Journal Watch

Can pain be more or less neuropathic? Comparison of symptom assessment tools with ratings of certainty by clinicians

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Presented by: Dr. Yoko Tarumi

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Abstract

Chronic pain is generally regarded as being divided into two mutually exclusive pain mechanisms: nociceptive and neuropathic. Recently, this dichotomous approach has been questioned and a model of chronic pain being 'more or less neuropathic' has been suggested. To test whether such a spectrum exists, we examined responses by patients with chronic pain to validated neuropathic pain assessment tools and compared these with ratings of certainty about the neuropathic origin of pain by their specialist pain physicians. We examined 200 patients (100 each with nociceptive and neuropathic pain) and administered the self-complete Leeds Assessment of Neuropathic Symptom and Signs (S-LANSS score) and the Neuropathic Pain Scale (NPS). Clinicians were asked to rate their certainty of the presence of neuropathic pain mechanisms on a 100 mm visual analogue scale (VAS) (0='not at all neuropathic in origin' to 100='completely neuropathic in origin'). The whole sample was divided into tertiles based on ascending ratings of diagnostic certainty by clinicians using the VAS and labeled 'unlikely', 'possible', and 'definite' neuropathic pain. There were significant differences in median S-LANSS and NPS composite scores between all tertile groups. There were also significant differences between many S-LANSS and NPS item scores between groups. We have shown that higher scores on both the S-LANSS and the NPS are indicative of greater clinician certainty of neuropathic pain mechanisms being present. These data support the theoretical construct that pain can be more or less neuropathic and that pain of predominantly neuropathic origin may be a useful clinical concept.

Comments

Strengths:
This article presents the importance of recognition of the complexity in diagnosis of neuropathic pain syndrome. It is likely more practical and realistic to appreciate the neuropathic pain as component of complex pain syndrome, rather than all or nothing. Use of validated tools for assessment of neuropathic pain may help identify the neuropathic pain component for those who are not skilled or experienced in pain assessment.

Weaknesses:
The methodology of this study is unclear regarding the process of diagnosing neuropathic pain by using clinical assessment.
Inclusion of criteria for participation may need to be clarified further.

Relevance to Palliative Care:
The Edmonton group has identified that outcome of pain management may vary depending on certain factors such as history of chemical coping, psychological factors, and cognitive function and the presence of neuropathic pain. Simultaneously, these factors may complicate the accurate diagnosis of neuropathic pain. Validated tools to assist in the diagnosis of a neuropathic pain syndrome may be useful in both the clinical and research setting.