

Original Report

Do Correlates of Pain-Related Stoicism and Cautiousness Differ in Younger and Older People With Advanced Cancer?

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Abstract: Age differences are not evident in pain-related stoicism and cautiousness in people with cancer pain. Little is known about the factors associated with these pain-related attitudes or age-related patterns in these associations. The present cross-sectional study investigated the biopsychosocial correlates of the attitudes in younger and older patients with advanced cancer. Pain-related stoicism (fortitude, concealment, superiority) and cautiousness (self-doubt, reluctance) were assessed using the Pain Attitudes Questionnaire-Revised (PAQ-R). Participants, 155 younger (younger than 60 years old) and 114 older (60 years old or older) patients with advanced cancer completed the PAQ-R and measures of sociodemographic and medical characteristics, pain intensity, cognitive-affective pain-related responses, physical functioning, psychological distress and well-being, and psychosocial functioning. Backwards regression analyses identified correlates for each PAQ-R factor separately for younger and older patients. Activity engagement was a frequent correlate, but its relationship with concealment was the only association common to both age groups. Younger and older patients exhibited different avoidance-related constructs suggesting relational challenges in the former group (avoidant attachment) and intrapersonal fear in the latter (cognitive avoidance). Medical correlates also showed age differences: younger patients showed symptom-focused correlates, whereas older patients showed aging-related correlates. Findings support a biopsychosocial framework of cancer-pain adaptation incorporating a lifespan-developmental perspective.

Perspective: To our knowledge, this article is the first to identify biopsychosocial correlates of stoic and cautious attitudes toward cancer pain in younger and older patients with advanced cancer.

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Findings highlight possible age-related motivations for greater pain-related stoicism or cautiousness and can potentially inform interventions addressing challenges in cancer-pain adaptation in advanced cancer.

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Despite treatment advances, cancer pain remains undertreated especially in older patients.^{17,26,45} Older patients may be more stoic toward pain and therefore less likely to report pain.^{1,48,132,133} However, few rigorous data supporting this supposition in cancer pain exist. Furthermore, we know little about the nature of stoicism in cancer, including associated factors that might help explain subsequent links with cancer pain reports. One obstacle has been the lack of a valid pain-related stoicism measure in cancer. Existing measures^{36,131} confound pain reporting and motivations for stoicism with stoicism itself, potentially inflating associations with pain.⁷⁶

To address limitations, we validated the Pain Attitudes Questionnaire-Revised (PAQ-R)¹³² for advanced cancer.⁷⁶ The PAQ-R measures pain-related stoicism (dispassionate pain endurance) and cautiousness (uncertainty over labeling sensations as painful) in chronic nonmalignant pain. It distinguishes pain under-reporting, tapped by the stoic-concealment subscale, from other dimensions of stoicism. Observed partial scalar invariance between younger (younger than 60 years) and older (60 years of age and older) patients allowed valid age group comparisons on PAQ-R factors.⁷⁶ Importantly, results adjusted for covariates revealed that older patients were not more stoic about cancer pain, consistent with findings regarding general cancer-related stoicism.^{36,131} The only age difference was in the opposite direction: younger patients showed greater stoic superiority (pain endurance) than older patients.⁷⁶

In biopsychosocial models of pain and adaptation, younger and older groups can show similar outcomes, as we observed,⁷⁶ but vary in explanatory pathways to outcomes.⁴⁶ A lifespan-developmental perspective acknowledges that age cohorts differ in cumulative biopsychosocial changes and experiences and that the same factor can play different roles across cohorts.^{41,46} Furthermore, illness disrupts different life domains and goals between cohorts, and cohorts' adaptations to disruptions vary.^{11,46} These developmental differences engender age differences in explanatory pathways to outcomes. Comparing younger and older patients has revealed important age group differences in key factors in chronic pain adaptation, such as in the fear-avoidance model of pain²⁹ and the role of cognitive appraisal in the pain-depression relationship.¹²⁵

Identifying age differences in biopsychosocial factors associated with cancer-related stoicism and cautiousness is important in understanding pain adaptation across the lifespan. Only stoicism has received attention in cancer, but research has been unsystematic. It was correlated with some chronic pain beliefs and distress³⁶ but not age, gender, or ethnicity.^{36,131} Qualitative studies described stoicism in male,^{118,128,129} non-Caucasian,^{5,61,62,64,83} and older cancer patients,⁴⁰ but female, Caucasian, and younger

comparison groups typically were lacking. Patients further reported motivations for stoicism: as a masculine ideal^{90,129}; indication of strength or pain acceptance⁶⁴; or reflection of fear of pain worsening if discussed, concern about others' negative responses or burdening others, or continued goal achievement.^{5,83} Those with advanced cancer similarly described stoicism to live with pain,⁴⁰ maintain activities,⁵³ fit masculine ideals,¹¹⁸ or minimize bothering caregivers.⁵³ Age groups have not been compared on factors underlying stoicism.

The present cross-sectional study was a secondary analysis of data on age-related patterns in advanced cancer pain.⁴⁹⁻⁵² This is the first study to treat the PAQ-R factors as outcomes and apply an exploratory multivariate approach to investigate the biopsychosocial correlates of stoicism and cautiousness in younger and older patients with cancer pain.

Methods

All participant characteristics, self-report measures, and procedures employed in the parent study have been described in detail elsewhere.^{49-52,76}

Participants

Participants were outpatients recruited in clinic for a cross-sectional study of age differences in cancer pain at the Princess Margaret Cancer Centre, a large cancer treatment hospital in Toronto, Ontario, Canada. Eligible patients were 18 years old or older, had advanced cancer (defined for this study as metastatic or nonresectable disease), and cancer-related pain, and spoke sufficient English to provide informed consent and complete questionnaires. Patients with cognitive impairment (indicated by their physician, medical chart notes, or score < 20 on the Short Orientation Concentration Test⁶⁵) were excluded.

Measures

All self-report measures were selected from the larger study on the basis of the current literature on age-related patterns and psychosocial adaptation to chronic cancer and noncancer pain.^{29,46,98,125} Including this comprehensive range of variables may identify key biopsychosocial factors in pain and pain adaptation in cancer and generate hypotheses for further investigation.

Table 1 lists the Cronbach α values for the scales and subscales included in the main psychometric analyses, separately for the younger and older groups. In almost all cases, all constructs met the recommended criterion for good internal consistency (Cronbach $\alpha \geq .70$).⁹³ The sole exception was the Short Form Pain Anxiety Symptom Scale (PASS-20) escape/avoidance subscale in the older group, which just missed the criterion (Cronbach $\alpha = .69$).

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