

PAIN DISORDER AND TRAUMATIC EXPERIENCES

L. Martins, H. Espirito-Santo

Psychology, Instituto Superior Miguel Torga, Coimbra, Portugal

There is a consensus of the importance of trauma in the etiology of somatoform pain. The association between particular types of trauma and medically unexplained pain has been reported. This research sought to examine the links between traumatic experiences and somatoform pain disorder (SPD), particularly to investigate the association between types of trauma and pain locations, and control the potential effect of sociodemographic and psychopathological variables in these associations. One group with SPD ($n = 30$) and a comparison group with patients without pathology of pain ($n = 30$) were assessed with the Mini-International Neuropsychiatric Interview Plus for diagnostic confirmation, a Map body of pain for the localization of pain, the Traumatic Experiences Checklist (TEC), the Beck Depression Inventory (BDI), and the Brief Symptom Inventory (BSI). Mean age was 44.25 ($SD = 10.17$), 43 were women and 17 men.

SPD group had higher mean scores in all TEC areas, with 76.7% having more than two traumatic experiences, and higher mean BDI and BSI scores. Pain location correlated with trauma location ($r = 0.52$; $p < 0.01$) remaining significantly after controlling for age and sex. Bisserial correlations between groups of disorders and total trauma ($r = 0.38$, $p < 0.01$), emotional trauma ($r = 0.30$, $p < 0.05$), and trauma with body threat ($r = 0.43$, $p < 0.01$), lowered after controlling for the effect of symptomatology, however remained significant. These findings show that it is important to include the assessment of trauma in SPD to adequate the appropriated treatments.