## 2024 USASP Call for abstracts

- Length of abstract: 250 words max
- Abstracts must be submitted using the designated link (see below)
- Each abstract submitted must have a unique corresponding/presenting author
- The first author will be the main contact for the submission.
- Abstracts will be published in the Journal of Pain.
- Members and non-members are eligible to submit abstracts.
- Abstracts of unpublished work will be accepted if the abstract is **not** currently in Press (i.e., at the time of abstract submission)
- Trainees, students and postdoctoral fellows, are eligible to have their abstract reviewed for poster awards. Please indicate on the submission form if you would like to be considered.

## Formatting:

- 1. Only the first author's affiliations should be included at the end of the author list due to space limitations for publication in the Journal of Pain.
- 2. Double check the spelling of all author names and make sure all authors' are included.
- 3. Present complete name of first author's affiliation. National Institutes of Health vs. NIH
- 4. The abstract should be written all in one fluid paragraph <u>without</u> subheadings or indentations.
- 5. No figures or tables are permitted.
- 6. Capitalize each word in the title, abbreviations are not permitted.
- 7. If possible, please avoid using special characters in the text. (mean age§SD=39.43§12.58)
- 8. Do not include numbered references/bibliography. Authors who wish to cite specific research may do so parenthetically such as, (Palermo, 2019).
- Funded sources may be included at the end of the abstract. Example Funding: RO1AGO4891.

You will be prompted to insert the text of the abstract in the submission portal as well as to upload a Word document of your abstract.

Please organize the body of the abstract as follows:

- 1. A statement of the purpose of the study.
- 2. An outline of the methods used.
- 3. A summary of the results presented in sufficient detail to support the conclusions.
- 4. A statement of the conclusions reached. It is not satisfactory to state that "the results will be discussed."

NOTE: Abstracts submitted that do not follow these formatting guidelines will be rejected and sent back to the main contact.

## **Correct Abstract Formatting**

6	Executive Functioning and Self-Management Processes Mediate the Relationship between Insand Pain-Related Disability	somnia
	Emily F. Law, See Wan Tham, Waylon Howard, Teresa M. Ward, and Tonya M. Palermo; Seattle  Children's Research Institute	3

- Insomnia is highly co-morbid with chronic pain, affecting over half of youth with chronic pain. Insomnia has been identified as a predictor of reduced benefit from psychological interventions for adolescent chronic pain; however, it is not well understood how insomnia leads to reduced treatment response. The purpose of this study was to evaluate executive function and self-management processes as two potential mediators of the relationship between insomnia symptoms and pain-related disability outcomes from internet-delivered cognitive-behavioral (CBT) intervention using a single-arm clinical trial design.
  - Eighty-five adolescents with chronic pain (77% female, ages 12-17 years) and their caregiver received an eight-week internet-delivered CBT intervention. Youth completed validated measures of insomnia symptoms, executive function, self-management processes, and pain-related disability at baseline, mid-treatment (4 weeks), immediate post-treatment (8 weeks), and three-month follow-up. Results from multilevel structural equation modeling indicated that more severe insomnia symptoms were associated with greater problems with executive function which, in turn, lead to lower engagement in self-management processes and less improvement in pain-related disability. These findings identify two mediators by which higher insomnia symptoms may lead to reduced benefit from CBT intervention for chronic pain. Research is needed to understand whether psychological treatments for chronic pain may be optimized by strategies targeting insomnia, executive function, and/or engagement in self-management. This trial was registered at clinicaltrials.gov (NCT04043962). Funded by National Institutes of Health

(R21 NR017312).

Click here to view the 2023 Abstract Supplement:

https://www.jpain.org/article/S1526-5900(23)00040-8/pdf