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EW375

Women that present fibromyalgia have higher levels in all scales of catastrophism

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Fibromyalgia patients value their pain as modern high and they perceive it more as a threat than as a challenge (Ayan, 2011). There is a relative consensus related to catastrophic thoughts that seems to play an important role in the maintenance of chronic pain (Esteve, Ramírez and López, 2001). The objective of the present study was to explore the level of catastrophism in women with and without fibromyalgia. Adult women ($n = 39$) with an average of 47 years old (TD: 12.14) and more than 12 years schooling, paired with healthy controls ($n = 39$) with similar characteristics. Patients with fibromyalgia were previously diagnosed according to ACR (American College of Rheumatology). This was a cross-sectional study, comparative and quantitative cut. An ANOVA was used to compare both groups. The level of catastrophism was measured through the Pain Catastrophizing Scale (Sullivan, Bishop and Pivick, 1995). Scale composed of 13 questions and three subscales: rumination, magnification and hopelessness. This instrument has been tested in both clinical and non-clinical populations (Osman et al., 2000; Sullivan et al., 1995). Rumination, magnification and hopelessness were trend significantly higher in the women group with Fibromyalgia. [Rumination: $F(1.36) = 6.22$; $P = 0.00$]; [Magnification: $F(1.36) = 17.66$; $P = 0.00$]; [Hopelessness: $F(1.36) = 6.53$; $P = 0.00$]. These results allowed that the total catastrophism level was higher in the women group with Fibromyalgia and that the statistical significance level was reached [$F(1.36) = 9.89$; $P = 0.00$). This type of studies will allow to study the pain as a multidimensional entity comprised of physical, cognitive and affective aspects.
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Chronic non-malignant pain (CNMP) and substance use disorders

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Introduction Chronic non-malignant pain (CNMP) is defined as pain lasting a minimum of three months. In general, chronic pain affects 20% adult worldwide population. Moreover, pain is more common in patients with depression, anxiety, and substance-use disorders and with low socioeconomic status. We aimed to better understand the influence of pain on substance use and treatment use patterns of individuals who experienced clinically recognized pain and have substance use disorder.
Methods Patients with pain disturbances were identified in Electronic Health Records (EHR) through ICD-9 code 338*, medical written diagnoses, or diagnoses of fibromyalgia. A patient was considered to have a substance use disorder if he received treatment for illicit drug or alcohol abuse or dependence. We combined 2010–2012 (EHR) data from primary care and specialty mental health setting in a Boston healthcare system ($n = 131{,}966$ person-years) and a specialty mental health care setting in Madrid, Spain ($n = 43{,}309$ person-years).
Results We identified that 35.3% of individuals with clinically recognized pain also report substance use disorder, compared to only 10.6% of individuals without clinically recognized pain ($P < 0.01$). Those with co-morbid pain and substance use disorder were significantly more likely than their specialty care counterparts without co-morbid pain and substance disorders to be seen in the emergency room (56.5% vs. 36.6%, respectively, $P < 0.01$).
Conclusion The findings suggest that CNMP is associated with an increase risk of substance abuse disorder.
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Exploring the factorial structure of the revised Fibromyalgia Impact Questionnaire (FIQR) in a Portuguese sample of fibromyalgia patients

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Introduction The Revised-Fibromyalgia Impact Questionnaire (FIQR), composed by 21 items, is one of the most used tools to measure the impact of fibromyalgia both in clinical and research settings. Although it has demonstrated good psychometric properties (Bennet et al., 2009; Costa et al., 2015), little is known about its factorial structure.
Objective/Aims To explore FIQR's factorial structure and examine its association with several psychological constructs.
Methods Hundred and three women with fibromyalgia (mean age 47.32 ± 10.63) filled in the Portuguese validated versions of the FIQR, Perceived Stress Scale, Perseverative Thinking Questionnaire, Beck Depression Inventory-II and Profile of Mood States. A principal components analysis with varimax rotation was carried out. The number of factors to extract was based on Cattel's scree plot and eigenvalues' magnitude. The associations between FIQR dimensions and psychological constructs were examined via Pearson correlations and multiple linear regressions.
Results Three factors were extracted [F1/Function = Items 1–9, $\alpha = 0.92$; F2/Symptoms = Items 12, 16–21, $\alpha = 0.83$; F3/Impact = Items 10, 11, 13–15, $\alpha = 0.83$] explaining 58.57% of the variance. FIQR symptoms were the best and, nearly in all analyses, the only significant predictor.
Conclusions The factorial structure of the Portuguese version of FIQR partially overlaps with the proposed theoretical domains (Bennet et al., 2009). Similarly to Luciano et al.'s study (2013), factorial analysis also evidenced the multidimensionality of some items. Fibromyalgia symptoms seem to play the most deleterious effect, being associated with poor mental health indicators. Future studies are needed to confirm the factorial structure found, due to sample size, items subjectivity and study's exploratory nature.