Reader Feedback

Is There a Correlation Between Reported Pain and Patient Characteristics?

Authors of the article, "Chronic Pain in Veterans—A Profile of Patients in a VA Pain Clinic," which is found on page 15 of the March 2006 issue, reported an analysis of the computerized medical records of 269 consecutive initial referrals to the pain clinic at the Hunter Holmes McGuire VA Medical Center, Richmond, VA for the period of one year. They stated that statistical analysis had included correlation of patients' reported scores on the numerical rating scale (NRS)—a verbal pain scale ranging from zero to 10—with demographic and clinical information of the patient population, which included age, ethnicity, gender, marital status, education, employment status, psychiatric history, prior opioid use, prior substance abuse, litigation related to pain, disability status, work-related pain, prior surgery to relieve pain, pain location, and prior pain clinic treatment.

My question is: Were there correlations between these variables and the NRS pain score?

I assume that patients who report higher pain scores are more likely to be impaired and to report disability. I wonder, however, if those patients who rate their pain at 10 or higher on the NRS (which corresponds to "worst pain ever") at each visit, regardless of affect, are different than other patients with chronic pain.

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It would be interesting to look now, and again in a few years, at these patients' charts to see if there is an established diagnosis explaining the etiology of their chronic pain, since a clinician cannot realistically expect to recommend effective treatment without an accurate diagnosis. It might be similarly informative to track future morbidity and mortality in this same patient population.

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The corresponding author responds: *We appreciate Dr. Zeitzew's insightful comments. We found only one statistically significant (*$P < .05$*) correlation between the NRS score and patient characteristics: Patients who were actively employed reported less pain than patients who were retired, receiving or applying for disability, or unemployed. This finding remained consistent when selectively analyzing only those patients with low back pain.*

We agree with your point that an accurately established diagnosis is necessary for effective treatment. Unfortunately, our study looked at a patient's general diagnosis, such as low back pain, and not at specific etiologies, such as disc disease or facet arthropathy. In future studies, it would be interesting to determine the effectiveness of treatment in relation to whether patients have an accurately established diagnosis and to track morbidity and mortality.

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