



Original article

Generic self-reported and performance based instruments: How to capture pain associated disability



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ABSTRACT

Aims: To determine whether generic measures of disability, depression and physical activity are able to differentiate participants with and without pain.

Materials and methods: 504 adults aged ≥ 60 years old recruited at 18 primary care centers were assessed for: pain (NRS), disability (WHODAS), performance (SPPB), depressive symptoms (GDS) and physical activity (RAPA).

Results: 376 (74.6%) participants reported pain; pain sites most commonly reported were: low back (54.6%), knee (50.8%), shoulder (29.5%), hip (27.9%) and neck (24.7%). Pain was associated with increased disability, depression and decreased physical activity.

Conclusions: Generic instruments were able to capture pain associated changes.

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Instrumentos genéricos de funcionalidade e atividade física: como identificar a incapacidade associada à dor

RESUMO

Objetivos: Explorar se instrumentos genéricos de funcionalidade, depressão e atividade física são capazes de diferenciar utentes com e sem dor.

Materiais e métodos: 504 pessoas com 60 ou mais anos dos cuidados de saúde primários foram avaliadas quanto a: dor (NRS), funcionalidade percebida (WHODAS), performance (SPPB), depressão (GDS) e atividade física (RAPA).

Palavras-chave:

Idosos

Cuidados de saúde primários

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Depressão

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Resultados: 376 (74,6%) participantes referiram dor; os 5 segmentos corporais mais afetados foram: a lombar (54,6%), os joelhos (50,8%), os ombros (29,5%), a anca (27,9%) e a cervical (24,7%). A presença de dor estava associada a menor funcionalidade, depressão e menor atividade física.

Conclusões: Instrumentos genéricos são capazes de distinguir alterações associadas à dor.

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Introduction

Pain is highly prevalent in the general older adult population with bothersome pain in the last month affecting up to 52.9% of those aged 65 years or more.¹ In the primary health care setting, one month prevalence of any pain was shown to be 66.2%² and pain represents one in seven primary care consultations.³ Particular syndromes such as chronic low back pain or knee pain are the most common complaints with a prevalence of up to 23.0% and 41.0%, respectively.^{4,5} In addition, pain greatly interferes with daily life and the extend of this interference has been shown to have a more than twofold increase in the 80 years (35.0%) age group in relation to the 50 to 59 years age group (16.0%).² Pain interferes with the normal performance of a range of activities including moving around, recreational activities, sleep, self-care, household activities and work and psychological functioning.^{6,7}

Despite the considerable burden associated with pain in the primary care and its impact on self-reported disability and performance,⁸ relatively little is known about the characteristics of older adults with pain. To improve the understanding and management of a health condition, accurate information is needed regarding the patients' characteristics and their clinical presentation.⁹ Previous studies have focused on specific pain syndromes such as low back pain or knee pain,^{4,9,10} but few have presented data from more than one pain syndrome or from physical activity and depression, which are important predictors of pain associated disability.⁸

Comprehensive assessment of patients in primary care is only feasible if instruments are easy to use in terms of the technical skills and specialized equipment required, are broadly applicable and appropriate for a range of age and cultural groups.¹¹ Furthermore, the use of a pre-defined battery of tests that is routinely applied in a large group of patients and by different health professionals (e.g. doctors, physiotherapists or nurses) is likely to favor routine assessment and comparability of results. Therefore, the aims of this study are to (i) describe the characteristics of a sample of patients aged ≥ 60 years old attending primary care, in terms of pain, self-reported disability, performance, depression and physical activity and (ii) explore whether generic measures of self-reported disability (WHO Disability Assessment Schedule 2.0 – WHODAS 2.0), performance (Short Physical Performance Battery – SPPB), physical activity (Rapid Assessment of Physical Activity – RAPA) and depression (Geriatric Depression Scale – GDS) are able to differentiate between those with and those without pain at specific body sites. Each instrument takes less than 10 min to complete and do not require specialized training or equipment, rendering them easy to use in primary care.

Additionally, the SPPB and WHODAS 2.0 have been shown to be reliable and valid among several elderly populations that differ in terms of culture, language and education.^{12–14}

Material and methods

The present study refers to the cross sectional baseline analysis of a 12-month cohort study which aims to evaluate the association between disability and primary care consumption.

Participants

Participants were older adults comprising a convenience sample and were recruited through primary health care practices, either by referral from health care practitioners or direct invitation by researchers, among those attending health services on the days of data collection. Participants were recruited from 18 primary care practices located across the Councils of Aveiro, Ílhavo and Vagos, Portugal. The number of participants from each council and health care practice was proportional to the population served and this was calculated as follows: (i) an a priori sample size calculation considering the total number of inhabitants from Aveiro, Ílhavo and Vagos aged 18 years old and over, a confidence level of 95% and a confidence interval of 4% indicated that 504 participants would be needed; (ii) the total sample size calculated ($n = 504$) was subdivided according to the percent contribution of each municipality, resulting in 259 participants from Aveiro, 147 participants from Ílhavo and 98 participants from Vagos. The number of participants assessed at each primary care practice within the same municipality was calculated based on the percentage of inhabitants served at each practice by sex and age group.

Participants could be enrolled in the study if they were ≥ 60 years old and were able to give written informed consent. This was ascertained by asking participants to explain on their own words what the study involved. Sixty years old was used as the cut off for older adults in line with the United Nations definition (<http://www.unfpa.org/ageing>).

The study received Ethical approval from the Regional Health Administration Commission, Coimbra, Portugal. All participants signed an informed consent prior to their participation.

Procedures

All participants were interviewed once by a researcher at the primary health care center that the participant usually attended. All researchers involved in data collection were previously trained. Training included the presentation of

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