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The relationship between pain and negative affect in older adults: anxiety as a predictor of pain

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Abstract

Although the relationship between pain and negative affect (e.g., depression, anxiety, and anger) has been repeatedly demonstrated in younger populations, the findings have varied widely among studies. Additionally, there has been minimal research on the relationship between negative affect and acute pain in older adults. This is especially disturbing when one considers that the population is at a higher risk for painful conditions than any other age group. The current study investigated the relative contributions of state anxiety, trait anxiety, depression, state anger, and trait anger to acute pain in an elderly, postsurgical population. The participants ($n = 100$) were all over the age of 65 and were receiving treatment on an inpatient rehabilitation unit following orthopedic surgery (e.g., knee or hip replacement surgery). Data were analyzed by means of multiple regression, regressing the five predictor variables on the single criterion variable. Results indicated that the only significant predictor of pain in this population was state anxiety, and that this variable alone accounted for 27% of the variance in pain. Treatment implications and suggestions for further research were discussed.

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1. Introduction

While pain and its management have been frequently studied, a limitation of the current behavioral literature on this topic is that it has relied primarily on younger or middle-aged subjects. It remains an understudied problem in older adults (Ferrell, Ferrell, & Osterweil, 1990; Keefe & Williams, 1990), who are at great risk for functional decline resulting from painful illness. The psychological aspects of pain have also been understudied in older adults. The ramifications of this include the possibility of treatment errors made because pain is seen solely as a symptom of unhealed damage to the body. The suffering and affect involved are not taken into account in older adults (Fordyce, 1988).

Though it is clear that there is an increase in the prevalence of pain in older adults (Valkenburg, 1988), the relationship between pain and affect remains unclear. In an attempt to clarify the relative contributions of negative affect (e.g., depression, anger, anxiety) to the subjective experience of chronic pain, Gaskin, Greene, Robinson, and Geisser (1992) found that these emotions predict self-reports of pain among chronic pain patients. However, this study did not utilize a geriatric sample, and did not apply to acute pain.

While age is no longer an overt exclusion criterion for multidisciplinary treatment centers, as it has been in the past, many multidisciplinary programs are effectively made unavailable to most older patients through indirectly age-related criteria (e.g., vocational goal requirements) (Kee, Middaugh, Redpath, McCabe, & Brena, 1995). Part of the problem inherent in this exclusion is that older adults are not receiving the psychological components of multidisciplinary treatment provided by pain clinics. The emphasis in treatment of pain in older adults has been primarily pharmacological (Kee, Middaugh, & Pawlick, 1996), although this research has been conducted primarily on younger patients. Salzman, Schneider, and Lebowitz (1993) reviewed literature for all pharmacological studies of antidepressant therapy in elderly patients and found that only 33 of 400 studies dealt exclusively with patients over the age of 65, and none as controlled and double blind. They concluded that recommendations made for the elderly were based on data derived from studies of younger patients. Medication management is complicated in older adults by factors, such as interactions with medical medications, changes in sensitivities of bodily systems, and side effects, such as changes in cognitive functioning (i.e., reversible dementia). The psychological management of pain in older adults is an effective and safe alternative.

While it appears clear that there is a relationship between depression and pain, some argument remains as to the nature and degree of the relationship Romano and Turner (1985) reviewed the literature on the relationship between pain and depression and concluded that research support can be found for virtually all hypotheses about the nature of the relationship between the two constructs: depression leads to pain by increasing pain sensitivity and decreasing pain threshold; pain becomes a virtual equivalent of depression among patients with certain dispositions; pain serves as a stressor that leads to subsequent depression;

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