

## Correspondence

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### Re: “Predicting Risk for Opioid Misuse in Chronic Pain with a Single-Item Measure of Catastrophic Thinking”

*To the Editor:* I commend Julie Lutz and colleagues<sup>1</sup> on their work which advocated predicting risk for opioid misuse in chronic pain with a single-item measure of catastrophic thinking from the Coping Strategies Questionnaire (CSQ). There are, however, two issues that would benefit from clarification.

First, pain catastrophizing was found to be associated with negative mood, especially the cognitive and fearful aspects of anxiety and depression<sup>2</sup>, and in these clinical states, pain catastrophizing may be confounded. In fact, when Hirsh et al<sup>2</sup> controlled for this negative mood, pain catastrophizing minimally contributed to pain prediction. Thus, the article did not explain how primary care physicians are to interpret a single-question CSQ result in patients with anxiety and depression compared with patients without these conditions this is particularly complicated if there are no follow-up questions to probe the pain catastrophizing further.

Second, ethnic differences in pain coping is well documented, with African Americans reporting a higher level of catastrophizing among pain-free young adults<sup>3</sup> or clinical populations.<sup>4,5</sup> For this reason, it was not clear from the article how primary care physicians working in an ethnically diversified neighborhood can interpret a single-item questionnaire from the CSQ scale in the context of a diverse ethnic patient population. Primary care physicians attending to these ethnically diverse patients see them one after the other which may complicate diagnosis.

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### References

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The above letter was referred to the author of the article in question, who offers the following reply.