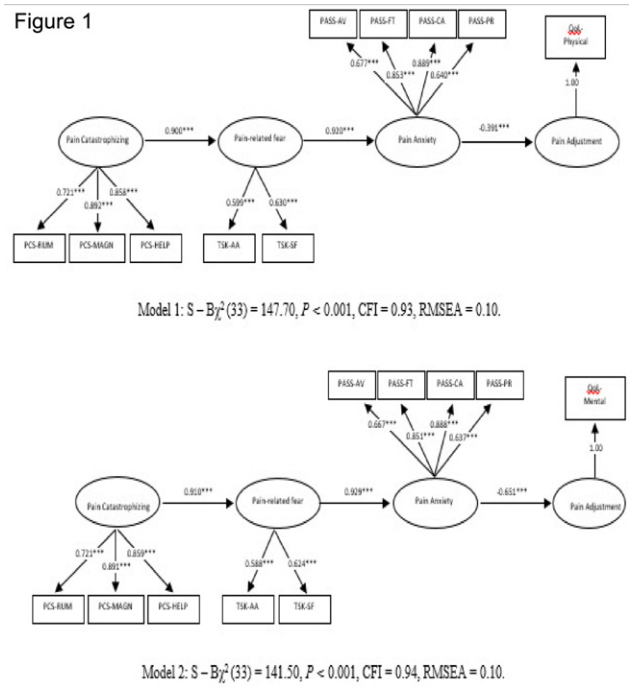

Fig. 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW380

The role of coping flexibility in chronic pain adjustment: Preliminary analysis

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Introduction While a body of research has evidenced the role of pain coping in chronic pain adjustment, the role of coping flexibility in chronic pain adjustment has received little research attention. Coping flexibility can be conceptualized with two dimensions, cognitive and behavioral. The cognitive dimension of coping flexibility (or coping appraisal flexibility) refers to one's appraisal of pain experience when changing coping strategies whereas the behavioral dimension of coping flexibility denotes the variety of coping responses individuals use in dealing with stressful demands.

Objective The aim of this paper is to present preliminary findings on the role of coping flexibility in chronic pain adjustment by assessing 3 competing models of pain coping flexibility (see Figs. 1–3).

Methods Patients with chronic pain ($n = 300$) completed a battery of questionnaire assessing pain disability, discriminative facility, need for closure, pain coping behavior, coping flexibility, and pain catastrophizing. The 3 hypothesized models were tested using structural equation modeling (SEM). In all models tested, need for closure and discriminative facility were fitted as the dispositional cognitive and motivational factors respectively underlying the coping mechanism, whereas pain catastrophizing and pain intensity were included as covariates.

Results Results of SEM showed that the hierarchical model obtained the best data-model fit (CFI = 0.96) whereas the other two models did not attain an accept fit (CFI ranging from 0.70–0.72).

Conclusion Our results lend tentative support for the hierarchical model of pain coping flexibility that coping variability mediated the effects of coping appraisal flexibility on disability.

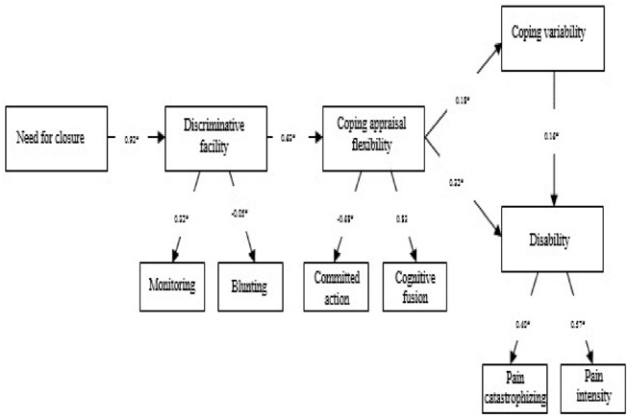

Fig. 1 The hierarchical model (S-B $\chi^2 = 40.61$, df = 24, CFI = 0.959, NNFI = 0.94, EMSEA = 0.06, 90% CI = 0.02, 0.09).

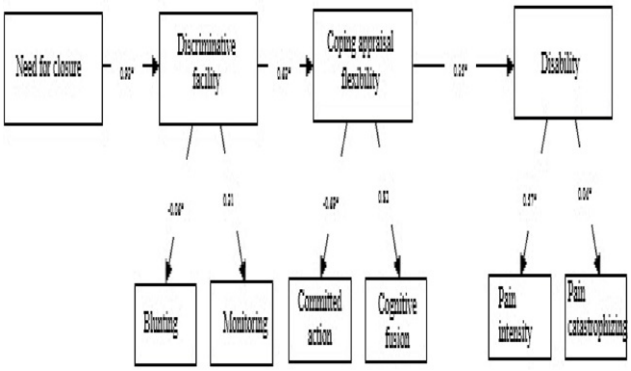

Fig. 2 The coping appraisal flexibility model (S-B $\chi^2 = 121.62$, df = 19, CFI = 0.723, NNFI = 0.59, RMSEA = 0.17, 90% CI = 0.14, 0.19).

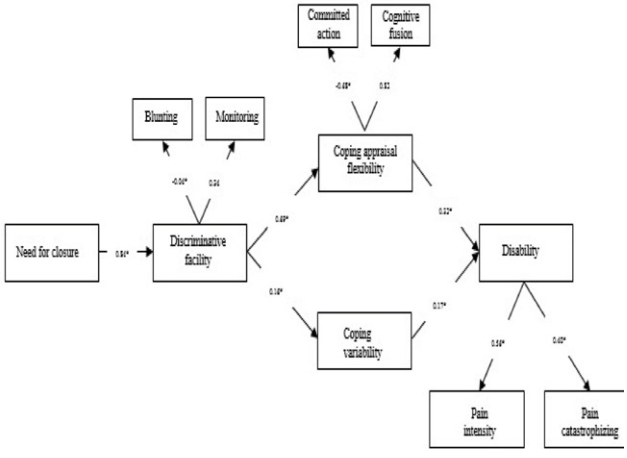

Fig. 3 The parallel model (S-B $\chi^2 = 147.51$, df = 25, CFI = 0.695, NNFI = 0.56, EMSEA = 0.56, 90% CI = 0.13, 0.18).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW381

The relationship between pain coping variability and committed action in chronic pain adjustment

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Introduction Research evidenced the association of pain coping strategies with short-term and long-term adjustments to chronic pain. Yet, previous studies mainly assessed the frequency of coping strategies when pain occurs whilst no data is available on one's flexibility/rigidity in using different pain coping strategies, i.e., pain coping variability, in dealing with different situations.
Objectives This study aimed to examine the multivariate association between pain coping variability and committed action in predicting concurrent pain-related disability. Specifically, we examined the independent effects of pain coping variability and committed action in predicting concurrent pain-related disability in a sample of Chinese patients with chronic pain.
Methods Chronic pain patients ($n = 287$) completed a test battery assessing pain intensity/disability, pain coping strategies and variability, committed action, and pain catastrophizing. Multiple regression modeling compared the association of individual pain coping strategies and pain coping variability with disability (Models 1–2), and examined the independent effects of committed action and pain coping variability on disability (Model 3).

Table 1 Multiple regression models predicting concurrent pain-related disability with pain coping strategies and pain coping variability.

Predictors	Model 1		Model 2	
	Std β	95% CI	Std β	95% CI
Income	-0.01	-0.53, 0.42	-0.05	-0.55, 0.37
Pain duration	-0.07	-0.47, 0.05	-0.05	-0.41, 0.10
Pain intensity	0.43***	0.43, 0.67	0.44***	0.45 0.68
Pain catastrophizing	0.24***	0.25, 0.56	0.26***	0.28, 0.58
Guarding	0.17**	0.84, 3.33	0.19***	1.15, 3.43
Asking for assistance	-0.01	-1.16, 0.95	---	---
Relaxation	0.06	-0.63, 2.25	---	---
Task persistence	0.07	-0.35, 2.34	---	---
Exercise / Stretching	-0.05	-1.70, 0.65	---	---
Self-statement	-0.09	-2.43, 0.18	---	---
Seeking social support	-0.02	-1.68, 1.05	---	---
Pain coping variability	---	---	-0.10*	-0.07, 2.53

Notes: Pain disability was indexed by the CPG Disability Score with scores ranging from 0 to 100 and higher scores indicating greater level of disability. Pain catastrophizing was indexed by the Pain Catastrophizing Scale; Committed action was indexed by the 8-item Committed Action Questionnaire; Pain coping variability was indexed by the Chronic Pain Coping Inventory using an alternative scoring method. Std β = standardized beta coefficient; CI = confidence interval. *p<0.05; **p<0.01; ***p<0.001.

Results Of the 8 coping strategies assessed, only guarding (std $\beta = 0.17$) was emerged as significant independent predictor of disability (Model 1). Pain coping variability (std $\beta = -0.10$) was associated with disability after controlling for guarding and other covariates (Model 2) and was emerged as independent predictor of disability (Model 3: std $\beta = -0.11$) (all $P < 0.05$) (Tables 1 and 2).
Conclusions Our data offers preliminary support for the multivariate association between pain coping variability and committed action in predicting concurrent pain-related disability, which supplements the existing pain coping data that are largely based on assessing frequency of coping.

Table 2 Multiple regression models predicting concurrent pain-related disability with committed action and pain coping variability.

Predictors	Model 3	
	Std β	95% CI
Income	-0.01	-0.52, 0.41
Pain duration	-0.04	-0.39, 0.12
Pain intensity	0.45***	0.46, 0.70
Pain catastrophizing	0.22***	0.19, 0.53
Guarding	0.17**	0.89, 3.21
Committed action	-0.09	-0.50, 0.02
Pain coping variability	-0.11*	-0.28, 2.79

Notes: Pain disability was indexed by the CPG Disability Score with scores ranging from 0 to 100 and higher scores indicating greater level of disability. Pain catastrophizing was indexed by the Pain Catastrophizing Scale; Committed action was indexed by the 8-item Committed Action Questionnaire; Pain coping variability was indexed by the Chronic Pain Coping Inventory using an alternative scoring method. Std β = standardized beta coefficient; CI = confidence interval. *p<0.05; **p<0.01; ***p<0.001.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Personality and personality disorders

EW382

The Big Five Inventory (BFI): Reliability and validity of its Arabic translation in non clinical sample

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Introduction One of the most researched theories of personality is the Five Factor Model, frequently evaluated through the Big Five Inventory 44-item BFI. Although there is an Arabic version, its psychometrical properties in Kuwaiti population are yet unknown.
Objectives The objective of this study was to evaluate the psychometric properties of the BFI and its factorial structure in an Arabic non-clinical sample.
Methods The participants were 685 first year undergraduate Kuwaitis: 305 males mean age = 22.77 ± 4.57 and 380 females; mean age = 19.61 ± 2.59). The Arabic version of BFI (John and Srivastava, 1999) was administered to participants. The internal consistency reliability, factor structure, and convergent validity of the BFI with PFQ-C (Barbaranelli, Caprara, Robasca, and Pastorelli, 2003) were assessed.