

P-729 - THE PSYCHOSOCIAL DISTRESS AND PHYSICAL PERFORMANCE STATUS OF INDIVIDUALS WITH COPD AND WITH CHRONIC PAIN: A CORRELATIVE STUDY

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Improving psychosocial distress status (PDS) may be necessary in COPD patients since pain-related impairment (PRI) is a significant co-morbidity in one-third of COPD patients.

Objectives were to measure PDS due to PRI of COPD subjects and chronic non-malignant pain (CNP) using the *Psychosocial Distress Status* (PD) from the Pain Disability Questionnaire (PDQ), a PRI quantification from the AMA Guides to Evaluation of Permanent Impairment 6th Edition, and correlate PDS with scores from Physical Performance Tests (PPT).

From a retrospective cross-sectional study in an outpatient rehabilitation facility, the Self-Administered Co-Morbidity Questionnaire identified 29 subjects with COPD & CNP. The PDQ was sub-categorized to Functional Status (PDQ-FS) and PDS components. The Berg Balance Scale (BBS) was used as PPT. Pearson correlation coefficients (r) examined PDS and PPT association; alpha of .01 was used for statistical tests.

Total PDQ, stratified in PRI severity, resulted in: 67% mild, 27% moderate, 3% severe, and 3% extreme PRI. PDS ranged 7-59, averaging 19 of 60 points. 33% of the total PDQ (range 12-50%) was due to PDS. BBS ranged from 30-55, averaging 37 of 56. A statistically significant negative correlation was found between PDS and BBS ($r = -.356$, $p = .058$).

Majority of COPD outpatients had mild PRI and fair balance, and their PDS due to PRI had a significant negative effect on their PPS. Findings suggest that the self-reported PDQ-PD reliably indicates functional performance, and is valuable as PPT alternative in a busy practice. Further research amongst other populations, such as in Chronic Fatigue Syndrome, would be beneficial.