

DOES CHRONIC PAIN DIAGNOSIS MODERATE THE ASSOCIATION BETWEEN PSYCHOSOCIAL FACTORS AND FUNCTIONING?

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Background and aims: Pain diagnosis may influence the way psychosocial factors (that research shows to have key role in the adjustment to chronic pain) relate to functioning. If so, it is possible that treatment programs need to be adapted to target those factors that are most important for each diagnostic group. This study aimed to evaluate the moderating effect of chronic musculoskeletal pain diagnoses (Arthrosis, Rheumatoid Arthritis, Ankylosing Spondylitis, Disc Hernia, and other) on the associations between coping, self-efficacy and social support and functioning.

Methods: 324 persons with four different chronic pain conditions completed measures of pain intensity (NRS) and interference (P-BPI), physical functioning (PCS), psychological functioning (MCS), and measures of pain coping responses (the brief CSQ and the brief CPCI), self-efficacy (P-PSEQ) and satisfaction with social support (ESSS), anxiety and depression (HADS). Moderation analyses were performed using a series of Multivariate Regression Analyses, and Pearson Correlations to interpret significant interactions.

Results: Results showed moderation effects of diagnosis on the association between asking for assistance and social support and NRS; resting, guarding and social support and PCS; ignoring sensations, increase behavioural activities, resting, guarding and social support and MCS.

Conclusions: The findings provide support for hypothesis that diagnostic group moderates the association between some psychosocial factors and some measures of patient functioning. The findings have important implications for determining when psychosocial pain treatments might (and when they might not) need to be adapted to specific diagnostic groups.

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