

A Canadian Survey of Self-Management Strategies and Satisfaction with Ability to Control Pain: Comparison of Community Dwelling Adults with Neuropathic Pain versus Adults with Non-neuropathic Chronic Pain

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■ ABSTRACT:

Individuals with chronic pain with neuropathic characteristics (CPNC) describe a different pain experience compared with those with chronic pain without neuropathic characteristics (CP). The aim of this study was to describe and compare pain, self-management strategies, and satisfaction with ability to control pain between adults with CPNC versus CP. Seven hundred and ten community-dwelling adults with chronic pain participated in a cross-sectional survey. CPNC was defined as a score ≥ 12 on the Self-Report Leeds Assessment of Neuropathic Symptoms and Signs Pain Scale. Self-management and pain control was compared between participants with CPNC and CP using frequency, percent, relative risk (RR), odds ratios (ORs), and 95% confidence intervals (CIs). Participants with CPNC (188/710) reported lower socioeconomic status, poorer general health, and more intense, frequent, and widespread pain. They were more likely to use prescription medications to manage pain (adjusted OR = 2.25, CI = 1.47-3.42). They were more likely to use potentially negative

strategies to ease the emotional burden of living with chronic pain, including substance use (adjusted OR = 1.58, CI = 1.06-2.35), denial (adjusted OR = 2.21, CI = 1.49-3.28), and behavioral disengagement (adjusted OR = 1.68, CI = 1.16-2.45), and they were more likely to be completely dissatisfied with their ability to control pain (RR = 1.77, CI = 1.21-2.58). Individuals with CPNC have distinct pain and self-management experiences compared with those with CP that may lead to negative coping strategies and dissatisfaction with ability to control pain. Therefore, self-management assessment and support should be tailored by pain condition.

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Chronic pain is reported by 7.4%-58.0% of community-dwelling adults internationally (Azevedo, Costa-Pereira, Mendonca, Dias, & Castro-Lopes, 2012; de Moraes Vieira, Garcia, da Silva, Mualem Araujo, & Jansen, 2012; Dominick, Blyth, & Nicholas, 2012; Elzahaf, Tashani, Unsworth, & Johnson, 2012; Harifi et al., 2013; Hoffman, Meier, & Council, 2002; Leadley, Armstrong, Lee, Allen, & Kleijnen, 2012; Meghani & Cho, 2009; Ohayon & Stingl, 2012; Reitsma, Tranmer, Buchanan, & VanDenKerkhof, 2012; Wong & Fielding, 2011), with up to half of these adults (17%-53%) reporting pain characteristics that suggest neuropathic mechanisms (Bouhassira, Lanteri-Minet, Attal, Laurent, & Touboul, 2008; de Moraes Vieira et al., 2012; Harifi et al., 2013; Ohayon & Stingl, 2012; Torrance, Smith, Bennett, & Lee, 2006; Toth, Lander, & Wiebe, 2009). Neuropathic pain has been defined as "pain caused by a lesion or disease of the somatosensory system" (International Association for the Study of Pain, 2012). Pain may result from multiple causes (Finnerup et al., 2016; Treede et al., 2008); thus, individuals whose pain appears to result at least in part from neurologic causes may be considered to have chronic pain with neuropathic characteristics (CPNC). Individuals with CPNC are more likely than those with chronic pain (CP) to describe their pain as "tingling," "burning," and/or "shooting"; and report abnormal sensation including hyperalgesia, hypoalgesia, and/or allodynia (Gilron, Baron, & Jensen, 2015). These characteristics are included in self-report tools to assist in screening for neuropathic pain (Finnerup et al., 2016). Individuals with CPNC also tend to report higher pain intensity (Bouhassira et al., 2008; Torrance et al., 2006;

Toth et al., 2009), and more daily variation (Bouhassira et al., 2008) and affected body areas (Bouhassira et al., 2008; Torrance et al., 2006). The presence of CPNC is also associated with lower levels of health-related quality of life (Attal, Lanteri-Minet, Laurent, Fermanian, & Bouhassira, 2011; Jensen, Chodroff, & Dworkin, 2007; Smith, Torrance, Bennett, & Lee, 2007; Toth et al., 2009) and greater pain disability and interference with sleep, relationships, mobility, work, and socializing (Attal et al., 2011; Giladi, Scott, Shir, & Sullivan, 2015; Jensen et al., 2007; McDermott, Toelle, Rowbotham, Schaefer, & Dukes, 2006; Ohayon & Stingl, 2012; Smith et al., 2007).

LITERATURE REVIEW

Self-management describes the skills and strategies that individuals employ to manage their health condition and minimize its effect on life roles and emotions (Lorig & Holman, 2003). Self-management of CPNC may differ from other forms of CP because of increased disability and interference as described earlier, poorer pain relief (Daniel et al., 2008; O'Connor, 2009; Ohayon & Stingl, 2012; Torrance, Smith, Watson, & Bennett, 2007), and increased palliation efforts, including taking multiple medications, taking prescription strength medications (Mehra, Hill, Nicholl, & Schadrack, 2012; O'Connor, 2009; Ohayon & Stingl, 2012; Torrance et al., 2007), seeking treatment (Mehra et al., 2012; Torrance et al., 2006), and undergoing palliation procedures (Mehra et al., 2012). Finally, the self-management of emotional health may differ between pain groups because comorbid depression may be more common with CPNC (Mehra et al., 2012).

In light of these differences, it was hypothesized that the strategies used by individuals to manage pain and its effect on emotional health differ between those with CPNC and CP. Understanding whether the experiences of self-managing CPNC and CP differ would allow for better tailoring of self-management education. Tailoring self-management support has been identified as an important component of effective patient education and may include careful selection of health messages to match preferences and needs in order to increase personal relevance of presented material (Fu, McNichol, Marczewski, & Closs, 2016; Hawkins, Kreuter, Resnicow, Fishbein, & Dijkstra, 2008). Nurses are both capable and effective providers of self-management support (Handley, Shumway, & Schillinger, 2008; Noble, Morgan, Viridi, & Ridsdale, 2013; Tshiananga et al., 2012; Zimmermann et al., 2016), and some report already engaging in tailoring

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