IBD PATIENT ILLNESS PERCEPTIONS PREDICT THEIR PAIN EXPERIENCE

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INTRODUCTION / AIM

Inflammatory Bowel Disease (IBD) is a painful chronic gastrointestinal disease. Patient illness perceptions influence patient outcomes. However, the relationship between patient illness perceptions and pain is poorly understood in IBD. The objective was to examine illness perceptions as predictors of pain in patients with IBD.

METHODS

302 patients participated with 89 excluded due to incomplete data. Patients, both male (n = 80) and female (n = 133), were recruited from tertiary care clinics at Hotel Dieu Hospital in Kingston, Ontario, and completed the Brief Illness Perceptions Questionnaire (BIPQ) and the Short Form McGill Pain Questionnaire (SF-MPQ). The BIPQ has 8 subscales: consequences (expected effects), timeline (illness length), personal control (beliefs of personal ability to recover), treatment control (beliefs that treatment will help recovery), identity (label used to describe the illness and symptoms), concern about illness, understanding of illness, and emotional response (negative reactions such as fear, anger, and distress).

RESULTS

The following BIPQ subscales were correlated with pain and were included in the regression: consequences, personal control, treatment control, identity, concern, emotional response. The regression was significant, F(6, 206) = 27.47, p < .01. Identity (β = .41, p < .01) and emotional response (β = .21, p = .02) significantly predicted pain. Consequences (β = .17, p = .07) was a marginally significant predictor of pain.

DISCUSSION / CONCLUSIONS

Patients who perceive their illness to have greater consequences, identify more symptoms, and experience a greater emotional response tend to report more pain. Therefore, both symptoms and emotions are important targets when considering pain management in IBD.

OTHER AUTHORS

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