

Adversity & Resilience Among Older Adults Living With Chronic Pain

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01. Background

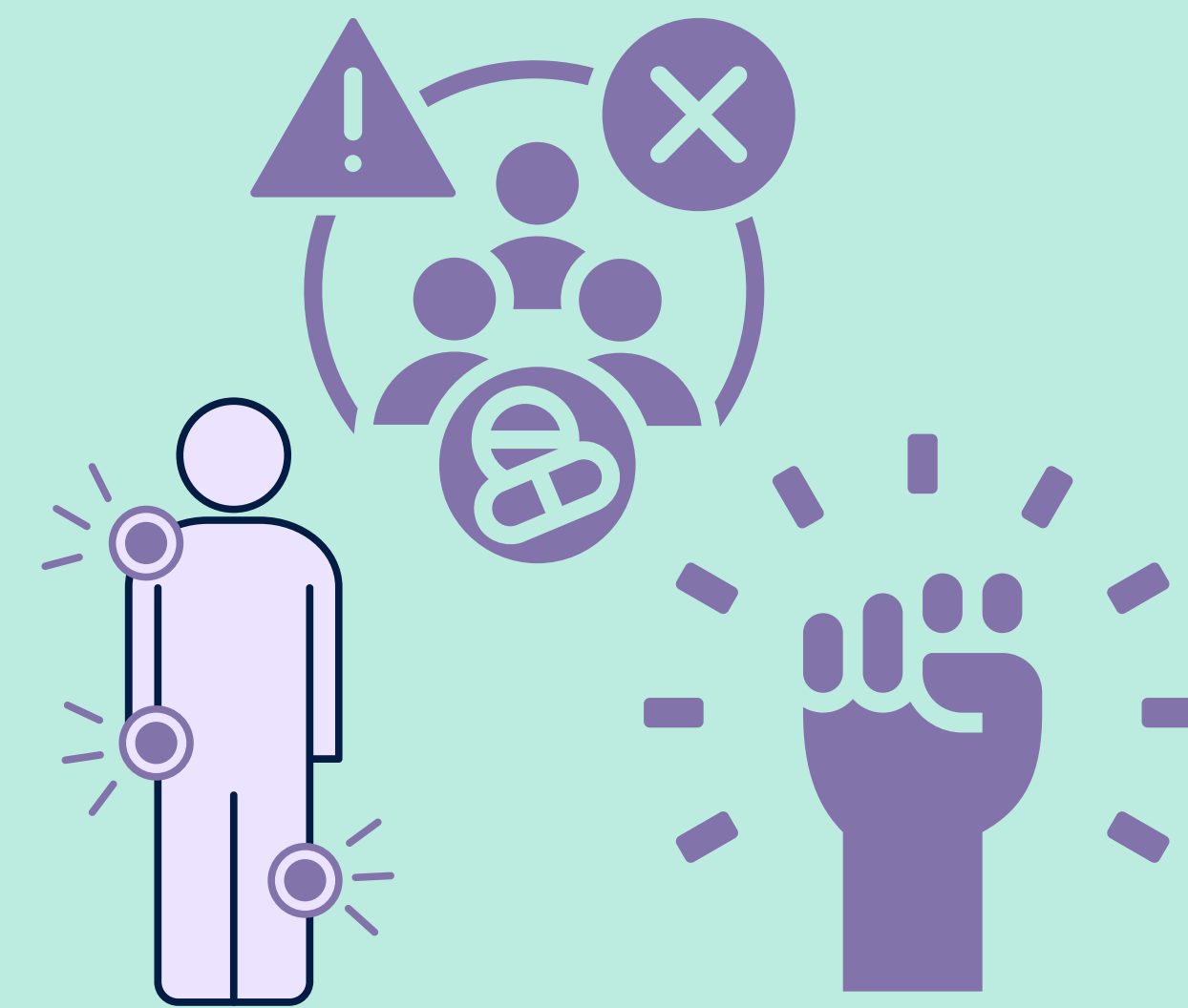
Chronic pain is most common in older and middle-age adults. In spite of this, much of the existing literature focuses on investigating pain-related factors in young adults, adolescents and children. This literature finds that early psychosocial experiences influence later health and pain-related outcomes. An example of these psychosocial stressors is ACEs.

Adverse Childhood Experiences (ACEs):

- ACEs include: physical, verbal, and sexual abuse; emotional and physical neglect; parental addictions, mental illness, and incarceration; and witnessing domestic violence.
- There is a dose-dependent relationship between the number of ACEs and the risk of chronic pain.
- The relationship between ACEs and pain may be mediated by several factors.

Resilience:

- Resilience is defined as the ability to cope and even thrive through adversity.
- Studies support the hypothesis that higher resilience is a protective factor against negative cognitions, such as pain catastrophizing, which may improve pain outcomes.



02. Objective

Our objective is to determine the role that adversity and resilience plays in experiencing chronic pain among middle-age and older adults. Adversity and resilience have been extensively studied among children, adolescents, and younger adults, but it has largely been unstudied among older populations.

03. Methods

Study Design:

- Cross-sectional Observational Study

Participants

- Middle-age and older adults with chronic pain who were living in Canada and were at least 45 years of age ($N = 68$)
- Approximately one-third were men and two-thirds were women

Measures

- Chronic Pain Questionnaire (i.e., severity, distress, interference, temporal characteristics).
- Adverse Childhood Experiences - International Questionnaire (ACE-IQ)
- Pain Resilience Scale (PRS). Internal consistency, $\alpha = 0.91$
- Demographic Questionnaire

Procedure

- Participants completed a set of online questionnaires on adversity, resilience, and pain

Exploratory analyses

- Bivariate correlations, descriptive statistics, and data visualizations

04. Results

Correlation Matrix * $p < 0.05$

	Pain intensity	Pain distress	Pain interference	ACEs	Pain resilience
Age	0.13	0.22	-0.01	0.06	0.07
Pain severity		0.79*	0.73*	0.18	0.12
Pain distress			0.75*	0.17	0.09
Pain interference				0.06	0.11
ACEs					0.15

- Participants tended to have experienced chronic pain for 15 years, rate their pain as a 3 of 4 in the past week, and have experienced 4 ACEs in their life.
- Pain severity, distress, and interference, all tended to be rated as "moderate".
- The more severe pain was in past week, the more pain interfered with daily activities and caused distress.
- Equal proportions of participants report persistent pain, recurring pain, or persistent with overlapping pain activities.
- Resilience was comparable between men and women and was not associated with any pain-related factors, age, or number of ACEs experienced.
- There were no significant differences found between the number of ACEs and any pain-related factors.

05. Discussion

- We did not find any significant differences between pain related-factors, adversity, or resilience. These results contrast the existing literature on these correlations in other age categories. Associations still may exist within this population, and these analyses may be a result of a small sample size.
- A large proportion of respondents classified their pain in the "other" category out of listed pain conditions, suggesting that many diagnoses were not listed.
- We did find that, on average, participants had experienced pain for a prolonged period of time. Future research could determine whether there are differences in resilience between "newer" pain experiences and people who have prolonged chronic pain.
- Our study did not find any differences in terms of resilience, so other factors should be explored (e.g., coping strategies, emotion regulation).

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