Pain Catastrophizing Scale

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A prospective study by Tuna et al., from the Department of Anesthesiology and Perioperative Care and Department of Neurosurgery, CUB Hospital Erasme, Brussels, Belgium, evaluated the Pain Sensitivity Questionnaire (PSQ) in 110 patients undergoing spine surgery.

The purpose of the study was to compare the ability of the total Pain Sensitivity Questionnaire (PSQtotal) and PSQ-minor scores with the Pain Catastrophizing Scale (PCS) to predict the immediate postoperative pain of patients after spinal surgery and their risk of developing a chronically painful state.

Patients undergoing lumbar or cervical spine surgery were prospectively included in the study. The PSQ-total and PSQ-minor, the PCS and its subscores, the Oswestry Disability Index (ODI), and the Neck Disability Index were used preoperatively. Preoperative and postoperative Visual Analog Scale scores for pain at rest, movement, and analgesics were recorded. At 12 months postoperatively, the Neck Disability Index and the ODI were once more assessed to evaluate pain chronicization.

A total of 110 patients scheduled to undergo surgery at our spine center participated in the study. Our results highlighted that Visual Analog Scale scores were increased for high catastrophizers at rest on the first postoperative day compared to low catastrophizers. Preoperative use of opioids and a high score on the rumination subscale of the PCS were linked to greater postoperative morphine consumption. At 12 months, the PCS, the PSQ-total, and PSQ-minor showed correlations with the development of a chronically painful state for ODI scores >21, indicating a marked persistent disability.

Both Pain Sensitivity Questionnaire (PSQ) and Pain Catastrophizing Scale (PCS) showed an ability to predict a chronically painful state as defined by the persistence of disability after lumbar spine surgery ¹⁾.

There is a lack of prospective systematic reviews on the clinical characteristics of pain in trigeminal neuralgia (TN) as well as its 'psychosocial burden'.

Zakrzewska et al., categorized patients with idiopathic trigeminal neuralgia into three sub-types (n = 225). Group 1 (n= 155, 68.9%) had TN without concomitant pain, Group 2 (n=32, 14.2%) had TN with intermittent concomitant pain and Group 3 (n=39, 16.9%) had TN with autonomic symptoms.

They tested two hypotheses: (i) that different pain profiles would be associated with the different groups; (2) that the severe pain associated with TN would impact negatively on activities of daily living and thereby result in disability as defined by the World Health Organisation. A different pain profile was found across the groups. They obtained unequivocal evidence that TN causes disability with up to 45% of patients being absent from usual daily activities 15 days or more in the past 6 months. On the Hospital Anxiety and Depression Scale, 35.7% patients had mild to severe depression and over 50% were anxious. The Pain Catastrophizing Scale showed that 78% of patients had considerable negative thoughts with scores > 20 and a mean score of 36.4. Prior to referral only 54% had been prescribed carbamazepine whilst opioids had been prescribed in 14.6% of the patients. Prior

to referral over 80% had already been to one specialist centre which had not provided appropriate management. Patients with TN report varied characteristics but all result in some degree of psychosocial disability especially before adequate therapy is attained ²⁾.

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