

## SESSION 3700 (POSTER)

## PAIN MANAGEMENT AND REHABILITATIVE CARE

## GENDER DIFFERENCES IN ASSOCIATION OF PAIN AND PHYSICAL PERFORMANCE WITH FEAR OF FALLING

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Fear of falling (FOF) can contribute to avoidance of physical activity and subsequent adverse health effects, reducing quality of life in older adults. An understanding of potential gender differences in factors such as pain and physical performance as contributors to FOF may lead to better fall prevention in women and men. We studied 765 adults aged 70 and older living in Boston area communities, participants in the population-based MOBILIZE Boston study. Pain severity was assessed using the Brief Pain Inventory pain severity subscale and musculoskeletal pain was classified as multisite, single site, or no pain. Fear of falling was measured using the Falls Efficacy Scale (FES). Physical performance was assessed using the Short Physical Performance Battery (SPPB). We used multivariable linear regression to examine the relation between pain and SPPB with FES score, separately in women and men. Slight differences between women and men in FES scores were not statistically significant (women mean= 95.19 ± 9.58; men mean= 96.33 ± 8.60, p-value=0.10). In separate multivariable models (adjusted for age, education, low vision, frailty, sppb, arthritis, and depression), pain severity and multisite pain were associated with lower FES scores in women (p-values=0.02 and 0.03, respectively), but not in men (p-values=0.21 and 0.57, respectively). In both women and men, low SPPB scores were strongly associated with FOF (p-value<0.001 for both). Further adjustment for history of falls had little impact on the findings. Future research is needed to determine the possible effects of the observed gender differences in FOF on fall risk and other adverse health outcomes.

## VALIDATION OF PAIN CATASTROPHIZING SCALE THAI VERSION IN OLDER ADULTS WITH KNEE OSTEOARTHRITIS

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Pain catastrophizing is defined as individuals' exaggeration of pain perceptions that results in negatively evaluating their ability to deal with pain. The pain catastrophizing scale (PCS) has been developed in English for use to measure how catastrophizing impact on pain experience. Older adults with knee osteoarthritis suffer from pain and joint stiffness, which could limit their functional ability. Assessing patients' pain catastrophizing will be helpful to understand their perceptions on catastrophizing and how its influence pain and

disability. The purpose of this study was to translate the PCS into Thai and assess its psychometric properties with Thai older adults with knee osteoarthritis. The PCS was translated from English to Thai using committee approach. Five Thai experts were asked to assess content validity of PCS Thai version (PCS-Thai). Cognitive interviews were conducted with 10 older adults with knee osteoarthritis to confirm their accuracy. Thirty older adults with knee osteoarthritis with a mean age of 69.07 ± 6.62 years were recruited into a study investigating reliability. The I-CVI for each item and the S-CVI of the PCS-Thai were 1, which confirmed its content validity. The PCS-Thai indicated a good internal consistency reliability. Cronbach's alpha coefficients for the total PCS and for rumination, magnification, and helplessness subscales were 0.93, 0.84, 0.74, and 0.85, respectively. The PCS-Thai will be validated with larger sample size to confirm reliability and validity. This research can contribute to develop valid and reliable measure for future research of factors influencing of pain and disability in older adults with knee osteoarthritis.

## PAIN CHARACTERISTICS AND PAIN CATASTROPHIZING IN COMMUNITY-LIVING OLDER ADULTS

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Chronic pain often leads to psychological symptoms and physical disability, affecting the lives of many older adults. Pain catastrophizing, potentially treatable, may have an important role on the pathway from chronic pain to its disabling consequences. This secondary analysis examines cross-sectional associations between pain characteristics and pain catastrophizing in older adults. The MOBILIZE Boston Study II included 354 adults aged 71 to 101 years (mean=84.5y; 65.8% female), living in the Boston area, enrolled from the original population-based cohort of the MOBILIZE Boston Study. Pain characteristics included the Brief Pain Inventory severity and interference subscales (scored 0–10, grouped into quartiles). Joint pain distribution was classified as none, single site, multisite, and widespread pain. The Pain Catastrophizing Scale (PCS), a 13-item scale, yielded scores ranging from 13–65. Multivariable linear regression models were used to examine the associations between pain characteristics and pain catastrophizing. Older age and chronic conditions, including osteoarthritis, depression, and anxiety, were associated with pain catastrophizing (p < 0.05). PCS was higher in older adults with moderate-severe pain compared to those with very mild pain or without pain (means =25.8, 23.2, 21.8, respectively, p-value =0.01). Results were similar for pain interference (p-value=0.004) and pain distribution (p-value=0.03). The associations between pain characteristics and pain catastrophizing persisted after multivariable adjustment for sociodemographic characteristics and chronic conditions. Therefore, pain severity, pain distribution, and pain interference are independently associated with pain catastrophizing in older adults. Longitudinal studies are needed to understand how pain catastrophizing may contribute to pain-related physical disability and falls in this population.