Abstract

The purpose was to examine the unique association between reports of medication side effects and pain-related activity interference in a sample of patients with chronic pain. It was also of interest to examine the potential

present study have implications for clinicians who are involved in the pharmacologic management of patients with chronic pain [9]. To date, most pain management guidelines encourage clinicians to identify and monitor the occurrence of various medication side effects. Prescribing clinicians have also repeatedly been encouraged to find a satisfactory balance between pain relief and the adverse effects of medication [10]. To the extent that one of the primary goals of chronic pain management is to enhance activity engagement or function, our findings suggest that greater efforts should be placed on the assessment and treatment of medication side effects. The assessment of patients side effects and pain-related activity interference, both prior and after the initiation of any new medication, would be consistent with guidelines for the pharmacological management of patients with pain, and could facilitate clinicians prescribing decisions [11]. Importantly, if side effects do emerge as a result of medication use, they should be targeted directly and treated using specific interventions in order to prevent their potentially deleterious impact on patients' activity engagement as shown in (Figure 2). A number of limitations must be considered when interpreting the findings of the present study [12]. First, the effect size observed in our study for the association between reports of side effects and pain-related activity interference was relatively small. However, small effect sizes are typical of most longitudinal studies that involve modest within-person changes in variables of interest. Second, our study was based on self-report measures of pain-related activity interference. While self-report instruments are the most frequently used methods for assessing activity interference, future studies should include more objective measures. Similarly, our medication side effect assessment was based on patients' subjective perceptions of side effects associated with their medications [13]. As with any other self-reported measures, self-reports of medication side effects are subject to potential response bias, and limits in patients' ability to accurately report their side effects must be considered when interpreting our findings. Moreover, even though patients were questioned about potential symptoms or side effects associated with their