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The relationship between pain coping variability and committed action in chronic pain adjustment

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Introduction Research evidenced the association of pain coping strategies with short-term and long-term adjustments to chronic pain. Yet, previous studies mainly assessed the frequency of coping strategies when pain occurs whilst no data is available on one's flexibility/rigidity in using different pain coping strategies, i.e., pain coping variability, in dealing with different situations.
Objectives This study aimed to examine the multivariate association between pain coping variability and committed action in predicting concurrent pain-related disability. Specifically, we examined the independent effects of pain coping variability and committed action in predicting concurrent pain-related disability in a sample of Chinese patients with chronic pain.
Methods Chronic pain patients ($n = 287$) completed a test battery assessing pain intensity/disability, pain coping strategies and variability, committed action, and pain catastrophizing. Multiple regression modeling compared the association of individual pain coping strategies and pain coping variability with disability (Models 1–2), and examined the independent effects of committed action and pain coping variability on disability (Model 3).

Table 1 Multiple regression models predicting concurrent pain-related disability with pain coping strategies and pain coping variability.

Predictors	Model 1		Model 2	
	Std β	95% CI	Std β	95% CI
Income	-0.01	-0.53, 0.42	-0.05	-0.55, 0.37
Pain duration	-0.07	-0.47, 0.05	-0.05	-0.41, 0.10
Pain intensity	0.43***	0.43, 0.67	0.44***	0.45 0.68
Pain catastrophizing	0.24***	0.25, 0.56	0.26***	0.28, 0.58
Guarding	0.17**	0.84, 3.33	0.19***	1.15, 3.43
Asking for assistance	-0.01	-1.16, 0.95	---	---
Relaxation	0.06	-0.63, 2.25	---	---
Task persistence	0.07	-0.35, 2.34	---	---
Exercise / Stretching	-0.05	-1.70, 0.65	---	---
Self-statement	-0.09	-2.43, 0.18	---	---
Seeking social support	-0.02	-1.68, 1.05	---	---
Pain coping variability	---	---	-0.10*	-0.07, 2.53

Notes: Pain disability was indexed by the CPG Disability Score with scores ranging from 0 to 100 and higher scores indicating greater level of disability. Pain catastrophizing was indexed by the Pain Catastrophizing Scale; Committed action was indexed by the 8-item Committed Action Questionnaire; Pain coping variability was indexed by the Chronic Pain Coping Inventory using an alternative scoring method. Std β = standardized beta coefficient; CI = confidence interval. *p<0.05; **p<0.01; ***p<0.001.

Results Of the 8 coping strategies assessed, only guarding (std $\beta = 0.17$) was emerged as significant independent predictor of disability (Model 1). Pain coping variability (std $\beta = -0.10$) was associated with disability after controlling for guarding and other covariates (Model 2) and was emerged as independent predictor of disability (Model 3: std $\beta = -0.11$) (all $P < 0.05$) (Tables 1 and 2).
Conclusions Our data offers preliminary support for the multivariate association between pain coping variability and committed action in predicting concurrent pain-related disability, which supplements the existing pain coping data that are largely based on assessing frequency of coping.

Table 2 Multiple regression models predicting concurrent pain-related disability with committed action and pain coping variability.

Predictors	Model 3	
	Std β	95% CI
Income	-0.01	-0.52, 0.41
Pain duration	-0.04	-0.39, 0.12
Pain intensity	0.45***	0.46, 0.70
Pain catastrophizing	0.22***	0.19, 0.53
Guarding	0.17**	0.89, 3.21
Committed action	-0.09	-0.50, 0.02
Pain coping variability	-0.11*	-0.28, 2.79

Notes: Pain disability was indexed by the CPG Disability Score with scores ranging from 0 to 100 and higher scores indicating greater level of disability. Pain catastrophizing was indexed by the Pain Catastrophizing Scale; Committed action was indexed by the 8-item Committed Action Questionnaire; Pain coping variability was indexed by the Chronic Pain Coping Inventory using an alternative scoring method. Std β = standardized beta coefficient; CI = confidence interval. *p<0.05; **p<0.01; ***p<0.001.

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Personality and personality disorders

EW382

The Big Five Inventory (BFI): Reliability and validity of its Arabic translation in non clinical sample

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Introduction One of the most researched theories of personality is the Five Factor Model, frequently evaluated through the Big Five Inventory 44-item BFI. Although there is an Arabic version, its psychometrical properties in Kuwaiti population are yet unknown.
Objectives The objective of this study was to evaluate the psychometric properties of the BFI and its factorial structure in an Arabic non-clinical sample.
Methods The participants were 685 first year undergraduate Kuwaitis: 305 males mean age = 22.77 ± 4.57 and 380 females; mean age = 19.61 ± 2.59). The Arabic version of BFI (John and Srivastava, 1999) was administered to participants. The internal consistency reliability, factor structure, and convergent validity of the BFI with PFQ-C (Barbaranelli, Caprara, Robasca, and Pastorelli, 2003) were assessed.