PH 111. DO ATTITUDES ABOUT PAIN INFLUENCE THE COPING STRATEGIES THAT ADOLESCENTS USE?

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Background and aims: to determine the extent to which pain beliefs are associated with the coping strategies that adolescents use to manage their pain. Based on previous research, we hypothesized that:

(1) Adaptive beliefs about pain would show significant and independent associations with the use of adaptive pain coping strategies (i.e., approach and problem-focused avoidance strategies), **(2)** maladaptive beliefs about pain would be more strongly associated with maladaptive pain coping strategies (i.e., emotion-focused avoidance strategies) and **(3)** both maladaptive pain beliefs and maladaptive pain coping strategies would show significant and independent associations with disability.

Results:

Table 1. Multiple regression analyses predicting Approach coping strategies

Step	Predictor	R^2	R^2 change	F change	B change	t	p
1	Demographic data	.018	.018	3.6			**.028**
	Age				.04	.90	.371
	Sex				.12	2.45	**.015**
2	Peds-SOPA-R beliefs	.13	.11	6.9			**<.001**
	Solicitousness				.16	2.83	**.005**
	Control				.18	3.43	**.001**
	Emotion				.11	2.09	**.038**

Table 2. Multiple regression analyses predicting Problem-focused avoidance

Step	Predictor	R^2	R^2 change	F change	B change	t	p
1	Demographic data	.05	.05	9.89			**<.001**
	Age				-.01	-.290	.772
	Sex				-.22	-4.40	**<.001**
2	Peds-SOPA-R beliefs	.23	.18	13.24			**<.001**
	Disability				-.34	-.640	**<.001**
	Exercise				.11	2.23	**.027**

Table 3. Multiple regression analyses predicting Emotion-focused avoidance

Step	Predictor	R^2	R^2 change	F change	B change	t	p
1	Demographic data	.02	.02	3.63			**.027**
	Age				.10	2.05	**.041**
	Sex				.08	1.58	.116
2	Peds-SOPA-R beliefs	.17	.15	10.06			**<.001**
	Control				-.17	-3.17	**.002**
	Medication				-.16	-3.17	**.002**
	Emotion				.16	3.06	**.002**
	Disability				.20	3.67	**<.001**

Table 4. Multiple regression analyses predicting disability

Step	Predictor	R^2	R^2 change	F change	B change	t	p
1	Demographic data	.026	.026	.55			.011
	Age				.13	2.36	.019
	Sex				.09	1.69	.092
2	Peds-SOPA-R beliefs	.138	.113	6.34			<.001
	Disability				.18	3.08	.002
	Exercise				-.15	-2.70	.007
3	Pain coping strategies	.213	.074	4.49			<.001
	Externalizing				.14	2.58	.010
	Internalizing/ Catastrophizing				.19	2.79	.006

Methods: 399 adolescents between 12 and 18 years old participated in the study. Participants were asked to complete measures of:
Pain-related beliefs: Pediatric Survey of Pain Attitudes-Revised[1]
Pain coping strategies: Pain Coping Questionnaire[2].
Disability: Functional Disability Inventory[3].

A series of four hierarchical regression analyses were performed.

Conclusions: **(1)** significant adaptive beliefs about pain were positively related with the use of adaptive pain coping strategies and negatively related with the use of maladaptive coping strategies, **(2)** **m**aladaptive beliefs about pain showed the opposite pattern and **(3)** Maladaptive pain beliefs and maladaptive pain coping strategies were significantly and positive related with disability, while adaptive beliefs about pain were significantly and negative related with disability.

Such information can guide the development of community-based treatment programs, the evaluations of which could be used to help determine the causal role of pain-related beliefs and coping in the adjustment of chronic pain in these populations.

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