

Contributions of Occupational Therapy to Functionality and Quality of Life in Adults with Chronic Pain

Contribuições da Terapia Ocupacional na Funcionalidade e Qualidade de Vida em Adultos com Dor Crônica
Contribuciones de la Terapia Ocupacional en la Funcionalidad y Calidad de Vida en Adultos con Dolor Crónico

RESUMO

Objetivo: Analisar os impactos da dor crônica na qualidade de vida e no desempenho ocupacional de adultos na Atenção Primária à Saúde, bem como as contribuições da Terapia Ocupacional. **Método:** Revisão integrativa da literatura, realizada nas bases PubMed, SciELO e Biblioteca Virtual em Saúde, no período de 2020 a 2025, com inclusão de 31 estudos empíricos em português, inglês e espanhol. Excluíram-se relatos de caso, duplicatas e publicações fora do recorte temporal. **Resultados:** A dor crônica associa-se ao sofrimento psíquico, ansiedade e depressão, com repercussões na ruptura de papéis ocupacionais e restrição da participação social. A Terapia Ocupacional favorece a ressignificação do cotidiano, o gerenciamento da dor, autonomia, participação e adesão terapêutica. **Conclusão:** A Terapia Ocupacional tem papel fundamental na Atenção Primária à Saúde, ao promover intervenções voltadas à funcionalidade, autonomia e participação, contribuindo para o cuidado integral e a melhoria da qualidade de vida de pessoas com dor crônica.

DESCRITORES:

DOR CRÔNICA; Terapia Ocupacional; Qualidade de vida; Atenção Primária à Saúde; Desempenho Funcional.

ABSTRACT

Objective: To analyze the impacts of chronic pain on quality of life and occupational performance in adults in Primary Health Care, as well as the contributions of Occupational Therapy. **Method:** An integrative literature review was conducted in PubMed, SciELO, and the Virtual Health Library, from 2020 to 2025, including 31 empirical studies published in Portuguese, English, and Spanish. Case reports, duplicates, and studies outside the defined timeframe were excluded. **Results:** Chronic pain was associated with psychological distress, anxiety, and depression, leading to disruptions in occupational roles and restrictions in social participation. Occupational Therapy supports the re-signification of daily life and effective pain management, promoting autonomy, participation, and treatment adherence in individuals with chronic conditions. **Conclusion:** Occupational Therapy plays a fundamental role in Primary Health Care by promoting interventions focused on functionality, autonomy, and participation, contributing to comprehensive care and improving the overall quality of life of individuals with chronic pain.

DESCRIPTORS: Occupational Therapy; Quality of Life; Primary Health Care; Functional Performance.

RESUMEN

Objetivo: Analizar los impactos del dolor crónico en la calidad de vida y el desempeño ocupacional de adultos en la Atención Primaria de Salud, así como las contribuciones de la Terapia Ocupacional. **Método:** Revisión integradora realizada en PubMed, SciELO y la Biblioteca Virtual en Salud, entre 2020 y 2025, con inclusión de 31 estudios empíricos en portugués, inglés y español. Se excluyeron informes de caso, duplicados y publicaciones fuera del período establecido. **Resultados:** El dolor crónico se asoció con sufrimiento psicológico, ansiedad y depresión, afectando los roles ocupacionales y restringiendo la participación social. La Terapia Ocupacional favorece la resignificación de la vida cotidiana, el manejo del dolor, la autonomía y la participación. **Conclusión:** La Terapia Ocupacional desempeña un papel fundamental en la Atención Primaria de Salud, promoviendo intervenciones centradas en la funcionalidad, la autonomía y la participación, contribuyendo al cuidado integral y a la mejora de la calidad de vida.

DESCRIPTORES: Terapia Ocupacional; Calidad de Vida; Atención Primaria de Salud; Desempeño Funcional.

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INTRODUCTION

According to the International Association for the Study of Pain, chronic pain is pain that persists for more than three months, exceeding the expected time for tissue healing¹. It is a public health problem^{2,3}, resulting from the interaction between biological, psychological, and social determinants^{4,5}.

Evidence indicates impacts on functionality, occupational participation, quality of life, and mental health^{3,6,7}, especially among adults of working age, constituting a cause of disability, work absenteeism, and strain on health systems^{2,3}, with a greater impact in low- and middle-income countries⁸.

Beyond the clinical dimension, chronic pain affects daily life, the organization of activities, and social participation, interfering with autonomy and occupational identity⁹.

In light of the biopsychosocial model, it is understood as a subjective and dynamic experience, modulated by emotional, cognitive, and contextual factors^{4,5}. The literature points to an association with anxiety, depression, and reduced self-efficacy^{7,11}, as well as processes such as catastrophizing and fear of movement, which limit occupational engagement and affect quality of life^{12,13,14}.

Regarding occupational perfor-

mance, an impact is observed on basic and instrumental activities of daily living, leisure, and social participation, with repercussions on occupational roles and life plans⁹. In working-age adults, these effects are associated with work-related impairments, financial instability, poorer quality of life, and greater psychosocial vulnerability, as well as a relationship with mental disorders^{3,7,8} and difficulties adhering to treatment¹⁵.

Primary Health Care constitutes a strategic setting for the longitudinal care of these individuals, although it still faces challenges such as fragmented care and the persistence of a disease-centered model^{5,16}. In this context, the National Primary Care Policy reinforces PHC as the coordinator of care and organizer of the care network, emphasizing the longitudinal and comprehensive nature of care within the Unified Health System².

In this context, Occupational Therapy stands out in identifying barriers to occupational performance, reorganizing daily life, and promoting social participation, given the centrality of occupation in building health and quality of life^{9,10}.

Despite these advances, gaps persist in the systematization of evidence regarding the role of Occupational Therapy in the care of adults with chronic pain in Primary Care. Thus, this study

aims to analyze the impacts of chronic pain on the quality of life and occupational performance of adults at this level of care, considering the influence of mental health aspects and the contributions of Occupational Therapy to the comprehensive care of this population.

METHOD

This is an integrative literature review with a descriptive approach, conducted based on the methodological framework of Mendes, Silveira, and Galvão¹⁷, which outlines systematic stages for synthesizing knowledge, ensuring rigor and reproducibility.

The review was guided by the following research question: "How does chronic pain interfere with occupational roles and quality of life in adults aged 18 to 60 in Primary Health Care?" The search was conducted in the PubMed, SciELO, and Virtual Health Library databases between 2020 and 2025, in Portuguese, English, and Spanish.

DeCS descriptors were used, combined with the Boolean operators AND and OR: "Chronic Pain," "Occupational Therapy," "Quality of Life," "Occupational Performance," and "Primary Health Care."

Inclusion criteria included empirical studies and systematic reviews addressing the relationship between chronic musculoskeletal and rheumatic pain,

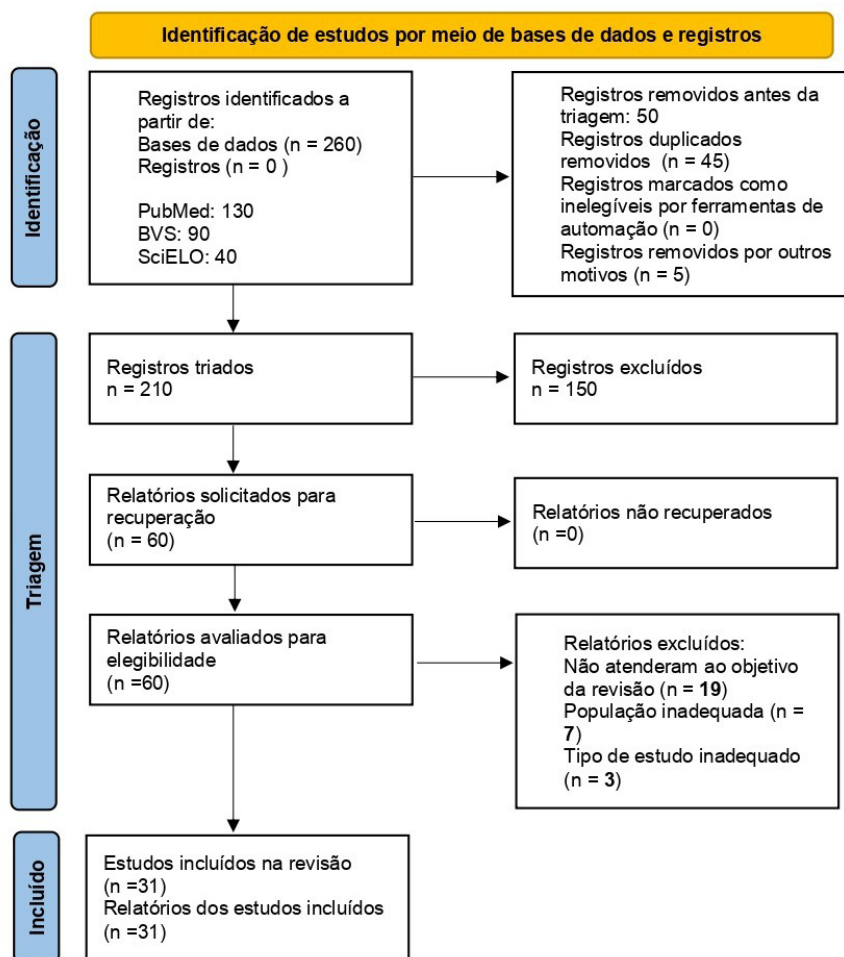
mental health, and occupational performance in adults aged 18 to 60 years, available in full. Duplicate studies, those without full access, not indexed in scientific databases, and those in which chronic pain was predominantly associated with severe neurological or

neoplastic conditions or with specific high-complexity clinical contexts, in order to avoid biases related to pathophysiological particularities.

The selection followed the recommendations of the Preferred Reporting Items for Systematic Reviews and Me-

ta-Analyses (PRISMA), adapted for integrative reviews, in two stages: reading of titles and abstracts to identify relevance, followed by a full analysis of eligible texts according to established criteria. Ultimately, 31 studies comprised the review corpus.

Diagrama de fluxo PRISMA 2020 para novas revisões sistemáticas que incluíram apenas buscas em bases de dados e registros



Data extraction was performed using a structured spreadsheet containing information on authorship, year, objectives, study design, and main findings. The analysis followed the Content Analysis technique¹⁸, allowing for the identification of core meanings and the organization of

findings into thematic axes.

RESULTS

The analysis of the 31 selected studies provided a detailed overview of the reality of adults receiving care in Primary Care. Initially, data were

compiled to characterize the profile of the study sample.

Table 1 summarizes the main sociodemographic and clinical variables, highlighting the factors that shape the landscape of chronic pain in public health between 2020 and 2025.

Table 1 – Sociodemographic and clinical characteristics of adults with chronic pain in Primary Health Care, 2020–2025.

Variables	Predominant Characteristics
Mean age	Approximately 48 years
Predominant sex	Female
Duration of pain	More than 5 years
Pain intensity	Severe
Comorbidities	Frequently associated

Source: Prepared by the author, 2026.

Based on the sample characterization, the analysis proceeded to examine the subjective and collective impacts of the pain condition. **Table 2** summarizes the repercussions on the emotional, cognitive, social, and functional dimensions and their im-

plications for mental health. The data show that pain transcends biological boundaries, compromising psychological well-being and social support.

Table 2. Psychosocial repercussions and mental health indicators associated with chronic pain

Dimension	Identified Repercussions	Mental Health Indicators	Magnitude / Characterization
Emotional	Anxiety, depression, hopelessness	Anxiety; Depression; Psychological distress	High; Moderate to high; Frequent
Cognitive	Catastrophizing, hypervigilance	Mood disorders; Psychological distress	High prevalence; Frequent
Social	Isolation, social withdrawal	Psychological distress	Frequent
Occupational	Loss of occupational roles, reduced productivity	Functional impact	Significant
Functional	Fatigue, physical limitation	Functional impact	Significant

Source: Prepared by the author, 2026.

Given these repercussions, the interaction between coping and health outcomes was analyzed. **Table 3** summarizes the relationships between resilience, mental health, and pain perception, associated with functionality and quality of life. The findings highlight adaptive capacities as mediators of the impact of pain on daily life.

Table 3. Relationships between resilience, pain, mental health, and functionality in adults with chronic pain (2020–2025)

Correlated Variables	Type of Relationship
Resilience × Depression	Negative
Resilience × Anxiety	Negative
Resilience × Pain Intensity	Negative
Resilience × Functionality	Positive
Resilience × Quality of Life	Positive

Source: Prepared by the author, 2026.

Finally, the determinants of therapeutic adherence and continuity of care were analyzed. **Table 4** summarizes individual, psychosocial, and contextual factors that influence adherence in chronic pain. Understanding these factors is essential for Occupational Therapy to develop effective strategies capable of reducing barriers to engagement in the rehabilitation process.

Integrative Review

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Table 4. Factors related to therapeutic adherence in adults with chronic pain in Primary Health Care (2020–2025)

Dimension	Identified Barriers	Identified Facilitators
Intrinsic	Kinesiophobia and fear of movement	Gradual movement coping strategies
Psychological	Anxiety, depression, and low motivation	Emotional empowerment and psychosocial support
Socioeconomic	Low income and transportation limitations	Social support and linkage to community resources
Environmental	Lack of appropriate spaces for therapeutic activities	Environmental adaptation and use of accessible resources
Organizational	Difficulty accessing healthcare services	Improved access and continuity of care
Professional	Practices insufficiently focused on daily life	Occupation-centered and daily life-centered interventions
Educational	Limited knowledge about pain and self-care	Pain education and promotion of functional self-management
Occupational	Difficulties in organizing and engaging in activities	Gradual planning of meaningful activities
Social	Isolation and limited support network	Therapeutic groups and strengthening of community support
Motivational	Low self-efficacy and low perceived functional capacity	Promotion of self-efficacy, occupational engagement, and a sense of functional competence

Source: Prepared by the author, 2026

The synthesis of findings highlights coping and rehabilitation strategies focused on autonomy. **Table 5**

systematizes the impacts of chronic pain and Occupational Therapy interventions on functionality and social participation, highlighting their

effectiveness in reducing barriers and strengthening self-advocacy.

Table 5. Impacts of chronic pain and Occupational Therapy interventions on different domains of occupational performance (2020–2025)

Dimension	Identified Barriers	Identified Facilitators
Intrinsic	Kinesiophobia and fear of movement	Gradual movement coping strategies
Psychological	Anxiety, depression, and low motivation	Emotional strengthening and psychosocial support
Socioeconomic	Low income and transportation limitations	Social support and coordination with community resources
Environmental	Lack of appropriate spaces for therapeutic practices	Environmental adaptations and use of accessible resources
Organizational	Difficulty accessing healthcare services	Expanded access and continuity of care
Professional	Practices not centered on daily life activities	Occupation- and daily life-centered intervention
Educational	Low level of knowledge about pain and self-care	Pain education and promotion of functional self-care
Occupational	Difficulty organizing and engaging in activities	Gradual planning of meaningful activities
Social	Isolation and limited support network	Therapeutic groups and strengthening of community support
Motivational	Low self-efficacy and low perceived functional capacity	Promotion of self-efficacy, occupational engagement, and sense of functional capability

Source: Prepared by the author, 2026.

DISCUSSION

The analytical integration of the findings allows us to understand chronic pain in Primary Health Care (PHC) as a phenomenon that transcends no-

ciception, emerging as an experience that disrupts the subject's occupational identity^{4,5}. By comparing the data in Tables 1 through 5,

it is observed that pain acts as a disruptive agent in significant roles (work, leisure, and self-care). This complexity

corroborates the biopsychosocial model, requiring that PHC care embrace the subjectivity and sociocultural context of adults of working age.

The data in Table 1 confirm that chronic pain, when affecting individuals of working age, transcends the clin-

ical diagnosis and acts as a barrier to occupational engagement. In Primary Care, this sociodemographic characterization is fundamental to understanding that the demands of this life cycle are disrupted. The predominance of women and the association with comorbidities reflect patterns described in the literature, including greater vulnerability and social inequalities^{9,19}. This scenario contributes to the chronicity of pain and its normalization in daily life, sustained by psychosocial impacts associated with the condition^{1,3,6}.

The findings in Table 2 demonstrate that the repercussions of chronic pain extend beyond the nociceptive domain, causing multidimensional disruption that affects the subject's emotional, cognitive, and social spheres. From the perspective of Occupational Science, this reality translates into a disruption of occupational roles and engagement in meaningful activities^{9,10,20}. This disruption can be understood, in the light of Occupational Therapy, as an imbalance between "being," "doing," and "becoming"—central elements of human engagement in occupations^{10,14}. Pain becomes an intrusive element that fragments daily life, resulting in psychological distress that reinforces functional impairment and restricts social participation^{5,22,6}.

The presence of anxiety and depression confirms psychological distress as a central component of the painful experience, with a bidirectional relationship with pain. Factors such as catastrophizing and fear of movement are associated with poorer functionality and greater disability^{12–14}, impacting quality of life and engagement in daily activities^{7,11}.

When analyzing the interdependence of the variables in Table 3, it becomes clear that resilience should not be understood as an innate attribute, but as a dynamic coping resource that modulates the subjective experience of pain. Thus, resilience stands out as a protective factor associated with lower pain intensity, better emotional regula-

tion, and greater functionality^{23,24}. Its relationship with self-efficacy reinforces the role of psychological resources in adherence and occupational engagement^{9,12}.

Therapeutic adherence, as shown in Table 4, is influenced by multiple determinants. Barriers such as persistent pain and psychological distress are described^{6,15,25}. In contrast, pain education, social support, and interventions centered on daily life promote engagement and clinical outcomes^{20,26,27}, indicating that adherence is an active and contextual process.

Table 5 highlights the centrality of occupational performance as a therapeutic outcome. Interventions aimed at engagement in meaningful occupations, adaptation of activities, and reorganization of daily life contribute to functionality and quality of life^{10,19,21}. In this context, Occupational Therapy integrates physical, emotional, and social dimensions, promoting autonomy and occupational participation and enhancing quality of life by considering the interaction between chronic pain, mood, and psychological well-being^{10,19,21,28}.

Finally, the synthesis presented captures the core of occupational therapy intervention: overcoming the clinical barrier to achieve social participation. Evidence demonstrates that when the focus of care shifts from reducing the pain threshold to restoring functionality, the individual regains their agency in the world^{10,21}. Occupational Therapy interventions, by acting on daily life and the environment, function as mechanisms of empowerment, enabling the reorganization of one's life plan²⁰. Thus, practice in Primary Care reaffirms itself as a commitment to autonomy and quality of life^{2,19}.

Taken together, the findings show that chronic pain leads to progressive disruption of daily life, with a feedback loop between psychological distress, functional limitations, and social restrictions. This process reduces oc-

cupational participation and compromises quality of life, while resilience and social support act as protective factors^{23,26}.

Thus, the need for integrated approaches in Primary Health Care is reinforced, linking clinical care, psychosocial support, and occupational interventions with actions by multidisciplinary teams²⁹. Also highlighted is the need to expand studies on occupational interventions and strategies to strengthen resilience, treatment adherence, and pain coping^{30,31}.

In summary, understanding chronic pain from a broader perspective requires recognizing that coping with it transcends the remission of physical symptoms, demanding the reconstruction of daily life and the restoration of meaning in occupations. In this scenario, Occupational Therapy establishes itself as strategic knowledge in Primary Care, as it operates at the interface between subjectivity and social participation. By facilitating engagement in meaningful activities, the occupational therapist promotes functionality and rehabilitation of life, ensuring that dignity and autonomy remain central pillars in comprehensive adult health care.

CONCLUSION

This review demonstrated that chronic pain in Primary Health Care constitutes a phenomenon of occupational vulnerability, whose repercussions extend beyond the biological dimension and compromise adults' mental health and life plans. It is a multifactorial condition in which the interaction between psychological distress, fragile resilience, and functional barriers results in a disruption of occupational roles and restricted social participation.

It was observed that therapeutic adherence is not restricted to the individual sphere but is influenced by psychosocial and contextual determinants that require skilled listening. In this scenar-

io, Occupational Therapy stands out in comprehensive care by promoting the reframing of daily activities, shifting the focus from pathology to the individual's potential and fostering autonomy and occupational dignity, although

it still requires greater systematization.

Finally, we emphasize the need to strengthen research that addresses pain from the perspective of Occupational Science, as well as to expand person-centered interdisciplinary practic-

es. The consolidation of an expanded, holistically oriented clinical practice is fundamental to moving beyond symptomatic management and promoting improved quality of life for this population.

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