Comparison of Pain Scales in Systemic Sclerosis (SSc) Patients

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Abstract

Rationale
For many SSc patients, pain has been shown to be the single strongest predictor of physical functioning. Patients often mention pain as a symptom but few studies have researched the importance and impact of pain in SSc. Pain in SSc can come from a variety of sources. This study investigates the correlations between several pain scales and between pain scales and other measures of disease severity.

Methods and Patients
100 ambulatory SSc patients, 51 with limited and 49 with diffuse disease, completed the Michigan Hand Questionnaire (MHQ) along with SF36 and SHAQ. 87 (87%) were female. Mean age was 51 y ± 12 and disease duration 7 y ± 7. Patients completed several questionnaires each containing a pain scale: SF-36, SHAQ-DI, and MHQ. Also assessed were Modified Rodnan Skin Score and an overall measure of disease severity by physician (VAS).

Results

(See table)

Conclusions
Different pain scales correlated well having moderate to high correlations with each other. High correlations were found between SF-36 Pain and MHQ Pain. Pain scales all correlated moderately to high with SHAQ-DI with the exception of the VAS scale in the diffuse SSc group. The VAS pain scale had very high correlations with other VAS items in the diffuse SSc group.

The pain scales all correlated with the physician Assessment of Disease Severity (Overall VAS) except for 1 correlation found in the diffuse SSc group with SF-36. Skin Score correlated significantly only with SF-36 in the total sample. Pain might be underestimated or not included in physician assessment of disease severity. More detailed analyses and studies are needed to assess how pain contributes to patient and physician assessment of severity of disease and how it correlates to other more objective disease severity measures.

References