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CAN THE PAIN CATASTROPHIZING SCALE AND THE TAMPA SCALE OF KINESIOPHOBIA BE USED FOR CLINICAL DECISION MAKING IN CHRONIC PAIN?

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Background and Aims: Psychological screening measures are increasingly used in clinical settings either to match subgroups of patients with similar characteristics or as means in therapeutic decision making. Any screening measure with diagnostic consequences needs to be stable in similar time. In this study the stability of two frequently used screening measures in chronic pain, the Pain Catastrophizing Scale (PCS) and the Tampa Scale of Kinesiophobia (TSK), was investigated over a relatively long interval of time. In addition, stability of the TSK and PCS subscales was examined.

Methods: A test-retest study of the PCS and TSK was conducted in 50 consecutive non-malignant chronic pain patients of an Outpatient Clinic for Pain and Pain Management. All patients completed the PCS and TSK as part of the standard intake procedure. The second administration was completed on the day of their first appointment with the physician.

Results: The interval period between the first and the second administration varied from 14 to 135 days. Both the PCS and TSK were found to be stable. Stability of the TSK further improved after omitting the reversed key items. The two subscales of the TSK and the subscale Magnification of the PCS were sufficiently stable, but the helplessness and rumination subscales of the PCS had lower stability.

Conclusions: Both the PCS and TSK can be recommended for use as screening tool in clinical settings. It is advised to use the TSK without the reversed key items.

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PAIN FOLLOWING BONE MARROW ASPIRATION IN ADULTS

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Background and Aims: Bone marrow aspiration/biopsy (BMA) is a common procedure in patients with hematological disorders. BMA is regarded as a painful procedure. The aim of this study was to identify frequency, intensity and determinants of pain among adult patients undergoing BMA.

Methods: We included 236 patients (m/f=126-110). Before BMA, patients answered questions concerning daily pain and anxiety. A local anaesthetic was used as pain relief during BMA. 15 minutes after the BMA, 235 patients answered questions about BMA-associated pain, discomfort, satisfaction with pain relief. One week later, 213 patients answered questions concerning pain after BMA. The intensity of pain, discomfort and anxiety was measured with VAS, ranging from 0-100 mm. Anxiety was also assessed with the State Trait Anxiety Scale (STAI-S and STAI-T).

Results: 75% of the patients reported pain during BMA, (median VAS score 37/100), among these 5% scored VAS 100 mm. After 15 minutes, 17% of the patients experienced pain and 12% reported pain after one week. Discomfort during BMA was experienced in 89% of the participants. Pain in daily life ($p=0.02$), pain before BMA ($p=0.006$), the presence of anxiety before BMA ($p=0.0001$), a higher score on STAI-S ($p=0.0005$) or STAI-T ($p=0.004$), younger age ($p=0.04$) and lack of written information about the procedure ($p=0.03$) were factors significantly associated with a higher frequency and/or intensity of pain during BMA.

Conclusions: The majority of the patients experienced BMA-associated pain and discomfort. The presence of pain in daily life and anxiety before BMA were associated with higher risk of pain during BMA.

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APPLICATION OF THE MATCH-MISMATCH MODEL IN CHRONIC PAIN TREATMENT: AN EXPERIENCE SAMPLING STUDY

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Background and Aims: The match-mismatch (MM) model of pain, mainly investigated in laboratory situations, states that people with pain make predictions of pain by evaluating previous (painful) events. Aim of study was to examine whether the MM model could be generalized to daily life of chronic pain patients, and what the influence is of cognitive-behavioral rehabilitation on the MM mechanism.

Methods: Before as well as after treatment, 100 chronic pain patients were randomly prompted 10 times a day during 7 days to complete a questionnaire concerning pain experience, pain expectation and contextual aspects (Experience Sampling). Multi-level regression techniques and path analysis were used for data-analysis.

Results: Effects of (mis)matches were in the hypothesized direction: underpredictions were followed by significant increases in predicted and experienced pain; overpredictions by significant decreases in predicted pain and matches mainly by 'no changes' in pain. Additionally, chronic pain patients were more likely to underpredict than overpredict pain (respectively 41.2% and 19.2% of total number of (mis)matches. The more pain control ($\beta=-0.265$; $t=-2.135$) or fear-avoidance ($\beta=-0.465$; $t=-1.937$) patients showed, the smaller the difference between the number of underpredictions and overpredictions. After treatment, the number, size and effect of mismatches decreased, particularly in case of underpredictions.

Conclusion: The MM mechanism could be applied in daily life of chronic pain patients. The results provided an indication of the importance of underpredictions in daily life of chronic pain patients, which may be influenced by fear-avoidance and pain control.

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TWELFTH NERVE PALSY AFTER POSTDURAL PUNCTURE

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Introduction: Cranial nerve dysfunction after dural puncture is seen rarely. We discussed a case with prolonged postspinal puncture headache and 12. cranial nerve dysfunction.

Case: A 36 year-old female patient has been admitted to pain center having headache and atrophy on the left half side of her tongue. She had a history of cesarean delivery with spinal anesthesia in 2000. On the postoperative first day her headache had begun and had lasted seven days; it had occurred again at interval of 3-4 months without any response to the analgesic drugs. On 2003, she had had difficulty in speaking and on 2004, she had recognized a change in shape of on the left side of her tongue and she had been admitted to the department of neurology. MR myelography had been performed. Cerebrospinal fluid leakage was determined. In 2005 she applied to our department with the complaint of headache and a change in shape of her tongue.

Discussion: It has been reported that the most common effected nerve after spinal anesthesia is the nervus abducens because of its long course. However the nerve palsy had developed 2-5 days after dural puncture. In our case twelfth nerve palsy had developed 4 years later intelligently. In our opinion, the hypoglossus nerve palsy after post spinal puncture may occur by the distortion of the nerve fibers due to the traction of the brain stem downwardly and in the patients having spinal anesthesia when the complications appear at long term this probability should not be forgotten.