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**RELATIONSHIPS BETWEEN PAIN-RELATED AND
COGNITIVE VARIABLES AND DISABILITY IN
WOMEN WITH FIBROMYALGIA AND
OCCUPATIONAL OVERUSE SYNDROME**

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Abstract

There is an expanding body of evidence indicating that cognitive factors contribute to the prediction of disability resulting from chronic pain. Indeed, some research amongst chronic low back pain sufferers has demonstrated that pain-related fear is actually more disabling than pain itself (Crombez, Vlaeyen, Heuts, & Lysens, 1999). The present study utilised a sample comprising individuals with fibromyalgia syndrome (FMS) and occupational over-use syndrome (OOS), and an asymptomatic comparison group. There were three broad aims: The first aim was to evaluate between group differences in pain-related and cognitive variables; and the second, was to assess the relevance of the fear component of the model proposed by Vlaeyen, Kole-Snijders, Boeren, and van Eek (1995) for this sample. The third aim, related to the second, was to explore the relationship between pain and disability, considering the effects of fear of movement, catastrophising, and vigilance for pain. Symptomatic individuals ($n = 68$) completed measures of pain, fear of movement, vigilance for pain, disability, catastrophising, and cognitive errors. The comparison group ($n = 24$) completed only the last two measures. Medical assessment, including tender point examination, was also carried out on all participants. There were no differences between individuals with OOS and FMS in relation to current pain, catastrophising, vigilance, or fear of movement. However, significant differences were revealed between participants with FMS and the comparison group in terms of somatic cognitive errors, but not general cognitive errors. Multiple regression using data from symptomatic participants demonstrated that although pain had the largest impact on disability, fear of movement and vigilance also contributed uniquely to this outcome. However, further analysis revealed that catastrophising moderated the relationship between pain and disability. Catastrophising did not impact on disability reporting amongst women experiencing high levels of pain, but amongst women with low levels of pain high catastrophising was associated with more disability reporting than low catastrophising. Furthermore, the association between pain and catastrophising rendered the contribution of fear of movement to disability non significant. Theoretical and methodological implications of these results are discussed.

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Contents

Abstract	iii
Acknowledgements	v
Table of Contents	vii
List of Tables	x
List of Figures	xi

Introduction.....	1
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1.1 Overview	1
1.2 Definitions of Pain	2
1.3 Why do we Feel Pain? Adaptive Value Versus Costs	2
1.4 Pathophysiology of Pain	3
1.4.1 The gate control theory of pain	3
1.4.2 Involvement of higher centres	4
1.4.3 Nervous system plasticity	6
1.4.4 Central sensitisation.....	6
1.5 The multifactorial nature of pain	7

Cognitions and Chronic Pain.....	9
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2.1 Cognitions, Coping, and Disability : An Overview	9
2.2 Coping	10
2.3 Pain and Avoidance	11
2.4 The Role of Fear and Avoidance	11
2.5 Is Fear a Prerequisite for Avoidance?	12
2.6 Current Status of the Fear Avoidance Model	13
2.7 Empirical Support for Fear/Avoidance Models of Pain	14
2.8 Fear Avoidance Beliefs	15
2.9 Fear of Movement/Reinjury	16
2.9.1 Fear of movement/reinjury and prediction of disability	16
2.9.2 Fear of movement/reinjury and behavioural tests	17
2.9.3 Exposure treatment - Single case design	18
2.10 Factors Relevant to Fear of Pain : Expectation of Pain	18
2.11 Attention to Pain	20
2.12 Negative Thoughts About Pain	23
2.12.1 Cognitive distortion	23
2.12.2 Catastrophising	26
2.12.3 Catastrophising or coping?	27
2.12.4 Confounding catastrophising with depression.....	28
2.12.5 Empirical support for catastrophising	28

Occupational Overuse Syndrome and Fibromyalgia	31
3.1 Occupational Overuse Syndrome	31
3.2 The Nature of OOS	32
3.3 Features	33
3.4 Aetiology	34
3.5 Assessment and Diagnosis	35
3.6 The Multifactorial Nature of OOS	36
3.7 Fibromyalgia	38
3.8 Aetiology	38
3.8.1 Central pain mechanisms	38
3.8.2 Hypervigilance to pain or altered somatic awareness?	39
3.8.3 Sleep	40
3.8.4 Trauma	40
3.8.5 Muscle tissue abnormality	41
3.8.6 Psychological factors	41
3.9 Assessment Issues	42
3.10 Literature Linking FMS and Disability	44
The Present Study	47
4.1 Aims	47
4.2 Hypotheses	47
Method	51
5.1 Participants	51
5.2 Design	51
5.3 Procedure	52
5.4 Materials and Measures	53
5.5 Data Analysis	59
Results	61
6.1 Outline and Data Management	61
6.2 Hypothesis 1	61
6.3 Hypothesis 2	63
6.4 Hypothesis 3	63
6.5 Hypothesis 4	65
6.6 Hypothesis 5	65
6.7 Hypothesis 6	66
Discussion	71
7.1 Outline of Study Findings	71
7.1.1 Hypothesis 1	71
7.1.2 Hypothesis 2	72
7.1.3 Hypothesis 3	72
7.1.4 Hypothesis 4	73
7.1.5 Hypothesis 5	74

7.1.6 Hypothesis 6	75
7.2 Towards an Integrated Account	76
7.2.1 Between group differences	76
7.2.2 The relevance of fear of movement for OOS and FMS	78
7.2.3 Exploration of the pain disability relationship and the role of cognitions	79
7.3 Limitations of the Present Study	80
7.4 Issues of Inclusion	81
7.5 Measurement and Conceptual Overlap	82
7.6 Implications for Treatment Programmes	83
7.7 Further Research	84
7.8 Conclusions	85
References	87
Appendix A	103
Fibromyalgia and Occupational Overuse Syndrome Study Information	
Sheet	103
Consent Form	105
Can you Help?	106
Appendix B	107
“Questionnaires about your pain and associated thoughts”	
Appendix C	118
Missing Data and Evaluation of Assumptions	118
Outliers	118
Normality	119
Multiple Regression Assumptions	119

List of Tables

Table 1. 62
Means and Standard Deviations for Demographic, Pain-related, and Cognitive Variables Together With the Outcome Variable Disability.

Table 2. 64
Simple Correlations Among Tender Points, Age, Pain, Disability, Vigilance, Fear of Movement, Catastrophising, Total Cognitive Errors, General Cognitive Errors, Somatic Cognitive Errors, and Symptom Duration, for Symptomatic Participants.

Table 3. 66
Comparison of the Means and Standard Deviations for Fear of Movement for the Present Sample and for Two Published Studies.

Table 4. 67
Hierarchical Regression Analysis of the Impact of Pain, Vigilance, Catastrophising, Fear of Movement, and Pain x Catastrophising on Disability.

List of Figures

Figure 1.....	4
An Early Drawing of a Pain Pathway Taken From Descartes (1664/1972) “Traite de l’homme”.	
Figure 2.....	13
Fear of Movement/Reinjury Model of Vlaeyen, Kole-Snijders, Boeren, et al. (1995).	
Figure 3.....	69
Schematic Representation of the Pain and Catastrophising Interaction in the Prediction of Disability.	