(306) Do medical factors predict disability in older adults with low back pain?
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Chronic low back pain (CLBP) is one of the most common and challenging persistent pain conditions in older adults. Medical co-morbidity is common in these individuals, but its impact on disability has not been examined. The purpose of this study was, using a cross-sectional design, to examine the functional impact of pain-related and general medical co-morbidity on 70 community dwelling older adults (mean age 73.9) with chronic mechanical LBP (at least moderate pain intensity on most days for at least 3 months). Subjects received a structured history and physical examination, lumbar sacral spine x-rays, standardized tests of physical function, and a laboratory based measure of physical capacity (repetitive isometric lifting). Pain-related variables included intensity (MPQ-SF), duration, extent (number of painful body sites), and lumbar motion-induced pain. General medical variables included age, cumulative illness rating scale score, number of medications, back range of motion, body mass index, and severity of radiographic pathology. Functional measures included 2 self-reported disability scales (Roland; Jette FSI), gait speed, mean number of static lifts, and amount of work performed during a dynamic lifting task. Structural equation modeling was used to evaluate the influence of pain and medical variables on functional measures. The overall regression model indicated pain and medical variables were significantly associated with functional measures ($R^2 = .33$, $p < .01$). Individual regression paths, however, indicated that only pain duration ($r = -.35$, $p < .01$) and pain severity ($r = -.33$, $p < .05$) were significantly associated with functional measures. Thus, despite the prevalence of medical co-morbidities in older CLBP subjects, this study suggests that these measures are of limited utility in understanding level of disability. These findings also underscore the need to optimize pain treatment for these individuals so as to optimize physical function and, hopefully, delay the onset of dependent living status.

(306) Comparison of PRISM (pictorial representation of illness and Self-measure) scores and the SF-36 quality of life questionnaire to assess suffering in chronic non-cancer pain patients
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The PRISM method of assessment of suffering, originally described by Buchi et al in 1998, is a fast visual quantitative method of measuring the intrusiveness of illness into a patient’s life. Patients are asked to look at an A4-sized metal board and imagine it represents their life, with a yellow disc in the corner representing their concept of “self”. They are asked to place a magnetized red disc, representing their illness, on the board in such a way as to represent its intrusiveness into their concept of “self”. Ninety four patients attending a chronic pain clinic in a Toronto teaching hospital were asked to complete this test, imagining the red disc as their pain, as well as the SF 36 short form questionnaire, which is validated for measuring quality of life in physical and mental domains. Comparison of the distance between the centres of the yellow and red discs showed statistically significant correlation with the physical domain of the SF36. The SF36 takes ten to twenty minutes to complete and relies on literacy. The PRISM does not, and took less than 30 seconds to complete, and was also managed by two blind patients. It offers a rapid method of tracking progress at each visit, and allows patients to demonstrate, visually, their goals of treatment. It is likely to be more reflective of suffering than the pain scores so commonly in current use.

(306) Weekly recall versus momentary measurement of pain: Between- and within-person approaches
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The validity of recalled pain experience has been of concern for some time, and diary methods for collecting pain data have been developed to avoid possible errors in recall. Several studies have shown that the average of multiple momentary diary reports is correlated with recall reports for the same period, often explaining about half of the shared variance. However, these comparisons have been exclusively cross-sectional, leaving open the possibility that the correlation is confounded with person characteristics (e.g., reporting response style). Furthermore, researchers and clinicians are most interested in changes in pain over time, yet no information has been available about the correspondence between recalled and momentary pain when assessing change in pain. In a study of 67 chronic pain patients, both between-person (B-S) and within-person (W-S) correspondence was examined with correlation coefficients and intraclass correlations (ICCs). Consistent with prior results, there was a strong cross-sectional (B-S) association between recalled pain and average momentary pain ($r = .79$); however, the within-person correlation (W-S) of the corresponding change scores was much weaker ($r = .39$). Furthermore, major discrepancies between self-reported perceived changes in pain and actual changes (based on either recalled or momentary averages) were observed. These findings suggest 1) that recalled and momentary pain are measuring different aspects of patient pain experience that may have implications for understanding change and 2) that self-reports of perceived changes in pain are not the same as computed changes.