

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

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Introduction: The etiology of chronic pelvic pain (CPP) may be associated with gynecological conditions such as endometriosis, adhesions, infection or more rarely by the tumor, and by non-gynecological causes, such as irritable bowel syndrome, related bladder, musculoskeletal or even neuropathic. Most of the time, the cause remains obscure throughout the pain trajectory (IASP, 2015). The 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 (Nogueira, Reis, & Poli-Neto, 2006; Romão, Gorayeb, Reis, Nogueira & Silva, 2009; Souza, Nakano, Reis, Rosa e Silva & Poli-Neto, 2012; Mellado, Reis, Falcone, Nogueira, Poli-Neto & Rosa e Silva, 2016). 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% (Silva, Michelazzo, Rocha, Rosa e Silva, Reis, Nogueira & Poli-Neto, 2011). 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. **Methods:** Open interviews were realized through a central guiding question. The interviews were recorded audio and transcribed in full for later analysis of the data submitted to the thematic analysis with the help of the software "RQDA" (Huang, 2016). **Results:** Sixty-six open interviews were conducted. The thematic analysis (Braun & Clarke, 2006) allowed us to categorize five main themes related to how women dealt with the pain experience: 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; and 5. To use drugs to avoid pain. The analysis process consisted on categorizing the data collected in preliminary codes and, from them, the categories were being developed. **Partial Conclusion:** Based on the qualitative approach of the thematic analysis, we were able to identify the means that women used 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.

Keywords: Pelvic pain, Coping, Interviews, Qualitative research.

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