

## BACKGROUND

Complex regional pain syndrome (CRPS) affects around 5 per 100,000 person years in the US. CRPS symptoms include sensory or temperature change, swollen, decreased range of motion/weakness, and pain. Common treatment combines medications, surgical interventions, and psychosocial support; therefore, a comprehensive evaluation should assess pain's impact on International Classification of Functioning, Disability and Health (ICF) body function and structure, activity, and participation to monitor progress and improvement.

However, current clinical protocol mainly focuses on physician-driven physical measurements, while there is paucity in reporting patient reported outcomes (PROs) in pain, activity, and participation.

We aimed to identify the most comprehensive pain PROs for baseline in an interdisciplinary adult peripheral nerve pain clinic.

## METHODS

- Cross-sectional study in 2017-2018
- Adult CRPS (N=68, mean age 47 ± 16)
- Patient/participant demographics
- PROs: Wong-Baker face Pain Scale, Visual Analogue Scale (VAS, 0-10), McGill Pain Short Form (0-10), Neuropathic Pain Diagnostic Questionnaire (DN4, 0-10), Katz Index of Independence in Activities of Daily Living (scale 0-6) and West Haven-Yale Multidimensional Pain Inventory(WHYMPI, 0-6)
- Pearson's correlation for comprehensive pain PROs identification

## RESULTS

### Baseline Pain Ranged from 6.1 to 6.6

	All N (%) N=68	All N (%) N=68
Mean age ± SD	47±16	Wong Baker Face Pain Scale (0-10) 6.2±2
Sex of participant		VAS (0-10) 6.1±2
Male	25 (37%)	McGill Pain Short Form (0-10) 6.6±2
Female	43 (63%)	DN4 Neuropathic Pain Diagnostic Questionnaire (0-10) 5±3
Race		Katz Index of Independence in ADL (0-6) 5.8±1
Caucasian	59 (87%)	West_Haven_Yale (0-6)
Other	9 (13%)	Pain Severity 4.4±1
Involved side		Interference 3.9±1
Left	27 (40%)	Support 4.4±1
Right	25 (36%)	Self-control 3.7±1
Bilateral	16 (24%)	Negative Mood 3.2±1

## RESULTS

### WHYMPI pain severity correlated with majority of the PROs

	Wong Baker	VAS	McGill Short	DN4	Katz Index	WHY_severity	WHY_Interference	WHY_support	WHY_selfcontrol	WHY_mood
Wong Baker Face Pain Scale (0-10)	1	.89*	.75*	-.05	-.05	.67*	.24	.26	-.003	.34*
VAS (0-10)		1	.87*	.02	.04	.65*	.13	.29*	.06	.21
McGill Pain Short Form (0-10)			1	-.05	.05	.55*	.19	.24	.25	.005
DN4 Neuropathic Pain Diagnostic Questionnaire (0-10)				1	.04	.01	-.03	-.06	.1	.05
Katz Index of Independence in ADL (0-6)					1	-.28*	-.32*	-.13	.37*	-.38*
West_Haven_Yale (0-6)										
Pain Severity						1	.49*	.43*	-.39*	.47*
Interference							1	.37*	-.56*	.55*
Support								1	-.04	.18
Self-control									1	-.4*
Negative Mood										1

■ Significant at 0.05 level; \*significant level at 0.01

## CONCLUSIONS

- WHYMPI captures a comprehensive aspect of pain impact on patients' pain severity, pain inference in daily activities, psychosocial status, and quality of life.
- DN4 could be a complementary pain PROs.
- PROs can provide information to monitor patients' progress and can guide physicians in optimal treatment options.

## CONTACT

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