



QUALITATIVE ANALYSIS OF THE COPING MECHANISMS OF PAIN IN WOMEN WITH CHRONIC PELVIC PAIN

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Abstract

The chronic pelvic pain in women is defined as a condition that generates disabilities, such as interferences in the quality of life, deficits in the efficiency of work activities and impairments in the interaction with the social environment. During the pain trajectory, individual coping mechanisms may arise in order to alleviate the adversities brought by the pain. Therefore, understanding the coping mechanisms used during the pain routine is of fundamental importance for the refinement of clinical planning and the development of intervention strategies for this debilitating condition.

(Introduction)

The chronic pelvic pain (CPP) in women is defined as a condition that generates disabilities, such as interferences in the quality of life, deficits in the efficiency of work activities and impairments in the interaction with the social environment [1; 2; 3; 4]. The prevalence of CPP can vary from 3.8% in women aged 15-73 years to 14-24% in women of reproductive age. In Brazil, there is no clear picture of the prevalence of CPP, in Ribeirão Preto, Southeastern Brazil, it was registered the prevalence of 11.5% but when it was considered only women of reproductive age the prevalence rose to 15.1% [5].

During the pain trajectory, individual coping mechanisms may arise in order to alleviate the adversities brought by the pain [6]. Therefore, understanding the coping mechanisms used during the pain routine is of fundamental importance for the refinement of clinical planning and the development of intervention strategies for this debilitating condition.

(Method)

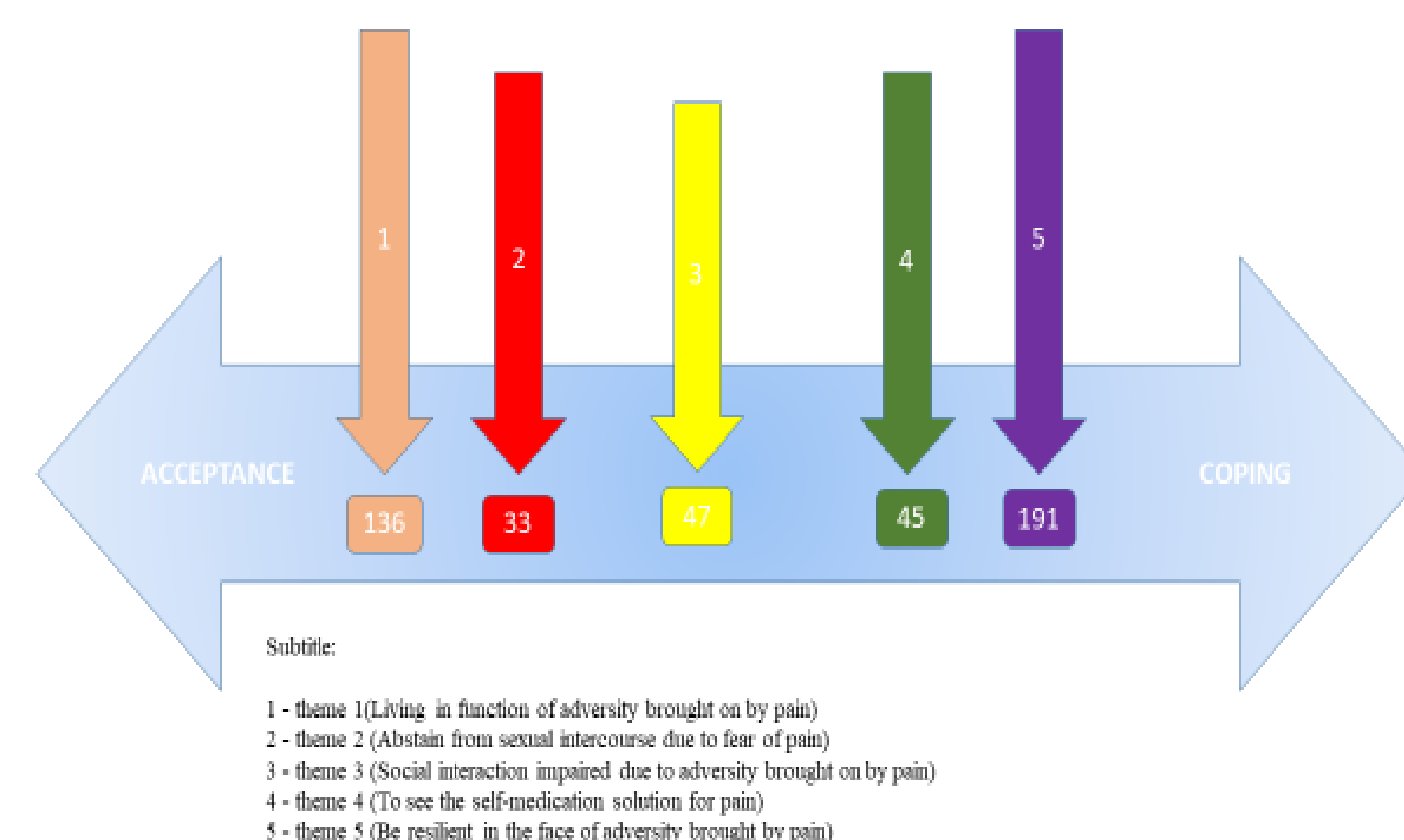
A qualitative study was conducted, using open and individual interviews face to face, following a central or guiding question, with 66 women affected by chronic pelvic pain. The interviews were recorded, transcribed and later submitted to the analytical readings, seeking to understand how women deal with daily pain through qualitative thematic analysis [7]. The themes were derived inductively from the collected data. The software "RQDA" [8] was used to optimize and manage the data, compiling the information designated as required by the researchers. The development of the initial coding and analysis framework was performed by B.H.M and F.J.C.R. The findings were then discussed among them (B.H.M and F.J.C.R), with the collaboration of C.B, M.G.B.C and C.R.A.B. This collaborative work allowed for the analysis to be more solid, turning the themes' definition clear and the coding consensual.

(Results and Discussion)

Data analysis allowed the identification of the presence of two ways of relating to pain: acceptance and coping. Both these approaches to pain integrate individual strategies that women were able to devise to deal with routine and their adversities.

Thus, from the thematic analysis we were able to identify five key themes that designate how women deal with pain on a day to day basis:

1. To seek support from family, friends or partners;
2. Intensification or increase of dedication to the work activity;
3. To read or study the pain escape mechanism;
4. Not knowing how to deal with pain;
5. To use drugs to avoid pain.



(Conclusion)

We identified the means that women use to deal with the pain routine. Our hypothesis is that the lack of understanding about how to deal with pain and the failures to adhere to the proposed treatments corroborate to the resigned behavior and, evolve to social isolation, strengthening the physical and psychological introspection and consequently causing non adherence of therapies. Interactive workshops with patients and clinic professionals are being planned by the research team in order to bring the results of the research to both, as well as to support the improvement of the care provided to women in the outpatient clinic, efforts in favor of public health and the well-being of patients.

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