



ELSEVIER

# Revista Colombiana de Anestesiología

## Colombian Journal of Anesthesiology

www.revcolanest.com.co



### Scientific and Technological Research

## Characteristics of pain, psychological aspects, quality of life and coping strategies in patients with chronic back pain in a city of Colombia<sup>☆</sup>

Ana Mercedes Bello-Villanueva<sup>a,c</sup>, Maira Benítez-Lara<sup>a,c</sup>,  
Oscar Oviedo-Trespalcacios<sup>a,b,c,\*</sup>

<sup>a</sup> Human Development Research Group, Department of Psychology, Universidad del Norte, Barranquilla, Colombia

<sup>b</sup> Department of Industrial Engineering, Universidad del Norte, Barranquilla, Colombia

<sup>c</sup> Centre for Accident Research and Road Safety – Queensland (CARRS-Q), Institute of Health and Biomedical Innovation (IHBI), Queensland University of Technology, Brisbane, Australia

#### ARTICLE INFO

##### Article history:

Received 24 November 2016

Accepted 13 July 2017

Available online xxx

##### Keywords:

Back pain

Chronic pain

Pain management

Quality of life

Adaptation, psychological

#### ABSTRACT

**Introduction:** Chronic back pain is one of the principal causes of long term disability in middle age. Its consequences include decreased worker productivity and increased costs for affected individuals, their employers and society in general.

**Objective:** Determine coping strategies, characteristics of pain including psychological aspects, and quality of life in patients with chronic back pain.

**Materials and methods:** 50 patients from three institutions providing physiotherapy services in the city of Sincelejo, were surveyed. A non-experimental descriptive cross type design was used; each participant underwent treatment with a pain characteristic assessment interview, along with the visual analog scale (VAS), the Coping Strategies Questionnaire (QSC) and the Quality of Life Questionnaire Euroqol (EQ5D2).

**Results:** Most patients had a diagnosis of cervicalgia and low back pain. The perceived intensity of pain was generally moderate. The most frequently used coping strategies was praying and hoping and the least used was catastrophizing. Patients reported a high level of quality of life in terms of self-care and mobility scales. In addition, statistically significant relationships between current pain intensity and coping strategy to ignore it (positive) and between duration of pain and the coping strategy consistent of minimizing pain (negative) were established.

**Conclusions:** The findings suggest that the use of strategies to ignore the pain increases with the intensity of the pain and reduces with longer duration. Additionally, pain perception is sensitive to age and experiences.

© 2017 Sociedad Colombiana de Anestesiología y Reanimación. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

<sup>☆</sup> Please cite this article as: Mercedes Bello-Villanueva A, Benítez-Lara M, Oviedo-Trespalcacios O. Características del dolor, aspectos psicológicos, calidad de vida y estrategias de afrontamiento en pacientes con dolor de espalda crónico en una ciudad de Colombia. Rev Colomb Anestesiolog. 2017. <http://dx.doi.org/10.1016/j.rca.2017.07.002>

\* Corresponding author at: Centre for Accident Research and Road Safety – Queensland (CARRS-Q), Institute of Health and Biomedical Innovation (IHBI), Queensland University of Technology (QUT), K Block, 130 Victoria Park Road, Kelvin Grove, QLD 4059, Australia.

E-mail address: [oscar.oviedotrespalcacios@qut.edu.au](mailto:oscar.oviedotrespalcacios@qut.edu.au) (O. Oviedo-Trespalcacios).

2256-2087/© 2017 Sociedad Colombiana de Anestesiología y Reanimación. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## Características del dolor, aspectos psicológicos, calidad de vida y estrategias de afrontamiento en pacientes con dolor de espalda crónico en una ciudad de Colombia

### R E S U M E N

#### Palabras clave:

Dolor de espalda  
Dolor crónico  
Manejo del dolor  
Calidad de vida  
Adaptación psicológica

**Introducción:** El dolor de espalda crónico es una de las principales causas de discapacidad a largo plazo en la edad madura. Sus consecuencias incluyen: disminución de la productividad laboral y el aumento en los costos para los individuos afectados, sus empleadores y la sociedad en general.

**Objetivo:** Determinar las estrategias para afrontar el dolor, características de éste, incluyendo aspectos psicológicos y calidad de vida en pacientes con dolor de espalda crónico.

**Materiales y métodos:** Se encuestaron 50 pacientes de tres instituciones que prestan servicios de fisioterapia en la ciudad de Sincelejo. Se utilizó un diseño no experimental, descriptivo transversal. A cada participante se le hizo una entrevista de evaluación de las características del dolor junto con la Escala Analógica Visual (VAS), el Cuestionario de Estrategias de Afrontamiento del Dolor (QSC) y el Cuestionario de Calidad de Vida Euroqol (EQ5D2).

**Resultados:** La mayoría de los pacientes presentaron un diagnóstico de lumbalgia y cervicalgia. En general su percepción de dolor era moderado. Las estrategias de afrontamiento más utilizadas eran rezar y tener esperanza, mientras que la menos usada era la catastrofización. Los pacientes reportaron un buen nivel de calidad de vida en las escalas de cuidado personal y movilidad. Además, se establecieron relaciones estadísticamente significativas entre la intensidad del dolor actual y la estrategia de afrontamiento de ignorar el dolor (positiva) y entre la duración del dolor y la capacidad para afrontarlo basada en minimizar el dolor (negativa).

**Conclusiones:** Los hallazgos sugieren que el uso de estrategias para ignorar el dolor se incrementa con la intensidad del mismo y disminuye en una medida que se prolonga en el tiempo. Adicionalmente, la percepción del dolor es sensible a la edad y a las experiencias.

© 2017 Sociedad Colombiana de Anestesiología y Reanimación. Publicado por Elsevier España, S.L.U. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## Introduction

Low back pain represents the major musculoskeletal occupational hazard. It is the leading cause of disability in men of working age, involving labor problems, such as withdrawal from work, job loss and economic uncertainty. The total cost in lost productivity is enormous; it is the second health-related issue causing absenteeism from work (15%), after the common cold.<sup>1-3</sup> Although we found no publications on recent data in Colombia, in the U.S. low back pain affects 31 million people per year and its annual cost to health services range from 20 to 50 billion dollars; 80% of this population has suffered from low back pain at some point in their life.<sup>4</sup>

The study of pain requires a comprehensive analysis of etiological factors; it is a perceptual and affective experience influenced by biological, psychological and socio-cultural factors that interact with each other.<sup>5</sup> Chronic back pain is associated with psychological distress, emotional reactions – such as depressive symptoms, anxiety or anger – and inadequate cognitive processes including interpretations and beliefs about pain, poor perception of control over situations and inadequate styles of coping.<sup>6</sup> Cognitive factors frequently associated with pain, act in its chronification process, such as the assigned meaning to pain, irrational beliefs, negative thoughts, the degree of perceived control, self-efficacy expectations, pain attention pattern, perceived social

support, importance given to fear of pain, previously experienced episodes of pain and coping strategies.<sup>7</sup>

Coping strategies are a set of cognitive and behavioral efforts individuals use to confront excessive demands, according to a self-assessment of the available personal resources – which may be adaptive or not – depending on the context and appropriate assessment to change the situation.<sup>8,9</sup> Lazarus and Folkman<sup>8</sup> classified the coping strategies in two groups, problem-focused and emotion-focused. These involve strategies aimed to solve, re-conceptualize or minimize the effects of a stressful situation; they involve actions such as defining the problem, finding alternative solutions, evaluating the cost and benefit of such alternatives, their choice and implementation.<sup>3,10,11</sup> Emotion-focused coping strategies regulate the subject's emotional response to the event and minimizes the degree of emotional disturbance. Examples of these are: positive thinking, denial, avoidance, selective attention, distancing, minimization and wresting positive value from negative events.<sup>10-12</sup> Cognitive strategies include: diverting attention, reinterpreting pain sensations, self-affirmation, ignoring pain, praying or hoping and catastrophizing.<sup>13</sup> In the latter, patients tend to evaluate pain as uncontrollable, exaggerate its threat value and cannot divert attention away from it.<sup>2,4</sup> Behavioral strategies increase activity and pain behaviors while involving relevant aspects in chronic pain, such as control over it and the ability to minimize it.<sup>14,15</sup>

Download English Version:

<https://daneshyari.com/en/article/8616050>

Download Persian Version:

<https://daneshyari.com/article/8616050>

[Daneshyari.com](https://daneshyari.com)