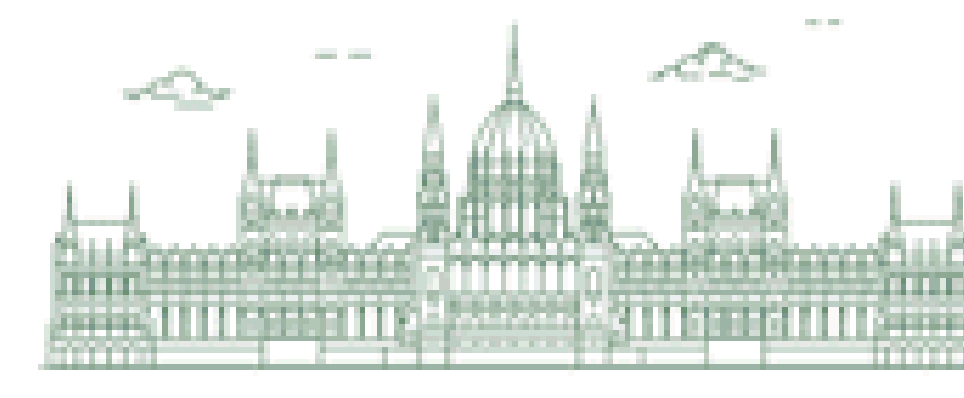


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PERSONALISED PAIN MANAGEMENT:  
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## Do psychosocial factors predict the persistence of shoulder pain?

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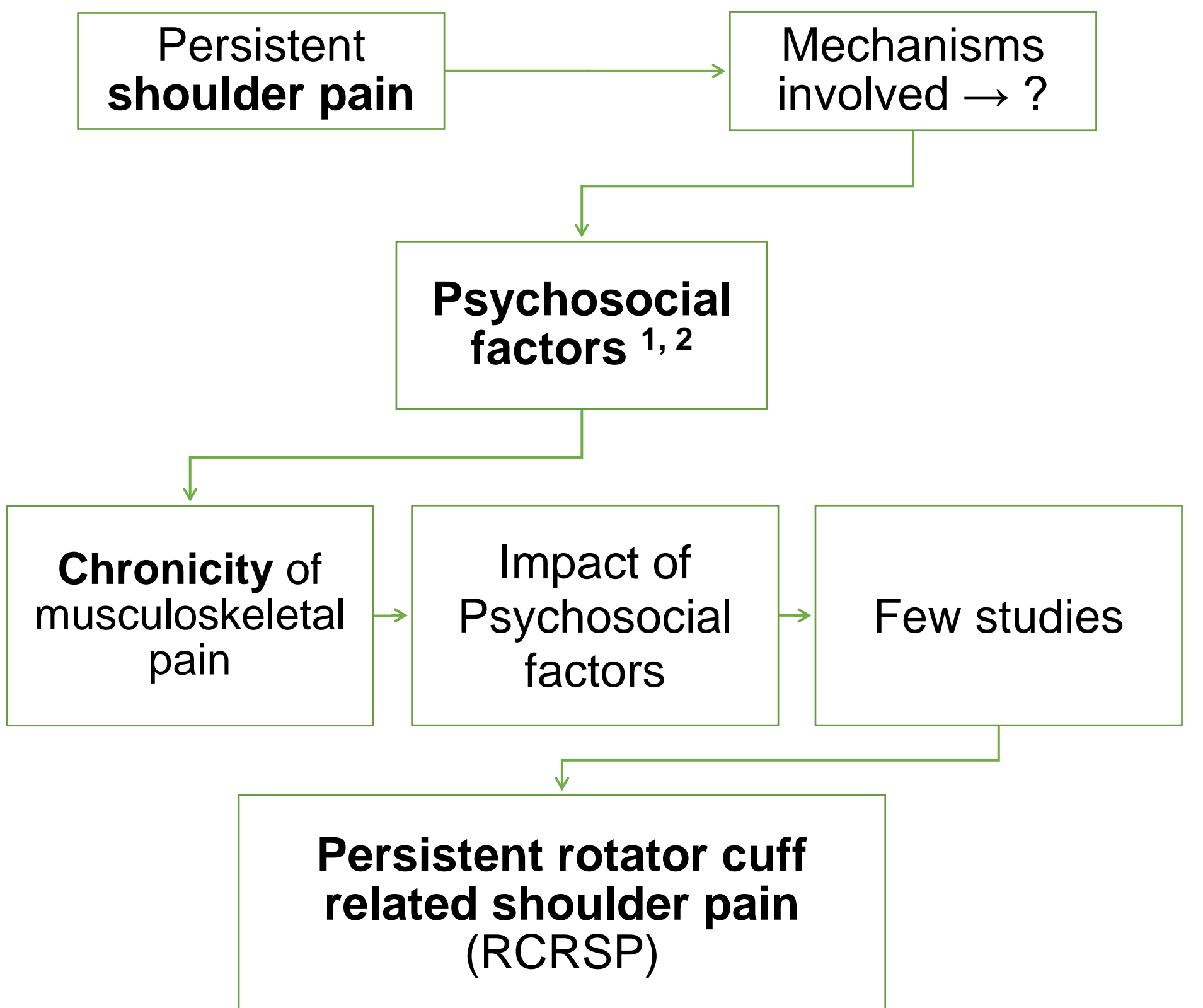
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### INTRODUCTION



### AIM

- ❖ To identify the psychosocial risk factors associated with persistence of pain in individuals with RCRSP after an education program targeting shoulder pain self-management.

### METHODS

#### PARTICIPANTES

- ❖ 59 individuals → **Persistent RCRSP**
- ❖ 43.9±11.5years
- ❖ 61%women
- ❖ 70% → pain duration > 1year

#### PAIN

- ❖ Clinical Examination + self-reported history<sup>3</sup>

- ❖ RedCap web application → questionnaires

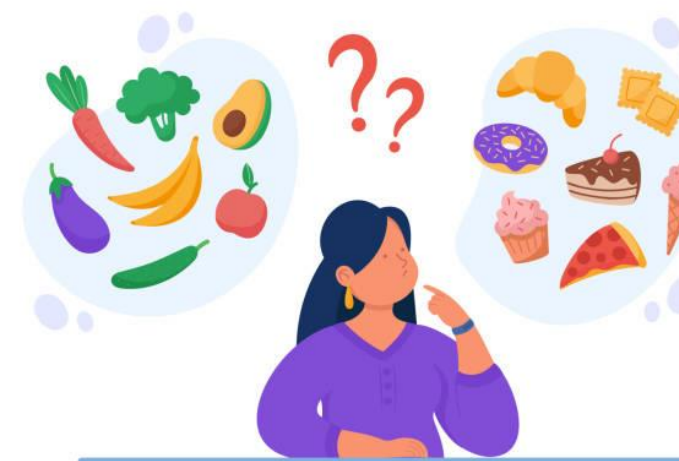
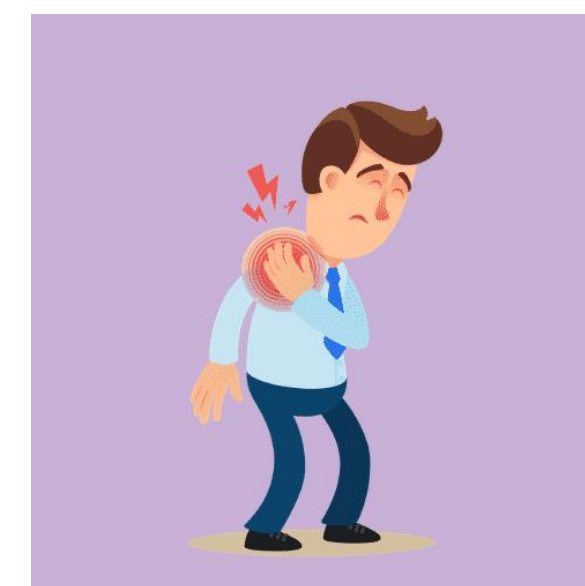
#### OUTCOME MEASURES

- Disabilities of the Arm, Shoulder, and Hand Questionnaire (QuickDASH)
- Brief Resilience Scale (BRS)
- Perceived Stress Scale (PSS-10)
- Patient-Health Questionnaire – 9 (PHQ-9)
- General Anxiety Disorder – 7 (GAD-7)
- Pain Catastrophizing Scale (PCS)
- Pain Self-Efficacy Questionnaire (PSEQ)
- Multidimensional Scale of Perceived Social Support (MSPSS)

### METHODS

#### ❖ Educational program

- ❖ **AIM** → shoulder pain self-management<sup>4</sup>
- ❖ 2 meetings → physiotherapist
- ❖ After 3 months → **QuickDASH**
- ❖ **Persistent shoulder pain (score>11) X recovered (score=0-11)**



### RESULTS

- ❖ 24 participants (~41%) recovered → 3 months

Table. Binomial logistic regression to identify factors associated with persistent RCRSP

	Odds Ratio	95% Confidence Interval	P value
Brief Resilience Scale	0.77	0.40, 1.50	0.45
Perceived Stress Scale	1.01	0.93, 1.10	0.75
Patient-Health Questionnaire – 9	0.97	0.86, 1.09	0.62
General Anxiety Disorder – 7	1.04	0.92, 1.18	0.45
Pain Catastrophizing Scale	0.96	0.90, 1.02	0.27
Pain Self-Efficacy Questionnaire	<b>1.08</b>	<b>1.00, 1.17</b>	<b>0.04</b>
Multidimensional Scale of Perceived Social Support	1.00	0.69, 1.44	0.98

### CONCLUSIONS

- ❖ **Pain self-efficacy was the most important factor in avoiding the development of persistent RCRSP.**

### ACKNOWLEDGEMENT

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