

Coping with Chronic Musculoskeletal Pain

Preliminary validation of the Portuguese version of two-item per scale measures

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BACKGROUND /AIMS

- Chronic pain is a significant health problem which impacts the quality of life of those who suffer from it. Coping responses have been shown to predict adjustment to chronic pain.

Adaptive Coping Responses

Task Persistence
Coping Self-Statements
Ignoring Sensations
Increasing Behavioral Activities

Maladaptive Coping Responses

Guarding
Resting
Asking for Assistance
Catastrophizing
Praying/Hoping

- There are few measures of coping with pain that have been translated into Portuguese, that would help determine the cross-cultural reliability of previous findings.

Aims:

- Validate translated versions of the two-items per scale Coping Strategies Questionnaire (P-CSQ) and the two-items per scale Chronic Pain Coping Inventory (P-CPCI), in a Portuguese sample of patients with musculoskeletal pain.
- Test hypothesized associations between coping and measures of adjustment to chronic pain:
 - Coping responses & Pain intensity → weak associations
 - CSQ and CPCI adaptive coping responses & measures of dysfunction (pain interference, depression and anxiety) → negative associations
 - CSQ and CPCI maladaptive coping responses & measures of dysfunction → positive associations

METHOD

Participants:

- N = 117 (chronic musculoskeletal pain patients from two Portuguese Hospitals)
- Convenience sample

SAMPLE DEMOGRAPHIC CHARACTERISTICS

	fr (%)	Mean	SD	Min	Max
Sex (% female)	70.9%	-	-	-	-
Age (years)	-	55.78	15.03	20	85
Education Level (% elementary school or lower)	62.1%	-	-	-	-

Measures:

- Demographic and Pain History Information
- Pain Intensity and Pain Interference
 - VAS (Visual Analogue Scale for pain intensity)
 - P-BPI Interference Scale (Portuguese Brief Pain Inventory - Interference Scale)
- Coping Responses
 - P-CPCI (Portuguese two-item per scale Chronic Pain Coping Inventory)
 - P-CSQ (Portuguese two-item per scale Coping Strategies Questionnaire)
- Psychological Functioning
 - HADS-D (Hospital Anxiety and Depression Scale – Depression)
 - HADS-A (Hospital Anxiety and Depression Scale – Anxiety)

RESULTS

PEARSON CORRELATION COEFFICIENTS BETWEEN CPCI SUBSCALES AND MEASURES OF PAIN AND PSYCHOLOGICAL FUNCTIONING

DESCRIPTIVE STATISTICS FOR STUDY MEASURES

	Mean	SD
VAS	6.37	2.59
P-BPI	4.60	2.35
HADS-D	8.86	4.00
HADS-A	10.09	3.67

	VAS	P-BPI	HADS-D	HADS-A
Guarding	0.05	0.28*	0.11	-0.06
Resting	-0.02	0.31**	0.15	0.19
Asking for assistance	-0.01	0.29*	0.18	0.17
Relaxation	0.01	0.17	-0.22	-0.13
Task persistence	-0.06	-0.12	-0.16	-0.10
Exercise/Stretch	0.00	-0.00	-0.24	-0.22
Seeking	0.09	0.31**	0.03	0.10
Coping Self Statements	-0.06	0.02	-0.20	-0.20

* p < 0.05 ** p < 0.01

PEARSON CORRELATION COEFFICIENTS BETWEEN CSQ SUBSCALES AND MEASURES OF PAIN AND PSYCHOLOGICAL FUNCTIONING

	VAS	P-BPI	HADS-D	HADS-A
Diverting Attention	0.06	0.02	-0.30	-0.10
Reinterpreting Pain Sensations	0.11	0.08	0.09	-0.14
Catastrophizing	0.19*	0.57**	0.47**	0.44**
Ignoring Sensations	-0.13	-0.25*	-0.23	-0.22
Praying/Hoping	0.14	0.26*	-0.41*	0.02
Coping Self Statements	-0.12	-0.03	-0.45**	0.14
Increasing Behavioral Activities	-0.03	0.11	-0.46**	-0.14

* p < 0.05 ** p < 0.01

DISCUSSION

- The findings provide preliminary support for the validity of the Portuguese versions of the brief CSQ and CPCI scales.
- The pattern of findings are generally consistent with results from previous (English speaking) samples, as hypothesized:
 - Adaptive coping responses show negative associations with measures of dysfunction
 - Maladaptive coping responses show positive associations with measures of dysfunction
- Some associations between coping and adjustment measures generalize across cultures:
 - Pain Intensity praying/hoping & catastrophizing
 - Adjustment → catastrophizing, guarding, resting, asking for assistance, ignoring sensations, coping self-statements & increasing behavioral activities
- Differences found in the associations may potentially reflect differences in the psychometric properties of the scales or cultural differences between this sample and English speaking samples:
- Limitations:**
 - Cross-sectional research design does not allow for estimates of test-retest stability and reliability of the coping measures over time
 - Exclusive use of self-report measures; associations found may reflect source variance
 - Heterogeneous sample concerning pain etiology; although all the participants had musculoskeletal pain.
- Research is needed to establish the reliability of the P-CPCI and P-CSQ, and to replicate the associations found in additional samples of patients with chronic pain from Portugal.

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