

Assessment of Psychosocial Distress of Elderly Individuals with COPD and with Chronic Pain, according to the AMA Guides Sixth Edition

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Purpose

The study objective was to examine the psychosocial distress status of COPD patients with chronic pain using responses from the *Pain Disability Questionnaire* (PDQ), a formal assessment for rating pain-related impairments (PRI) by the AMA Guides to the Evaluation of Permanent Impairment, Sixth Edition.

Method

The Self-Administered Comorbidity Questionnaire (SCQ) was used to identify 30 out of 100 elderly outpatient subjects with COPD, who were afflicted with chronic pain. The PDQ and Physical Performance Tests (6-Minute Walk Test <6MWT>, Berg Balance Scale, & Dynamic Gait Index <DGI>) scores were also recorded.

Results

Using the SCQ, one-third of the subjects identified significant chronic pain as being: 10% osteoarthritis, 20% low back pain, 47% both, and 23% unidentified. The PDQ consisted of 15 items scored on a 10-point scale (maximum score of 150 < high pain and disability>) and was broken down into sub-categorization of PRI severity, resulting in: 64% mild, 27% moderate, 3% severe and 3% extreme PRI. The PDQ total was also further divided into Functional Status (FS) versus Psychosocial Distress (PD) Status component. The PD scores ranged from 7 to 59 out of 60 points with an average score of 19/60 points. Comparing the effect of the PD over the FS component revealed that 33% of the total PDQ score (range 12-50%) was due to PD of the COPD patients with chronic pain.

The PDQ rating demonstrated a close trend relationship between the total PDQ scores and low scores achieved in the 6MWT, Berg Balance, and DGI. The majority of COPD patients, who identified pain as a significant problem, scored in the mild pain-related impairment category. Although the observed trend was a significantly greater effect on the FS versus PD performance, the PD status of the patients still tended to have an effect on the overall disability of the COPD patients with chronic pain. The ratio of functional/psychosocial performance in relationship to total PDQ score remained consistent when subjects were separated based on PRI, and there was little variation in physical performance status.

Conclusions

These findings suggest that the pain disability status of COPD patients, regardless of severity, results in significant loss in the PD status of the elderly individuals. Further research on the FS & PD sub-scores of the PDQ and their correlations to decreased physical performance tests scores would be beneficial.