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INFLUENCE OF PAIN CATASTROPHIZING ON ANALGESIC CONSUMPTION AMONG PAIN FREE ALLIED HEALTH SCIENCE UNDERGRADUATES

T. G. N. S. Gunarathne¹, R. W. Pallegama², Saman Nanayakkara³

¹*Department of Nursing, Faculty of Allied Health Sciences, University of Peradeniya*

²*Department of Basic Sciences, Faculty of Dental Sciences, University of Peradeniya*

³*Division of Anaesthesiology, Department of Oral and Maxillo Facial Surgery, Faculty of Dental Sciences, University of Peradeniya*

Pain is a complex feeling that has physiological, behavioral, emotional and cognitive aspects. Pain-related catastrophizing can be defined as an exaggerated negative cognitive response to actual or anticipated pain experience. Pain necessitates people to seek medical advice but more often than not, seek relief from at-hand medications as a pain coping strategy. The self-medicated analgesic consumption is identified to be high among adults in many countries. Therefore, the objective of the present study was to determine the influence of pain related catastrophizing on analgesic consumption and tendency to take analgesics in pain free Sinhala speaking undergraduate students at the Faculty of Allied Health Sciences, University of Peradeniya.

This cross-sectional study was conducted recruiting 282 students as a convenience sample. Pain-related catastrophizing was assessed using the Sinhala version of the Pain Catastrophizing Scale (PCS) that has three subcomponents: rumination, magnification and helplessness. The 'Tendency to Take Analgesics' (TTA) was assessed using a Visual Analogue Scale. Medical history and Analgesics Consumption Intensity (ACI) were assessed using a specifically designed pre-tested questionnaire. Thirty eight participants with present or a history of pain conditions or psychological disorders within the previous month and one outlier were excluded from analysis.

Results revealed a significant negative association between ACI and the TTA ($r = -0.25$, $P = 0.01$) indicating that healthy individuals who used analgesics even for very mild pain experience are truly higher analgesic consumers. Pain catastrophizing exhibited a significant negative correlation with the TTA ($r = -0.19$, $P = 0.03$) suggesting that pain related catastrophizing is an important predictor of the TTA. This reveals that individuals with high negative thoughts regarding pain have a higher tendency to take analgesics even at minimal pain intensities. Among the three subcomponents of PCS, only helplessness (HE) was significantly correlated with ACI ($r = 0.13$, $P = 0.04$) suggesting that helplessness is the most contributing sub-component of PCS that influences analgesic consumption.

The present study suggests that pain related catastrophizing is positively associated with analgesic consumption intensity and the tendency to take analgesics among pain free healthy individuals.