

## In Response

### To THE EDITOR:

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I agree that psychosocial components and patient perspectives need to be factored in the discussion of successful aging as was done when the high prevalence of depression in elders with chronic pain was discussed as well as the influence of depression and anxiety on pain catastrophizing (1). I also addressed how elderly patients with chronic pain benefit from social support showing improved clinical outcomes with maintenance of satisfying social networks (1). I also don't object to the adoption of resilience frameworks and do touch on it in the review in Table 1 and Case 2 (1).

As far as the definition(s) of successful aging are concerned, even though there may be many, I think we can agree a priori that no pain or manageable/tolerable pain should be part of any definition. Patient's perspectives are definitely important especially when words like "exhausting" or "nagging" are used to describe pain (2), but so are those of physicians because the stoicism I discussed the elderly can use as a coping mechanism can interfere with getting an accurate

medical history from the patient, especially by a pain physician (1). I recently had an elder describe little pain from a compression fracture while the family member interjected that it was severe and left the patient completely debilitated. This scenario happens quite often for a pain physician such as myself.

Lastly, I agree that resilience is very relevant to the discussion even though I did not expand on it beyond Table 1 and Case 2 (1).

In conclusion, while I agree with many points raised by Dr. Cosco, I did feel it was appropriate to respond. I hope this response provides a clearer understanding of the topic and contributes to the ongoing discussion.

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### REFERENCES

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