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## Original article

## The European Portuguese adaptation of the Fear of Pain Questionnaire (FPQ-III)

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## ABSTRACT

In Portugal, it is estimated that chronic pain affects 36.7% of the population, constituting a multifactorial phenomenon with great impact at individual, family, community, and social levels. In the fear-avoidance model of pain, one of the most consistent consensual in the literature, the fear arises as one of the variables that can contribute to the development and maintenance of this condition. Thus, instruments for evaluating the fear of pain, as Fear of Pain Questionnaire (FPQ-III), may be useful in the conceptualization of the subjective experience of pain. Accordingly, this paper aims to describe the adaptation of FPQ-III for the European Portuguese. A total of 1094 participants (795 women; mean age = 25.16, SD = 7.72) completed the web based questionnaire. The results pointed to a different factor solution found in the first study of the original scale (five factors: minor pain, severe pain, medical pain, injection pain, and afflicted pain), good internal consistency (.75–.85) and good correlations (between .30 and .59) between subscales and (between .68 and .85) for the total score and subscales. Given the need to meet the various dimensions of subjective experience of pain, the Fear of Pain Questionnaire is assumed as a useful tool, in combination with other, may contribute to the evaluation and intervention procedures progressively more comprehensive and adjusted to the challenges raised with the issue of chronic pain.

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**Fear of Pain Questionnaire (FPQ-III): adaptação para o português europeu**

## R E S U M O

**Palavras-chave:**

Dor crônica  
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Avaliação da dor  
Ansiedade

Em Portugal, estima-se que a dor crônica afete 36.7% da população, constituindo um fenômeno multifatorial com grande impacto em nível individual, familiar, comunitário e social. No modelo de medo-evitamento da dor, um dos mais consensuais na literatura, o medo surge como uma das variáveis que podem contribuir para o desenvolvimento e a manutenção dessa condição. Assim, instrumentos dedicados à avaliação do medo da dor, como o Fear of Pain Questionnaire (FPQ-III), podem ser úteis na conceitualização da experiência subjetiva de dor. Em concordância, este trabalho tem como objetivo descrever a adaptação do FPQ-III para o português europeu. Preencheram o questionário pela internet 1.094 participantes (795 mulheres; idade média = 25,16, DP = 7,72). Os resultados obtidos apontam para uma solução fatorial diferente da encontrada no primeiro estudo da escala original (cinco fatores: dor leve, intensa, médica, de injeção e aflita), uma boa consistência interna (entre .75 e .85), boas correlações entre subescalas (entre .30 e .59) e entre essas e a pontuação total (entre .68 e .85). Perante a necessidade de atender a várias dimensões da experiência subjetiva de dor, o questionário de medo da dor assume-se como uma ferramenta útil que, em combinação com outras, pode contribuir para processos de avaliação e de intervenção progressivamente mais compreensivos e ajustados aos desafios levantados pela problemática de dor crônica.

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**Introduction**

Speaking of chronic pain means talking about a multifactorial phenomenon with a significant impact, either on an individual basis (because there are changes associated with functionality in day-to-day activities, well-being, suffering, and mental and physical health), and in terms of other dimensions (such as family, community, and socioeconomic environment). While it is recognized that chronic pain has a significant impact on several levels, being influenced by multiple variables (biopsychosocial model),<sup>1</sup> its definition is not completely consensual and may vary depending on the socio-historical-cultural dynamics. However, one of the most widespread definitions is the one proposed by the International Association for the Study of Pain (IASP),<sup>2</sup> which describes the pain as an unpleasant subjective, sensory and emotional experience, related to current or potential tissue harm, or to a description that can be contextualized in terms of such damage.

This complexity in the conceptualization of chronic pain is also reflected in terms of explanatory models of the phenomenon. One of the most investigated approaches is the cognitive-behavioral model of fear-avoidance of pain, which was first developed in the context of chronic low back pain,<sup>3,4</sup> but that has also been explored in other pain conditions, such as headache and fibromyalgia.<sup>5-7</sup> According to this model, the development and maintenance of chronic pain depend on the subject's response in the face of the experience of pain, that can be of coping or avoidance.<sup>3,4,8,9</sup> In a scenario of pain coping, the individual takes the necessary steps to restrict situations that could hinder his/her recovery process, and at the same time seeks gradually resume his/her activities. Therefore, the potential fear of pain weakens over time. On the other hand, in a case of pain avoidance, the subject catastrophizes

the experience of pain, which means that there is a negative exacerbation of this experience, to the point of the development of a permanent fear of pain and/or of re-injury.<sup>4</sup> This fear is characterized by behaviors of escape/avoidance of activities that are considered as painful (functionality changes in everyday activities), by a greater physiological reactivity, by mood changes (e.g., irritability, frustration, depression), and also by an increased hypervigilance in the face of internal and external information indicating pain.<sup>10</sup> Thus, the catastrophizing behavior leads to the development of fear of pain, leading to a fear-avoidance cycle that self-perpetuates and contributes to the maintenance of chronic pain.<sup>11</sup>

Consistent with this model, several studies have shown that the fear of pain is a relevant variable in understanding the subjective experience of pain,<sup>12</sup> and it is related to the process of catastrophizing,<sup>13</sup> of hypervigilance in the face of somatic stimuli,<sup>14</sup> and of being directly implicated in explaining changes found in terms of functionality.<sup>13,15-19</sup>

Taking into account that self-report measures can be useful in the conceptualization of the experience of pain, this study is based on a specific fear measurement, the Fear of Pain Questionnaire (FPQ-III),<sup>20</sup> which can be used to assess fear of pain in a specific area (e.g., medical pain) or to assess the prevalence of fear across domains. From the original study,<sup>20</sup> we found that an intense fear of pain is associated with greater avoidance/evasion response, apart from the fact that people with chronic pain tend to report greater fear of pain. FPQ-III<sup>20</sup> has been used both in healthy populations, and in populations with chronic pain, in different socio-cultural contexts, showing good psychometric properties of reliability and validity.<sup>1,20-22</sup> In this context, and considering the usefulness of this instrument in clinical and research scenarios, the main objective of this study is to present an adaptation of FPQ-III<sup>20</sup> into Portuguese, since so far there are no data available, to our knowledge, for the Portuguese population.

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