

The role of readiness to change to level of depression in pain management

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Abstract

Background: Patients suffering from chronic pain often deal with other comorbid conditions such as depression that could significantly affect functional ability and recovery. The purpose of this present study is to identify the role that depression plays, if any on the level of readiness to change towards in a pain management program. It is hypothesized that as a person shows more symptoms of Major Depression, they will be less likely to be engaged in active change in their pain management program.

Methods: The sample consisted of a total of 32 subjects (male=10, Female=22) with an average age of 44.3 years. The subjects were all given the Pain Stages of Change Questionnaire (PSOCQ) as well as the Beck Depression Inventory-II (BDI-II) upon admission to the pain management program. A simple correlational analysis was performed, and analysis of the Pearson correlations noted that the direction of the correlations was as expected.

Results: The analysis showed no statistically significant relationship with score on the BDI-II and the varying levels of readiness to change based on the PSOCQ. This finding does not support the initial hypothesis regarding depression as having an impact on the persons readiness to make changes to manage chronic pain.

Conclusion: Overall, the results are noted as what would be expected in determining the levels of change and the role depression has on a person's ability to engage in treatment. Limitations noted in this study are the sample size, it is observed, while the sample size showed the direction that the correlations, it is possible that a large sample would yield more definitive results and show the role that depressive symptoms have in a person's ability to fully engage or make the cognitive and/or behavioral changes required in a chronic pain management treatment program.

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Abstract

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