuropathy, and multiple sclerosis, the users who posted the most tweets were "healthcare professionals and institutions," with percentages of 43.4%, 67.51%, and 50.54%, respectively.

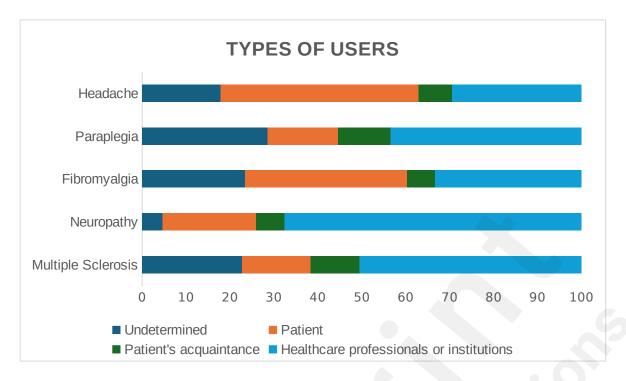


Figure 2. Percentage of Tweets Published for Each Disease by User Type.

However, although "healthcare professionals and institutions" were the most active users posting about these diseases, public engagement metrics were higher, in terms of likes, for "patients" and, in terms of retweets, for "patient's acquaintances" (*Table 3*).

Table 3. Count of Likes and Retweets per Tweet Classified by Different Categories: User Types, Cause, Medical Tweets and Non-Medical Tweets.

	Tweets		Ratio Likes- tweet	Ratio RT- tweet	
	n	%			
Types of user					
Patient	15085	27,2	299,97	44,24	
Patient's acquaintance	4900	8,84	258,23	71,75	
Healthcare professionals or	24080	43,43	50,72	20,15	
institutions					
Cause					
Vaccine / Infectious	3453	6,23	191,20	48,75	
Stress	9690	17,47	405,75	64,41	
Pharmacological	12515	22,57	81,78	23,04	
Medical tweets					
Efficacy	20365	36,73	98,65	29,16	
Non-efficacy	35086	63,27	184,22	38,46	
Nonmedical tweets					
Knowledge	23661	42,67	59,87	21,53	
Commercial	16034	28,92	140,20	37,43	
Legal/Judicial	7428	13,4	164	41,74	

3.3 X Users Perceive Pharmacological Etiology as the Primary Cause:

Out of the 55,451 tweets analyzed, the etiology of the disease was mentioned in almost half of them (46.27%). Regarding etiological subcategories, the majority of users identified pharmacological causes as the primary reason for the disease (22.57%). *Figure 3* shows the distribution of different causes according to the disease. Tweets related to headache and paraplegia more frequently discussed stress-related causes, whereas those related to fibromyalgia, neuropathy, and multiple sclerosis focused more on pharmacological causes.

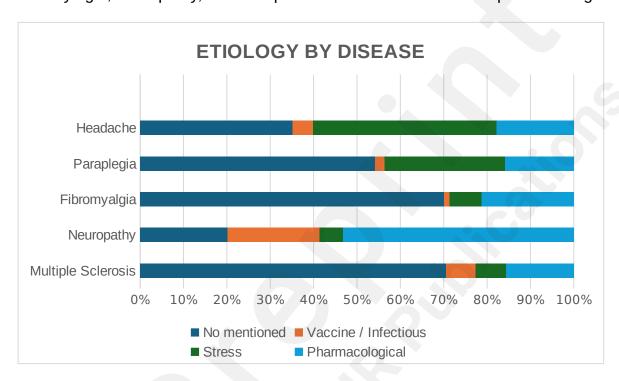


Figure 3. Percentage of Tweets Related to Each Etiology by Disease.

3.4 X Users Perceive Greater Efficacy of Treatments Used for Neuropathy, Paraplegia, and Multiple Sclerosis:

The analyzed tweets were classified according to their medical and non-medical content, with "medical" tweets (54.38%) being more prevalent than "non-medical" tweets (45.62%). Within the first group, X users discussed topics such as the efficacy of treatments used for different diseases. We found differences in users' perceptions regarding the efficacy of these treatments (*Figure 4*). On one hand, diseases associated with chronic pain, such as neuropathy, paraplegia, and multiple sclerosis, had a higher percentage of tweets expressing favorable opinions on the efficacy of their treatments, with 55.26%, 43.96%, and

34.8%, respectively. On the other hand, X users perceived lower efficacy, or did not mention it in the tweet, regarding treatments used for headaches and fibromyalgia, with only 32.81% and 25.77% of tweets reporting good efficacy, respectively.

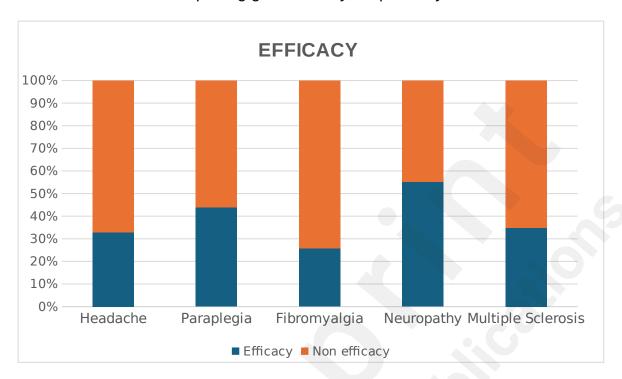


Figure 4. Percentage of Tweets Related to Treatment Efficacy by Disease.

3.5 Tweets Related to Disease Definition and Knowledge Predominated:

Regarding content, *Table 4* shows the distribution of tweets among the "non-medical" subcategories. The category with the highest proportion of tweets included references to issues related to disease knowledge, totaling 23,661 tweets, which is 42.67% of the analyzed tweets. This was the main area of interest across all the chronic pain-related diseases studied. References to commercial or advertising topics (28.92%) and legal issues (13.39%) were also detected.

Table 4. Classification of Tweets Based on Non-Medical Content (and Their Distribution Across Different Subcategories) Total and by Disease.

Category, n (%)	Total	Headache	Paraplegia	Fibromyalgia	Neuropathy	Sclerosis multiple
Non- classifiable	8328 (15,02)	3554 (32,94)	1124 (11,33)	1969 (15,05)	791 (10,41)	890 (6,33)
Knowledge	23661(42,67)	3164 (29,32)	4596 (46,33)	4701 (35,93)	4541 (59,75)	6659 (47,37)

JMIR Preprints						Valades et al
Commercial	16034 (28,92)	2764 (25,62)	2727 (27,49)	4140 (31,64)	1296 (17,05)	5107 (36,33)
Legal / Judicial	7428 (13,39)	1308 (12,12)	1473 (14,85)	2273 (17,37)	972 (12,79)	1402 (9,97)

4. DISCUSSION:

4.1 Principal Findings:

Our analysis of tweets related to chronic pain conditions such as headache, paraplegia, fibromyalgia, neuropathy, and multiple sclerosis follows the model of recent research that uses X to evaluate public interest and communication patterns on health topics²⁴⁻²⁹. The fact that 76.1% of tweets were classifiable suggests that most of the content found was relevant to the study's objectives. Regarding disease distribution, the two dominant topics were multiple sclerosis and fibromyalgia, reflecting greater user participation in conversations related to these conditions. On the one hand, multiple sclerosis, being a chronic and disabling disease, may generate more discussion due to its increasing prevalence in recent years^{33,34} and its greater demographic diversification, affecting a wider range of of racial and ethnic groups^{34,35,40}. Additionally, new potential risk factors for disease development have been identified³⁶, as well as disparities in care and health outcomes among multiple sclerosis patients based on their socioeconomic status. This relationship is significantly influenced by the high cost of new immunological disease-modifying treatments, which are crucial for managing the disease^{37,38}. Therefore, individuals with higher incomes and educational levels tend to experience less disability and less severe symptoms of the disease, even in a context of universal healthcare access. In contrast, those with lower incomes and educational levels present faster and more severe disease progression³⁹. These aspects have contributed to increased public interest and awareness, not only among those affected by the disease but also among healthcare professionals, family members, and researchers. On the other hand, fibromyalgia also attracts considerable attention due to its controversial nature and diagnostic difficulties, which have led to an

increase in public awareness, especially on social media platforms²⁷. The like-per-tweet and retweet-per-tweet ratios provide information about the public's interest in these conversations³⁰. In this regard, the disease that has generated the most interest is headache. This is due to its high prevalence, being the most common disease among the five studied, affecting up to 9.5% of the global population⁴¹⁻⁴², leading X users to actively seek support and empathy on social media platforms⁴³.

Our results also show that individuals with lived experience and their acquaintances appear to be less active in X discussions about chronic pain conditions, while healthcare healthcare professionals and institutions are the most active users, with their content focusing primarily on medical aspects. We expected that individuals with lived experience would be more willing to discuss these diseases, as observed in previous studies^{24,25}. The significant presence of healthcare professionals on X is a positive finding. The use of social media by healthcare professionals facilitates the dissemination of health-related information and promotes two-way communication with users^{28,29}. However, it is "patients" who speak about their own experiences related to headaches and fibromyalgia. A speculative explanation is that these diseases have a worse social perception compared to other conditions due to the invisibility and subjectivity of their symptoms. The emotional and psychological burden of living with these invisible conditions often leads patients to seek validation and social support. Therefore, these platforms may allow patients to express their frustrations and seek advice from others experiencing similar pain and symptoms 27,44. These lived experiences could help reduce feelings of invalidation and better tailor therapeutic efforts 45. Recent research findings highlight how digital platforms are valuable tools for assessing public perceptions of disease etiology^{46,47}. First, the perception that stress is related to the onset and exacerbation of symptoms in conditions such as headaches and paraplegia is supported by the scientific literature. Several studies have found that stress is the main

trigger for migraine episodes in a large proportion of patients⁴⁸⁻⁵⁰, while in the case of paraplegia, although the primary cause is usually physical damage to the spinal cord, stress plays an important role in exacerbating symptoms such as chronic pain and muscle tension. Studies have shown that individuals with spinal cord injuries may experience increased pain in situations of high stress⁵¹⁻⁵³. Second, X users provide insights into how drugs may be implicated in the development or exacerbation of fibromyalgia, neuropathy, and multiple sclerosis. This claim aligns with a review of studies exploring how medications can influence these diseases. For example, in the case of fibromyalgia, the authors discuss how certain medications can cause similar symptoms, as well as induce or exacerbate disease symptoms^{54,55}. Several articles also analyze how different drugs can induce neuropathies and review the mechanisms behind nerve damage caused by these medications 56,57. Lastly. a review discusses drug-induced multiple sclerosis-like syndrome and explores the influence of pharmacological treatments on the induction, progression, and severity of the disease⁵⁸. Therefore, all this justifies the increased appearance of these etiological subcategories in user discussions on platforms like X. Additionally, we are concerned about how poor treatment adherence for diseases such as fibromyalgia, neuropathy, and multiple sclerosis may be influenced by these beliefs about medication and concerns about their long-term adverse effects⁵⁹⁻⁶¹.

The analyzed data generally show that "medical" topics were more frequent than "non-medical" ones. Regarding "medical" content, X users discuss the effectiveness of treatments used for the studied diseases to seek support from others going through similar situations and exchange information and experiences about different therapies⁶². In this way, our research improves knowledge about public opinions, for example, on emerging therapies. Notable therapeutic innovations include the use of monoclonal antibodies targeting the calcitonin gene-related peptide (CGRP), which have shown efficacy in

preventing chronic migraines⁶³; in patients with spinal cord injuries causing paraplegia, options such as spinal cord stimulation are being explored for pain treatment, with promising approaches enhancing neural plasticity⁶⁴⁻⁶⁶; in fibromyalgia, advances in understanding its underlying mechanisms have enabled research into repetitive transcranial magnetic stimulation (rTMS)^{64,67} and cannabinoid therapy as potential treatments to relieve pain in these patients^{68,69}; cannabinoids and magnetic stimulation⁶⁹, as well as nanomedicine-based therapies⁶⁴, are also being explored as future options in neuropathy; the frequent debilitating chronic pain in multiple sclerosis progression has also required the exploration of treatments with cannabinoids⁷⁰ and biologic therapies aimed at modulating the immune system and reducing inflammation⁷¹.

Neuropathy and multiple sclerosis, despite being difficult-to-treat conditions, have therapeutic options that are appreciated by patients because they provide significant pain relief and improve quality of life. Advances in treatments for multiple sclerosis and paraplegia have also generated expectations and positive experiences, as reflected on social media^{72,73}. Notably, despite the lack of a cure for multiple sclerosis and paraplegia, X users post about the effectiveness of their treatments because they value the improvement in quality of life, personalized therapeutic advancements, and the psychological and social support they receive^{66,74-78}. Additionally, continuous innovation in research generates hope, reinforcing this positive perception due to the possibility of maintaining independence and functionality for a longer time^{66,72}. However, current treatments for headache and fibromyalgia do not always achieve significant relief, increasing dependence on medications and their side effects^{6,79-83}. The frustration, complexity, and multifactorial nature of these diseases imply that treatments are not as effective or appropriate, which may be reflected in social media data²⁷. Therefore, these data help contextualize differences in treatment perception.

The codebook also revealed a noteworthy theme: the proportion of information and knowledge about diseases. It has been shown that inadequate knowledge of a specific disease can lead to the stigmatization and discrimination of patients⁸⁴. An example is the historical rejection faced by patients with epilepsy. It was often believed that epilepsy had its origins in malevolent causes or was associated with sin or demonic possession, as well as the theory of epilepsy as contagion and madness⁸⁵⁻⁸⁹. These phenomena arise from misunderstandings or insufficient knowledge about why epileptic seizures occur⁹⁰. Similarly, the stigmatization of depression is deeply rooted in the lack of information and understanding about the disease^{91,92}. Therefore, chronic pain, which is difficult to quantify and measure, is often minimized or ignored by professionals and society, contributing to a perception of exaggeration or invalidation of the patient's experience. Among the diseases studied, headache and fibromyalgia are the least understood due to the invisibility of their symptoms and the absence of evident physical signs^{93,94}. Patients perceive this invalidation from family members, close ones, the healthcare system, and society in general 95,96, which has a significant impact and exacerbates symptoms 45,96-98. Studies have demonstrated that when a disease and its treatment options are better understood, patients are more likely to follow medical recommendations and have higher adherence rates 99-102. In this way, social platforms are effective in educating the population about diseases and treatments, as well as fostering interaction between patients and professionals in a more open manner⁴¹. Consequently, the active presence of institutions and professionals helps counter misinformation and provide valuable resources by using social media for awareness and education campaigns about diseases. This is particularly important in an environment where misinformation can spread rapidly 103,104.

4.2 Limitations:

When interpreting the results of this research, several limitations must be considered.

Although our search tool has access to 100% of the tweets, it is possible that mentions of diseases using different keywords than those selected were missed. The inclusion of abbreviations, grammatical errors, as well as colloquial language by users may hinder the accurate search and analysis of the information. Furthermore, the demographics of Twitter users, who tend to be younger and belong to a specific socioeconomic status, do not represent the general population, which may limit the generalizability of the results in discussions about chronic pain. The design of the codebook and the analysis of tweets entail, as with most qualitative studies, a degree of subjectivity. Additionally, the content of tweets may vary over time, and the analysis being limited to tweets in English and Spanish may distort the perception of certain health issues. The influence of bots and fake accounts may somewhat affect our data. Finally, interactions on X, such as retweets and likes, do not always reflect a true understanding or perception of a topic, but rather its popularity or immediate appeal. However, we employed a methodology that has been consistently used in previous medical research on X²⁴⁻³¹.

4.3 Conclusions:

Our study addresses key aspects related to chronic pain and its implications for public health. It is observed that the main participants in discussions about these conditions are healthcare professionals and institutions, highlighting an opportunity to improve the dissemination of accurate information and optimize the understanding and treatment of this condition. Social media platforms, such as X, are playing a crucial role by becoming key resources where both healthcare professionals and patients discuss chronic pain. Furthermore, the predominance of discussions focused on treatment reflects the influence of available therapeutic options and their perceived effectiveness. Lastly, the study underscores the need to enhance education and public awareness, as a significant portion of the content on social networks centers around the definition and understanding of

chronic pain from a non-medical perspective. This highlights the potential of social media to correct misconceptions and provide better support to patients.

ACKNOWLEDGMENTS:

This study was funded by the Carlos III Health Institute (grant no. State R&D&I 2020–2027) and co-funded by the European Regional Development Fund "A way to Europe," as well as P2022/BMD-7321 (Community of Madrid) and ProACapital, Halekulani S. L. and MJR. The funders did not participate in the study design, data collection, analysis, interpretation, writing of this article, or decision to submit it for publication.

CONFLICTS OF INTEREST:

None declared.

ABBREVIATIONS:

- CGRP: Calcitonin Gene-Related Peptide
- EDA: Easy Data Augmentation
- IASP: International Association for the Study of Pain
- rTMS: repetitive Transcranial Magnetic Stimulation

DATA AVAILABILITY:

The data sets generated during or analyzed during this study are available from the corresponding author upon reasonable request.

REFERENCES:

- Kumar, K. H., & Elavarasi, P. (2016). Definition of pain and classification of pain disorders. *Journal of Advanced Clinical and Research Insights*, 3, 87–90. https://doi.org/10.15713/ins.jcri.112.
- 2. Merskey, H., & Bogduk, N. (1994). Classification of Chronic Pain Descriptions of Chronic Pain Syndromes and Definitions of Pain Terms. Task Force on Taxonomy of the International Association for the Study of Pain. IASP Press.2.

3. Chu, J., Bruyninckx, F., & Neuhauser, D. V. (2016). Chronic refractory myofascial pain and denervation supersensitivity as global public health disease. *BMJ Case Reports*, bcr2015211816. https://doi.org/10.1136/bcr-2015-211816.

- **4.** International Association for the Study of Pain. (2023). *High-impact chronic pain*. https://www.iasp-pain.org.
- **5.** 4. Chronic Pain Australia. (2023). *National Pain Survey 2023 Report*. Chronic Pain Australia.
- 6. Goadsby, P., Ruiz de la Torre, E., Constantin, L., & Amand, C. (2023). Social media listening and digital profiling study of people with headache and migraine: Retrospective infodemiology study. *Journal of Medical Internet Research*, 25, e40461. https://doi.org/10.2196/40461.
- **7.** Solaro, C., Trabucco, E., & Messmer Uccelli, M. (2013). Pain and multiple sclerosis: pathophysiology and treatment. *Current Neurology and Neuroscience Reports*, *13*(1), 320. https://doi.org/10.1007/s11910-012-0320-5.
- 8. Driscoll, M. A., Knobf, M. T., Higgins, D. M., Heapy, A., Lee, A., & Haskell, S. (2018). Patient experiences navigating chronic pain management in an integrated health care system: A qualitative investigation of women and men. *Pain Medicine (Malden, Mass.)*, 19(suppl_1), S19–S29. https://doi.org/10.1093/pm/pny139.
- **9.** Morbidity and Mortality Weekly Report. (2024). *Centers for Disease Control and Prevention (U.S.)*. Vol 73. https://stacks.cdc.gov/view/cdc/157638.
- 10. Treister-Goltzman, Y., & Peleg, R. (2023). Fibromyalgia and mortality: a systematic review and meta-analysis. *RMD Open*, 9(3), e003005. https://doi.org/10.1136/rmdopen-2023-003005.
- **11.** Nazari, A., Hosseinnia, M., Torkian, S., & Garmaroudi, G. (2023). Social media and mental health in students: a cross-sectional study during the Covid-19

pandemic. BMC Psychiatry, 23(1), 458. https://doi.org/10.1186/s12888-023-04859-w.

- **12.** Anderson, M., & Jiang, J. (2018). *Teens, social media & technology.* 31, 1673–1689.
- 13. Chaffey, D. (2016). Global social media research summary 2016. Smart Insights.
- **14.** Farrar, M., Lundt, L., Franey, E., & Yonan, C. (2021). Patient perspective of tardive dyskinesia: results from a social media listening study. *BMC Psychiatry*, *21*(1), 94. https://doi.org/10.1186/s12888-021-03074-9.
- **15.** Moreno, M. A., & Kolb, J. (2012). Social networking sites and adolescent health. *Pediatric Clinics of North America*, 59(3), 601–612, VII. https://doi.org/10.1016/j.pcl.2012.03.023.
- 16. Branley, D. B., & Covey, J. (2017). Pro-ana versus pro-recovery: A content analytic comparison of social media users' communication about eating disorders on Twitter and Tumblr. Frontiers in Psychology, 8, 1356. https://doi.org/10.3389/fpsyg.2017.01356.
- **17.** Emmert-Streib, F., Yli-Harja, O., & Dehmer, M. (2019). Utilizing social media data for psychoanalysis to study human personality. *Frontiers in Psychology*, *10*, 2596. https://doi.org/10.3389/fpsyg.2019.02596.
- **18.** Alvarez-Mon, M. A., de Anta, L., Llavero-Valero, M., Lahera, G., Ortega, M. A., Soutullo, C., Quintero, J., Asunsolo Del Barco, A., & Alvarez-Mon, M. (2021). Areas of interest and attitudes towards the pharmacological treatment of attention deficit hyperactivity disorder: Thematic and quantitative analysis using Twitter. *Journal of Clinical Medicine*, *10*(12), 2668. https://doi.org/10.3390/jcm10122668.
- **19.** Attai, D. J., Cowher, M. S., Al-Hamadani, M., Schoger, J. M., Staley, A. C., & Landercasper, J. (2015). Twitter social media is an effective tool for breast cancer patient education and support: Patient-reported outcomes by survey. *Journal of Medical Internet Research*, *17*(7), e188. https://doi.org/10.2196/jmir.4721.

20. Sinnenberg, L., Buttenheim, A. M., Padrez, K., Mancheno, C., Ungar, L., & Merchant, R. M. (2017). Twitter as a tool for health research: A systematic review. *American Journal of Public Health*, 107(1), e1–e8. https://doi.org/10.2105/AJPH.2016.303512.

- **21.** Dol, J., Tutelman, P. R., Chambers, C. T., Barwick, M., Drake, E. K., Parker, J. A., Parker, R., Benchimol, E. I., George, R. B., & Witteman, H. O. (2019). Health researchers' use of social media: Scoping review. *Journal of Medical Internet Research*, *21*(11), e13687. https://doi.org/10.2196/13687.
- 22. de Anta, L., Alvarez-Mon, M. A., Ortega, M. A., Salazar, C., Donat-Vargas, C., Santoma-Vilaclara, J., Martin-Martinez, M., Lahera, G., Gutierrez-Rojas, L., Rodriguez-Jimenez, R., Quintero, J., & Alvarez-Mon, M. (2022). Areas of interest and social consideration of antidepressants on English tweets: A natural language processing classification study. *Journal of Personalized Medicine*, 12(2), 155. https://doi.org/10.3390/jpm12020155.
- 23. Alvarez-Mon, M. A., Llavero-Valero, M., Asunsolo del Barco, A., Zaragozá, C., Ortega, M. A., Lahera, G., Quintero, J., & Alvarez-Mon, M. (2021). Areas of interest and attitudes toward antiobesity drugs: Thematic and quantitative analysis using Twitter. *Journal of Medical Internet Research*, 23(10), e24336. https://doi.org/10.2196/24336.
- 24. Carabot, F., Donat-Vargas, C., Santoma-Vilaclara, J., Ortega, M. A., García-Montero, C., Fraile-Martínez, O., Zaragoza, C., Monserrat, J., Alvarez-Mon, M., & Alvarez-Mon, M. A. (2023). Exploring perceptions about paracetamol, tramadol, and codeine on Twitter using machine learning: Quantitative and qualitative observational study. *Journal of Medical Internet Research*, 25, e45660. https://doi.org/10.2196/45660.
- 25. Carabot, F., Fraile-Martínez, O., Donat-Vargas, C., Santoma, J., Garcia-Montero, C.,

Pinto da Costa, M., Molina-Ruiz, R. M., Ortega, M. A., Alvarez-Mon, M., & Alvarez-Mon, M. A. (2023). Understanding public perceptions and discussions on opioids through Twitter: Cross-sectional infodemiology study. *Journal of Medical Internet Research*, *25*, e50013. https://doi.org/10.2196/50013.

- 26. Chart-Pascual, J. P., Montero-Torres, M., Ortega, M. A., Mar-Barrutia, L., Zorrilla Martinez, I., Alvarez-Mon, M., Gonzalez-Pinto, A., & Alvarez-Mon, M. A. (2024). Areas of interest and sentiment analysis towards second generation antipsychotics, lithium and mood stabilizing anticonvulsants: Unsupervised analysis using Twitter. *Journal of Affective Disorders*, 351, 649–660. https://doi.org/10.1016/j.jad.2024.01.234.
- 27. Valades, M. T., Montero-Torres, M., Lara-Abelenda, F. J., Carabot, F., Ortega, M. A., Álvarez-Mon, M., & Alvarez-Mon, M. A. (2024). Understanding public perceptions and discussions on diseases involving chronic pain through social media: cross-sectional infodemiology study. *BMC Musculoskeletal Disorders*, 25(1). https://doi.org/10.1186/s12891-024-07687-5.
- 28. Castillo-Toledo, C., Fernandez-Lazaro, C. I., Lara-Abelenda, F. J., Molina-Ruiz, R. M., Ortega, M. A., Mora, F., Alvarez-Mon, M., Quintero, J., & Alvarez-Mon, M. A. (2024). Regional insights on tobacco-related tweets: unveiling user opinions and usage patterns. *Frontiers in public health*, 12. https://doi.org/10.3389/fpubh.2024.1342460.
- 29. Castillo-Toledo, C., Fraile-Martínez, O., Donat-Vargas, C., Lara-Abelenda, F. J., Ortega, M. A., Garcia-Montero, C., Mora, F., Alvarez-Mon, M., Quintero, J., & Alvarez-Mon, M. A. (2024). Insights from the Twittersphere: a cross-sectional study of public perceptions, usage patterns, and geographical differences of tweets discussing cocaine. *Frontiers in psychiatry*, 15.

- https://doi.org/10.3389/fpsyt.2024.1282026.
- 30. Alvarez-Mon, M. A., Asunsolo Del Barco, A., Lahera, G., Quintero, J., Ferre, F., Pereira-Sanchez, V., Ortuño, F., & Alvarez-Mon, M. (2018). Increasing interest of mass communication media and the general public in the distribution of tweets about mental disorders: Observational study. *Journal of Medical Internet Research*, 20(5), e205. https://doi.org/10.2196/jmir.9582.
- **31.** Alvarez-Mon, M. A., Llavero-Valero, M., Sánchez-Bayona, R., Pereira-Sanchez, V., Vallejo-Valdivielso, M., Monserrat, J., Lahera, G., Asunsolo Del Barco, A., & Alvarez-Mon, M. (2019). Areas of interest and stigmatic attitudes of the general public in five relevant medical conditions: Thematic and quantitative analysis using twitter. *Journal of Medical Internet Research*, *21*(5), e14110. https://doi.org/10.2196/14110.
- **32.** Viguria, I., Alvarez-Mon, M. A., Llavero-Valero, M., Asunsolo Del Barco, A., Ortuño, F., & Alvarez-Mon, M. (2020). Eating disorder awareness campaigns: Thematic and quantitative analysis using Twitter. *Journal of Medical Internet Research*, *22*(7), e17626. https://doi.org/10.2196/17626.
- 33. Wallin, M. T., Culpepper, W. J., Campbell, J. D., Nelson, L. M., Langer-Gould, A., Marrie, R. A., Cutter, G. R., Kaye, W. E., Wagner, L., Tremlett, H., Buka, S. L., Dilokthornsakul, P., Topol, B., Chen, L. H., LaRocca, N. G., & US Multiple Sclerosis Prevalence Workgroup. (2019). The prevalence of MS in the United States: A population-based estimate using health claims data. *Neurology*, 92(10), e1029–e1040. https://doi.org/10.1212/WNL.00000000000007035.
- **34.** Hittle, M., Culpepper, W. J., Langer-Gould, A., Marrie, R. A., Cutter, G. R., Kaye, W. E., Wagner, L., Topol, B., LaRocca, N. G., Nelson, L. M., & Wallin, M. T. (2023). Population-based estimates for the prevalence of multiple sclerosis in the United States by race, ethnicity, age, sex, and geographic region. *JAMA Neurology*, 80(7),

- 693. https://doi.org/10.1001/jamaneurol.2023.1135.
- **35.**Langer-Gould, A., Brara, S. M., Beaber, B. E., & Zhang, J. L. (2013). Incidence of multiple sclerosis in multiple racial and ethnic groups. *Neurology*, *80*(19), 1734–1739. https://doi.org/10.1212/WNL.0b013e3182918cc2.
- 36. Bjornevik, K., Cortese, M., Healy, B. C., Kuhle, J., Mina, M. J., Leng, Y., Elledge, S. J., Niebuhr, D. W., Scher, A. I., Munger, K. L., & Ascherio, A. (2022). Longitudinal analysis reveals high prevalence of Epstein-Barr virus associated with multiple sclerosis. *Science (New York, N.Y.)*, 375(6578), 296–301. https://doi.org/10.1126/science.abj8222.
- **37.** Gallehzan, N. A., Khosravi, M., Jamebozorgi, K., Mir, N., Jalilian, H., Soleimanpour, S., Hoseini, S., Rezapour, A., & Eshraghi, A. (2024). Cost-utility and cost-effectiveness analysis of disease-modifying drugs of relapsing-remitting multiple sclerosis: a systematic review. *Health Economics Review*, *14*(1), 12. https://doi.org/10.1186/s13561-024-00478-7.
- 38. Paolicelli, D., Borriello, G., Clerici, R., Colombo, E., Croce, D., D'Amico, E., De Rossi, N., Di Sapio, A., Fenu, G., Maimone, D., Marfia, G. A., Moccia, M., Perini, P., Piscaglia, M. G., Razzolini, L., Riccaboni, M., Signoriello, E., Agostoni, G., Farina, A., ... Tortorella, C. (2024). Predicted expenditure for prescription drugs for multiple sclerosis in the Italian market between 2023 and 2028: Results of the oracle project. *Neurology and Therapy*, 13(5), 1415–1430. https://doi.org/10.1007/s40120-024-00644-3.
- **39.**He, A., Manouchehrinia, A., Glaser, A., Ciccarelli, O., Butzkueven, H., Hillert, J., & McKay, K. A. (2023). Premorbid sociodemographic status and multiple sclerosis outcomes in a universal health care context. *JAMA Network Open*, *6*(9), e2334675. https://doi.org/10.1001/jamanetworkopen.2023.34675.

40.Rivas-Rodríguez, E., & Amezcua, L. (2018). Ethnic considerations and multiple sclerosis disease variability in the United States. *Neurologic clinics*, *36*(1), 151–162. https://doi.org/10.1016/j.ncl.2017.08.007.

- **41.** Katsuki, M., Yamagishi, C., Matsumori, Y., Koh, A., Kawamura, S., Kashiwagi, K., Kito, T., Entani, A., Yamamoto, T., Ikeda, T., & Yamagishi, F. (2022). Questionnaire-based survey on the prevalence of medication-overuse headache in Japanese one city—Itoigawa study. *Neurological Sciences: Official Journal of the Italian Neurological Society and of the Italian Society of Clinical Neurophysiology, 43*(6), 3811–3822. https://doi.org/10.1007/s10072-021-05831-w.
- **42.** Shimizu, T., Sakai, F., Miyake, H., Sone, T., Sato, M., Tanabe, S., Azuma, Y., & Dodick, D. W. (2021). Disability, quality of life, productivity impairment and employer costs of migraine in the workplace. *The Journal of Headache and Pain*, *22*(1). https://doi.org/10.1186/s10194-021-01243-5.
- **43.** Kloth, Y. M., Deutsch, K. M., Danielson, K. A., Strack, J., & Law, C. (2019). What Twitter teaches us about patient-provider communication on pain. *PloS One*, *14*(12), e0226321. https://doi.org/10.1371/journal.pone.0226321.
- **44.** Pourhaji, F., Peyman, N., Taraghdar, M. M., Jamali, J., & Tehrani, H. (2023). Explaining the burden of psychosocial factors on the worsening symptoms of MS: a qualitative study of patients' experiences. *BMC Neurology*, *23*(1), 98. https://doi.org/10.1186/s12883-023-03148-z.
- **45.**Black, L. L., Black, W. R., Chadwick, A., Christofferson, J. L., Katz, H., & Kragenbrink, M. (2024). Investigation of patients' understanding of fibromyalgia: Results from an online qualitative survey. *Patient Education and Counseling*, *122*(108156), 108156. https://doi.org/10.1016/j.pec.2024.108156.
- 46. Lopes, L. S., Valentini, J. P., Monteiro, T. H., Costacurta, M. C. de F., Soares, L. O.

N., Telfar-Barnard, L., & Nunes, P. V. (2022). Problematic social media use and its relationship with depression or anxiety: A systematic review. *Cyberpsychology, Behavior and Social Networking*, *25*(11), 691–702. https://doi.org/10.1089/cyber.2021.0300.

- 47. Guerrera, C. S., Platania, G. A., Boccaccio, F. M., Sarti, P., Varrasi, S., Colliva, C., Grasso, M., De Vivo, S., Cavallaro, D., Tascedda, F., Pirrone, C., Drago, F., Di Nuovo, S., Blom, J. M. C., Caraci, F., & Castellano, S. (2023). The dynamic interaction between symptoms and pharmacological treatment in patients with major depressive disorder: the role of network intervention analysis. *BMC Psychiatry*, 23(1), 885. https://doi.org/10.1186/s12888-023-05300-y.
- **48.** Maleki, N., Becerra, L., & Borsook, D. (2012). Migraine: Maladaptive brain responses to stress. *Headache*, *52*(s2), 102–106. https://doi.org/10.1111/j.1526-4610.2012.02241.x.
- **49.** Vives-Mestres, M., Casanova, A., Buse, D. C., Donoghue, S., Houle, T. T., Lipton, R. B., Mian, A., Shulman, K. J., & Orr, S. L. (2021). Patterns of perceived stress throughout the migraine cycle: A longitudinal cohort study using daily prospective diary data. *Headache*, *61*(1), 90–102. https://doi.org/10.1111/head.13943.
- 50. Amiri, P., Kazeminasab, S., Nejadghaderi, S. A., Mohammadinasab, R., Pourfathi, H., Araj-Khodaei, M., Sullman, M. J. M., Kolahi, A.-A., & Safiri, S. (2022). Migraine: A review on its history, global epidemiology, risk factors, and comorbidities. *Frontiers in neurology*, 12. https://doi.org/10.3389/fneur.2021.800605.
- **51.** Finnerup, N. B. (2015). The Role of Stress in the Pain Experience of Individuals with Spinal Cord Injury. *J Pain*, *16*(8), 749–757.
- **52.** Rintala, D. H. (2014). Impact of Psychological Stress on Pain Perception and Spinal Cord Injury: A Review. *Spinal Cord*, *52*(11), 797–804.

53. Richardson, E. J., McKinley, E. C., & Richards, J. S. (2024). Perceived stress and pain interference in acute rehabilitation following spinal cord injury: Resilience as a moderator. *Rehabilitation Psychology*, 69(2), 85–93. https://doi.org/10.1037/rep0000532.

- **54.** Mcdaniel, J. (2016). Drug-Induced Fibromyalgia: A Review of the Literature. *Pain Physician*, 6.
- **55.**Ribeiro, T. P. (2018). Fibromyalgia Induced by Medications: A Case Series. *Clin Rheumatol*, *37*(8), 2097–2103.
- 56. Jones, M. R., Urits, I., Wolf, J., Corrigan, D., Colburn, L., Peterson, E., Williamson, A., & Viswanath, O. (2020). Drug-Induced Peripheral Neuropathy: A narrative review. *Current Clinical Pharmacology*, 15(1), 38–48. https://doi.org/10.2174/1574884714666190121154813.
- **57.** Merheb, D., Dib, G., Zerdan, M. B., Nakib, C. E., Alame, S., & Assi, H. I. (2022). Drug-induced peripheral neuropathy: Diagnosis and management. *Current Cancer Drug Targets*, *22*(1), 49–76. https://doi.org/10.2174/1568009621666210720142542.
- 58. Rimkus, C. M., Schoeps, V. A., Boaventura, M., Godoy, L. F., Apostolos-Pereira, S. L., Calich, A. L., Callegaro, D., Lucato, L. T., Rovira, A., Sastre-Garriga, J., & Leite, C. da C. (2021). Drug-related demyelinating syndromes: understanding risk factors, pathophysiological mechanisms and magnetic resonance imaging findings. *Multiple Sclerosis and Related Disorders*, 55(103146), 103146. https://doi.org/10.1016/j.msard.2021.103146.
- **59.**Kołtuniuk, A., Pytel, A., Krówczyńska, D., & Chojdak-Łukasiewicz, J. (2022). The quality of life and medication adherence in patients with multiple sclerosis—cross-sectional study. *International Journal of Environmental Research and Public Health*, 19(21), 14549. https://doi.org/10.3390/ijerph192114549.

60. Mohammed, M. A., Moles, R. J., & Chen, T. F. (2016). Medication-related burden and patients' lived experience with medicine: a systematic review and metasynthesis of qualitative studies. *BMJ Open*, *6*(2), e010035. https://doi.org/10.1136/bmjopen-2015-010035.

- **61.**Michetti, P., Weinman, J., Mrowietz, U., Smolen, J., Peyrin-Biroulet, L., Louis, E., Schremmer, D., Tundia, N., Nurwakagari, P., & Selenko-Gebauer, N. (2017). Impact of treatment-related beliefs on medication adherence in immune-mediated inflammatory diseases: Results of the global ALIGN study. *Advances in Therapy*, *34*(1), 91–108. https://doi.org/10.1007/s12325-016-0441-3.
- **62.** Cordero, D., Jr. (2024). The healing others: the essential role of social support on chronic pain management. *The Korean Journal of Pain*, 37(3), 280–282. https://doi.org/10.3344/kjp.24158.
- **63.**Lampl, C., MaassenVanDenBrink, A., Deligianni, C. I., Gil-Gouveia, R., Jassal, T., Sanchez-Del-Rio, M., Reuter, U., Uluduz, D., Versijpt, J., Zeraatkar, D., & Sacco, S. (2023). The comparative effectiveness of migraine preventive drugs: a systematic review and network meta-analysis. *The Journal of Headache and Pain*, *24*(1), 56. https://doi.org/10.1186/s10194-023-01594-1.
- 64. Kataria, S., Patel, U., Yabut, K., Patel, J., Patel, R., Patel, S., Wijaya, J. H., Maniyar, P., Karki, Y., Makrani, M. P., Viswanath, O., & Kaye, A. D. (2024). Recent advances in management of neuropathic, nociceptive, and chronic pain: A narrative review with focus on nanomedicine, gene therapy, stem cell therapy, and newer therapeutic options. *Current Pain and Headache Reports*, 28(5), 321–333. https://doi.org/10.1007/s11916-024-01227-5.
- **65.** Stolbkov, Y. K., & Gerasimenko, Y. P. (2024). Neurorehabilitation based on spinal cord stimulation and motor training. *Neuroscience and Behavioral Physiology*, *54*(5),

- 737–748. https://doi.org/10.1007/s11055-024-01654-2.
- 66. Abd-Elsayed, A., Robinson, C. L., Shehata, P., Koh, Y., Patel, M., & Fiala, K. J. (2024). Neuromodulation's role in functional restoration in paraplegic and quadriplegic patients. *Biomedicines*, 12(4), 720. https://doi.org/10.3390/biomedicines12040720.
- **67.** Tanwar, S., Mattoo, B., Kumar, U., & Bhatia, R. (2020). Repetitive transcranial magnetic stimulation of the prefrontal cortex for fibromyalgia syndrome: a randomised controlled trial with 6-months follow up. *Advances in Rheumatology* (London, England), 60(1), 34. https://doi.org/10.1186/s42358-020-00135-7.
- 68. Strand, N. H., Maloney, J., Kraus, M., Wie, C., Turkiewicz, M., Gomez, D. A., Adeleye, O., & Harbell, M. W. (2023). Cannabis for the treatment of fibromyalgia: A systematic review. *Biomedicines*, 11(6), 1621. https://doi.org/10.3390/biomedicines11061621.
- **69.** David, P., Mohsen, A., & Amital, H. (2024). Is medical cannabis a solution for controlling fibromyalgia symptoms? *Mayo Clinic Proceedings. Mayo Clinic*, 99(4), 524–526. https://doi.org/10.1016/j.mayocp.2024.02.016.
- **70.** Filippini, G., Minozzi, S., Borrelli, F., Cinquini, M., & Dwan, K. (2022). Cannabis and cannabinoids for symptomatic treatment for people with multiple sclerosis. *The Cochrane library*. https://doi.org/10.1002/14651858.cd013444.pub2.
- **71.** Yang, J. H., Rempe, T., Whitmire, N., Dunn-Pirio, A., & Graves, J. S. (2022). Therapeutic advances in multiple sclerosis. *Frontiers in Neurology*, *13*, 824926. https://doi.org/10.3389/fneur.2022.824926.
- **72.** Urits, I., Adamian, L., Fiocchi, J., Hoyt, D., Ernst, C., Kaye, A. D., & Viswanath, O. (2019). Advances in the understanding and management of chronic pain in multiple sclerosis: A comprehensive review. *Current Pain and Headache Reports*, *23*(8), 59.

- https://doi.org/10.1007/s11916-019-0800-2.
- 73. Gajjar, A. A., Le, A. H. D., Jacobs, R., Mooney, J. H., Lavadi, R. S., Kumar, R. P., White, M. D., Elsayed, G. A., & Agarwal, N. (2023). Patient perception of spinal cord injury through social media: An analysis of 703 Instagram and 117 Twitter posts. *Journal of Craniovertebral Junction and Spine*, 14(3), 288–291. https://doi.org/10.4103/jcvjs.jcvjs_87_23.
- **74.** Faraclas, E. (2023). Interventions to improve quality of life in multiple sclerosis: New opportunities and key talking points. *Degenerative Neurological and Neuromuscular Disease*, *13*, 55–68. https://doi.org/10.2147/dnnd.s395733.
- **75.** Aboud, T., & Schuster, N. M. (2019). Pain management in multiple Sclerosis: A review of available treatment options. *Current Treatment Options in Neurology*, *21*(12), 62. https://doi.org/10.1007/s11940-019-0601-2.
- **76.** Yilmazer, C., Lamers, I., Solaro, C., & Feys, P. (2022). Clinical perspective on pain in multiple sclerosis. *Multiple Sclerosis (Houndmills, Basingstoke, England)*, *28*(4), 502–511. https://doi.org/10.1177/1352458520952015.
- **77.**Hosseini, Z., Homayuni, A., & Etemadifar, M. (2022). Barriers to quality of life in patients with multiple sclerosis: a qualitative study. *BMC Neurology*, *22*(1), 174. https://doi.org/10.1186/s12883-022-02700-7.
- 78. Picetti, E., Demetriades, A. K., Catena, F., Aarabi, B., Abu-Zidan, F. M., Alves, O. L., Ansaloni, L., Armonda, R. A., Badenes, R., Bala, M., Balogh, Z. J., Barbanera, A., Bertuccio, A., Biffl, W. L., Bouzat, P., Buki, A., Castano-Leon, A. M., Cerasti, D., Citerio, G., ... Robba, C. (2024). Early management of adult traumatic spinal cord injury in patients with polytrauma: a consensus and clinical recommendations jointly developed by the World Society of Emergency Surgery (WSES) & the European Association of Neurosurgical Societies (EANS). World Journal of Emergency

- Surgery, 19(1), 4. https://doi.org/10.1186/s13017-023-00525-4.
- 79.Wells, R. E., O'Connell, N., Pierce, C. R., Estave, P., Penzien, D. B., Loder, E., Zeidan, F., & Houle, T. T. (2021). Effectiveness of mindfulness meditation vs headache education for adults with migraine: A randomized clinical trial: A randomized clinical trial. *JAMA Internal Medicine*, 181(3), 317–328. https://doi.org/10.1001/jamainternmed.2020.7090.
- **80.**World Health Organisation. Atlas of Headache Disorders and Resources in the World. Geneva: *World Health Organisation*. (2011).
- 81. Steiner, T. J., Antonaci, F., Jensen, R., Lainez, M. J. A., Lanteri-Minet, M., Valade, D., European Headache Federation, & Global Campaign againist Headache. (2011). Recommendations for headache service organisation and delivery in Europe. *The Journal of Headache and Pain*, 12(4), 419–426. https://doi.org/10.1007/s10194-011-0320-x.
- **82.**Wigers, S. H., Veierød, M. B., Mengshoel, A. M., Forseth, K. Ø., Dahli, M. P., Juel, N. G., & Natvig, B. (2024). Healthcare experiences of fibromyalgia patients and their associations with satisfaction and pain relief. A patient survey. *Scandinavian Journal of Pain*, *24*(1). https://doi.org/10.1515/sjpain-2023-0141.
- **83.**Ram, P. R., Jeyaraman, M., Jeyaraman, N., Nallakumarasamy, A., Khanna, M., Gupta, A., & Yadav, S. (2023). Beyond the pain: A systematic narrative review of the latest advancements in fibromyalgia treatment. *Cureus*. https://doi.org/10.7759/cureus.48032.
- **84.** Tesfaye, Y., Agenagnew, L., Anand, S., Tucho, G. T., Birhanu, Z., Ahmed, G., Getnet, M., & Yitbarek, K. (2021). Knowledge of the community regarding mental health problems: a cross-sectional study. *BMC Psychology*, 9(1), 106. https://doi.org/10.1186/s40359-021-00607-5.

85. Jacoby, A., & Austin, J. K. (2007). Social stigma for adults and children with epilepsy. *Epilepsia*, *48*(s9), 6–9. https://doi.org/10.1111/j.1528-1167.2007.01391.x.

- **86.** Kaddumukasa, M., Kaddumukasa, M. N., Buwembo, W., Munabi, I. G., Blixen, C., Lhatoo, S., Sewankambo, N., Katabira, E., & Sajatovic, M. (2018). Epilepsy misconceptions and stigma reduction interventions in sub-Saharan Africa, a systematic review. *Epilepsy & Behavior: E&B*, 85, 21–27. https://doi.org/10.1016/j.yebeh.2018.04.014.
- **87.**Kale, R. (1997). Bringing epilepsy out of the shadows. *BMJ*, *315*(7099), 2–3. https://doi.org/10.1136/bmj.315.7099.2.
- 88. Chakraborty, P., Sanchez, N. A., Kaddumukasa, M., Kajumba, M., Kakooza-Mwesige, A., Van Noord, M., Kaddumukasa, M. N., Nakasujja, N., Haglund, M. M., & Koltai, D. C. (2021). Stigma reduction interventions for epilepsy: A systematized literature review. *Epilepsy & Behavior: E&B*, 114(Pt B), 107381. https://doi.org/10.1016/j.yebeh.2020.107381.
- **89.** Mameniškienė, R., Puteikis, K., & Carrizosa-Moog, J. (2022). Saints, demons, and faith A review of the historical interaction between Christianity and epilepsy. *Epilepsy & Behavior: E&B*, 135(108870), 108870. https://doi.org/10.1016/j.yebeh.2022.108870.
- **90.** Shawahna, R. (2024). Epilepsy knowledge and attitudes: A large observational study among the Palestinian general public. *Heliyon*, *10*(1), e23707. https://doi.org/10.1016/j.heliyon.2023.e23707.
- **91.** Schomerus, G., Stolzenburg, S., Freitag, S., Speerforck, S., Janowitz, D., Evans-Lacko, S., Muehlan, H., & Schmidt, S. (2019). Stigma as a barrier to recognizing personal mental illness and seeking help: a prospective study among untreated persons with mental illness. *European Archives of Psychiatry and Clinical*

- Neuroscience, 269(4), 469–479. https://doi.org/10.1007/s00406-018-0896-0.
- **92.** Prizeman, K., Weinstein, N., & McCabe, C. (2023). Effects of mental health stigma on loneliness, social isolation, and relationships in young people with depression symptoms. *BMC Psychiatry*, *23*(1), 527. https://doi.org/10.1186/s12888-023-04991-7.
- **93.** Davis, C., & Gillard, M. (2023). Addressing self-stigma in fibromyalgia using pain neuroscience education: An occupational therapy case study. *Occupational Therapy in Mental Health*, 39(4), 436–453. https://doi.org/10.1080/0164212x.2022.2149666.
- 94. Awaki, E., Takeshima, T., Matsumori, Y., Hirata, K., Miyazaki, N., Takemura, R., Osaga, S., Tanizawa, Y., & Komori, M. (2024). Impact of migraine on daily life: Results of the observational survey of the epidemiology, treatment, and care of migraine (OVERCOME [japan]) study. *Neurology and Therapy*, 13(1), 165–182. https://doi.org/10.1007/s40120-023-00569-3.
- **95.** Kool, M. B., van Middendorp, H., Boeije, H. R., & Geenen, R. (2009). Understanding the lack of understanding: Invalidation from the perspective of the patient with fibromyalgia. *Arthritis Care and Research: The Official Journal of the Arthritis Health Professions Association*, *61*(12), 1650–1656. https://doi.org/10.1002/art.24922.
- **96.** Ghavidel-Parsa, B., Amir Maafi, A., Aarabi, Y., Haghdoost, A., Khojamli, M., Montazeri, A., Sanaei, O., & Bidari, A. (2015). Correlation of invalidation with symptom severity and health status in fibromyalgia. *Rheumatology (Oxford, England*), *54*(3), 482–486. https://doi.org/10.1093/rheumatology/keu355.
- 97. Lobo, C. P., Pfalzgraf, A. R., Giannetti, V., & Kanyongo, G. (2014). Impact of invalidation and trust in physicians on health outcomes in fibromyalgia patients. *The Primary Care Companion to CNS Disorders*, 16(5). https://doi.org/10.4088/PCC.14m01664.

98. Eisenberger, N. I., Jarcho, J. M., Lieberman, M. D., & Naliboff, B. D. (2006). An experimental study of shared sensitivity to physical pain and social rejection. *Pain*, *126*(1), 132–138. https://doi.org/10.1016/j.pain.2006.06.024.

- **99.** Świątoniowska, N. A., Sławuta, A., Dudek, K., Jankowska, K., & Jankowska-Polańska, B. K. (2020). The impact of health education on treatment outcomes in heart failure patients. *Advances in clinical and experimental medicine: official organ Wroclaw Medical University*, *29*(4), 481–492. https://doi.org/10.17219/acem/115079.
- Maffoni, M., Giardini, A., Pierobon, A., Ferrazzoli, D., & Frazzitta, G. (2017).
 Stigma experienced by Parkinson's disease patients: A descriptive review of qualitative studies. *Parkinson's Disease*, 2017, 1–7.
 https://doi.org/10.1155/2017/7203259.
- 101. Oehlberg, K., Barg, F. K., Brown, G. K., Taraborelli, D., Stern, M. B., & Weintraub, D. (2008). Attitudes regarding the etiology and treatment of depression in Parkinson's disease: A qualitative study. *Journal of Geriatric Psychiatry and Neurology*, 21(2), 123–132. https://doi.org/10.1177/0891988708316862.
- 102. Henshaw, E. J. (2014). Too sick, not sick enough?: Effects of treatment type and timing on depression stigma. *The Journal of Nervous and Mental Disease*, 202(4), 292–299. https://doi.org/10.1097/nmd.000000000000121.
- 103. Smailhodzic, E., Hooijsma, W., Boonstra, A., & Langley, D. J. (2016). Social media use in healthcare: A systematic review of effects on patients and on their relationship with healthcare professionals. *BMC Health Services Research*, 16, 442. https://doi.org/10.1186/s12913-016-1691-0.
- **104.** Farsi, D. (2021). Social media and health care, part I: Literature review of social media use by health care providers. *Journal of Medical Internet Research*, *23*(4), e23205. https://doi.org/10.2196/23205.

Supplementary Files

Table 1. Category, Definitions, and Classification Examples.

Category

Examples

<u>User Type</u> (refers to the person posting or sharing the tweet).

- 1. Patients
- 2. Patient's acquaintances
- 3. Healthcare professionals and institutions

Cause (probable etiology of the disease).

- 1. Vaccine or previous Infection
- 2. Stress
- 3. Medications

Treatment Efficacy (whether the treatment is perceived as effective or not for chronic pain).

- 1. Effective for chronic pain
- Not effective for chronic pain

Non-medical content:

- Knowledge (refers to general information about the diseases:
- definitions/theories/criteria, classification, etc)
- Commercial/Advertising (advertising of the disease or related topics)
- Legal/Judicial (refers to political/social/police complaints or claims)

- "I'm feeling a bit down today. I've been battling a migraine since yesterday and ran out of my migraine medication."
- "Hello, we are raising money for my dear cousin who has a very aggressive and progressive form of multiple sclerosis."
- "<u>@Med-:</u> The 5% lidocaine patch is indicated for the relief of pain associated with neuropathy."
- "HHV6 infection showed a moderate correlation with nerve fiber damage in chronic fibromyalgia."
- "Worries and stress, many people are sick, and not from COVID, migraine."
- "Linezolid-associated neuropathy: a systematic review of cases."
- "Medical News Today: spinal stimulation helps men with paraplegia walk again."
- "It's unlikely that focusing fibromyalgia treatment solely on inflammation in this group will produce optimal improvements in quality of life."
- "Fibromyalgia causes widespread body pain, extreme fatigue, and cognitive dysfunction. Symptoms can impact daily life and may lead to other complications, such as depression and anxiety."
- "We'll be talking with the charity soon! Remember that donations greatly help research on Multiple Sclerosis. Follow the charity here. Donate to the cause and win prizes."
- 3. "Advocating for Cannabis Regulation is providing them with a powerful therapeutic weapon against multiple sclerosis."

Usernames and personal names were removed.

Table 2. Number of Tweets Published and Impact Ratios by Disease.

Category	Original tweets n (%)	Ratio like-tweet	Ratio retweet-tweet
Multiple sclerosis	14058 (25,35%)	163.12	47.97
Fibromyalgia	13083 (23,59%)	70.28	27.68
Headache	10790 (19,46%)	468.80	76.76
Paraplegia	9920 (17,89%)	10.37	4.65
Neuropathy	7600 (13,71%)	13.03	4.19

Table 3. Count of Likes and Retweets per Tweet Classified by Different Categories: User Types, Cause, Medical Tweets and Non-Medical Tweets.

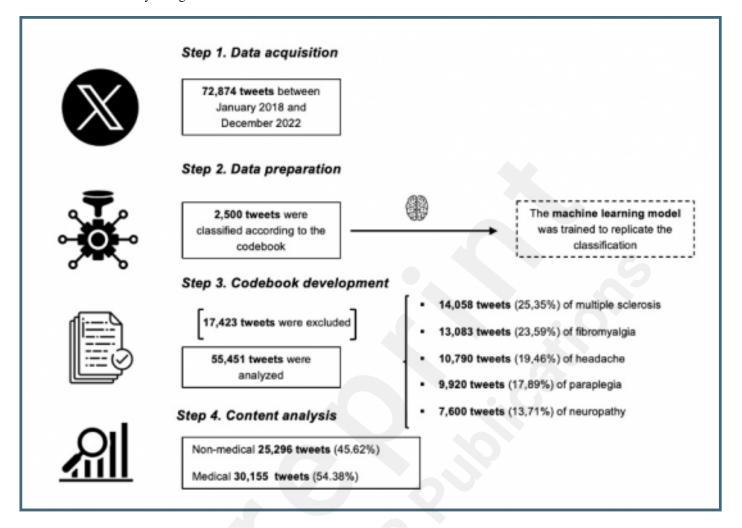
	Tweets		Ratio Likes- tweet	Ratio RT- tweet
	n	%		
Types of user				
Patient	15085	27,2	299,97	44,24
Patient's acquaintance	4900	8,84	258,23	71,75
Healthcare professionals or institutions	24080	43,43	50,72	20,15
Cause				
Vaccine / Infectious	3453	6,23	191,20	48,75
Stress	9690	17,47	405,75	64,41
Pharmacological	12515	22,57	81,78	23,04
Medical tweets				
Efficacy	20365	36,73	98,65	29,16
Non-efficacy Nonmedical tweets	35086	63,27	184,22	38,46
Knowledge	23661	42,67	59,87	21,53
Commercial	16034	28,92	140,20	37,43
Legal/Judicial	7428	13,4	164	41,74

Table 4. Classification of Tweets Based on Non-Medical Content (and Their Distribution Across Different Subcategories) Total and by Disease.

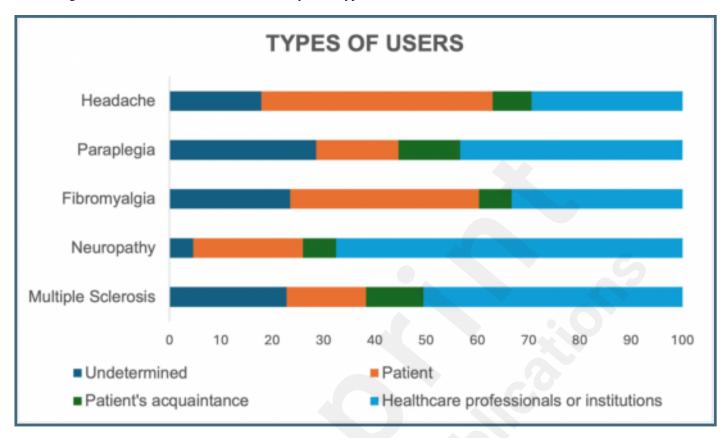
Category, n (%)	Total	Headache	Paraplegia	Fibromyalgia	Neuropathy	Sclerosis multiple
Non- classifiable	8328 (15,02)	3554 (32,94)	1124 (11,33)	1969 (15,05)	791 (10,41)	890 (6,33)
Knowledge	23661(42,67)	3164 (29,32)	4596 (46,33)	4701 (35,93)	4541 (59,75)	6659 (47,37)
Commercial	16034 (28,92)	2764 (25,62)	2727 (27,49)	4140 (31,64)	1296 (17,05)	5107 (36,33)
Legal / Judicial	7428 (13,39)	1308 (12,12)	1473 (14,85)	2273 (17,37)	972 (12,79)	1402 (9,97)

Figures

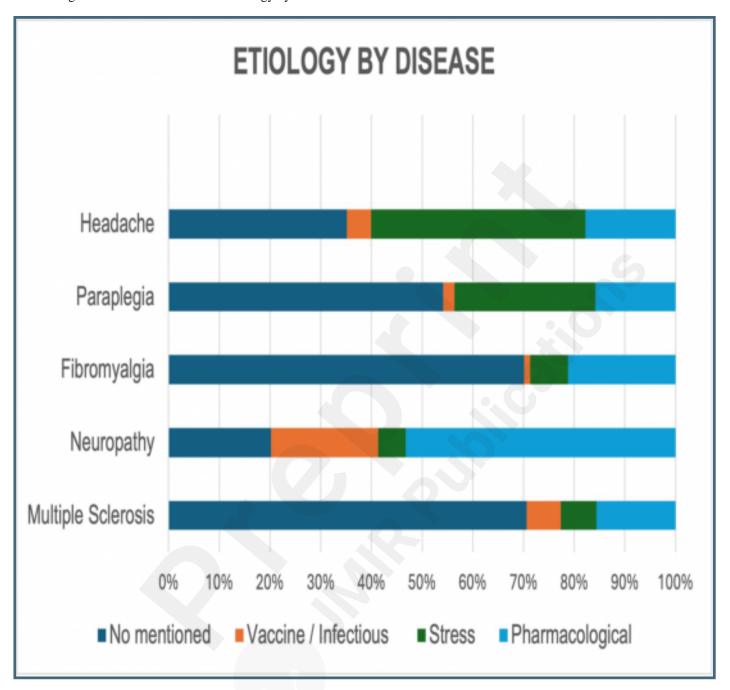
Flowchart of the Study Design.



Percentage of Tweets Published for Each Disease by User Type.



Percentage of Tweets Related to Each Etiology by Disease.



Percentage of Tweets Related to Treatment Efficacy by Disease.

