

MEASURING CHRONIC PAIN ACCEPTANCE: FURTHER SUPPORT FOR THE VALIDITY AND RELIABILITY OF THE CPAQ-8

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Background and aims: Pain acceptance is known to be associated with better function and perceived quality of life in people with chronic pain. This study sought to provide further evidence regarding the psychometric properties of a brief measure of pain acceptance – the 8-item version of the Chronic Pain Acceptance Questionnaire (CPAQ-8) – to facilitate additional research in this area.

Methods: A total of 300 adults (mean age = 47.34; SD=10.62) completed measures of general and pain acceptance and commitment, fear of movement, anxiety and depression, pain disability and health-related quality of life. We performed a Confirmatory Factor Analysis (CFA) to evaluate the factor structure of the items and tested the reliability and validity of the CPAQ-8 scores.

Measures:

- Chronic Pain Acceptance Questionnaire-8 (CPAQ-8)
- Committed Action Questionnaire-8 (CAQ-8)
- Hospital Anxiety and Depression Scale (HADS)
- Tampa Scale of Kinesiophobia-11 (TSK-11)
- Pain Disability Index (PDI)
- Patient-Reported Outcomes Measurement Information System (PROMIS) Global Health Scale (PROMIS-G)

Results:

Table 1. Goodness of fit from the CFA

Model	χ^2	CFI	TLI	SRMR	RMSEA
2 factors	96.65 (p<.001)	.92	.88	.05	.12
2 factors allowing to correlate items 4 and 5	47.34 (p<.001)	.97	.95	.03	.07

Table 3. Validity of CPAQ-8

Convergent validity			
	CPAQ-8 total	Activity Engagement	Pain Willingness
CAQ-8	.46*	.52*	.14
Criterion validity			
HADS anxiety	-.27*	-.26*	-.14
HADS depression	-.52*	-.55*	-.20*
TSK-11	-.40*	-.31*	-.30*
PDI	-.48*	-.54*	-.14
PROMIS-G physical	.60*	.66*	.20
PROMIS-G- mental	.53*	.57*	.18

* p<.002

Table 2. Factor loadings resulting from the CFA

	Activity Engagement	Pain Willingness
Item 1	.82	
Item 2	.88	
Item 3	.75	
Item 4		.48
Item 5		.50
Item 6	.74	
Item 7		.76
Item 8		.68

Table 4. Reliability of CPAQ-8

CPAQ-8 total	$\alpha = .75$
CPAQ-8 Activity Engagement	$\alpha = .88$
CPAQ-8 Pain Willingness	$\alpha = .75$

Conclusions: The findings provide further support for the 2-factor structure of the CPAQ-8 and for the reliability and validity of the Total and Activity Engagement CPAQ-8 scores, but suggest that additional work is needed to improve the CPAQ-8 Pain Willingness scale.

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