VALIDATION OF THE SENSITIVITY TO PAIN TRAUMATIZATION SCALE (SPTS) IN A CLINICAL SAMPLE OF POST-CARDIAC SURGERY PATIENTS WITH PERSISTENT PAIN

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INTRODUCTION / AIM

Chronic pain and posttraumatic stress disorder are highly comorbid. The present study aimed to validate the 12-item Sensitivity to Pain Traumatization Scale (SPTS) which measures a vulnerability to develop anxiety-related somatic, cognitive, emotional, and behavioral responses to pain the resemble features of a traumatic stress reaction.

METHODS

The factor structure, reliability, and construct validity were evaluated in 108 cardiac surgery patients with chronic pain. Participants completed measures of: current chronic pain (Leeds Assessment of Neuropathic Symptoms and Signs Numeric Rating Scale, Self-report version), SPT (SPTS scale), PTSD (PTSD Checklist; PCL-C), and depression (Hospital Anxiety and Depression Scale, Depression subscale; HADS-D). Factor structure was assessed with Exploratory Factor Analysis (EFA), reliability with Cronbach’s Alpha, and validity by correlation analyses.

RESULTS

EFA of the SPTS yielded a one-factor structure that explained 56.9% of the shared variance; the SPTS showed excellent reliability for the overall sample (α=.908); and preliminary construct validity was supported. SPTS scores correlated significantly (p=0.0) with pain intensity ratings and differed significantly (p=0.0x) between patients with high (>= 4) and low (<4) pain intensity. Women had significantly higher mean SPTS scores than men, used more pain medication, and reported a higher rate of other ongoing pain problems.

DISCUSSION / CONCLUSIONS

The SPTS demonstrated good psychometric properties providing preliminary evidence that it is a reliable and valid instrument for use in a postsurgical population. The SPT construct may be an explanatory variable that accounts for sex differences in pain experience. Future research should focus on clarifying the nature of this vulnerability pathway.

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