

CASE REPORT: USE OF MULTIPLE INSTRUMENTS FOR PAIN ASSESSMENT

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INTRODUCTION

As it is a symptom that encompasses several subjective and biopsychosocial aspects, pain assessment must be performed using numerous instruments, which can be used both quantitatively and qualitatively. Among the scores available for this study, we chose to use the Visual Analogue Pain Scale (VAS), the Leeds Pain Scale for Neuropathic Signs and Symptoms (LANSS) neuropathic assessment scale and the Short Form 36 quality of life scale. (SF36) with the aim of demonstrating how the use of multiple instruments for pain assessment reduces subjectivity, increases accuracy and prevents false interpretations.

METHODS

The patient was followed up with a multidisciplinary team for the treatment of fibromyalgia, underwent instrumental assessments at the beginning, during and at the end of the rehabilitation process. Among the scales, VAS scored from 0 to 10 was used, in which the difference in pain intensity measured at two different times by VAS represents the real difference in pain magnitude¹, LANSS has scores from 0 to 24 points and allows characterizing the predominant type of pain, whether nociceptive or neuropathic² and the SF36 assesses 8 domains, with better scores those closer to 100%³.

RESULTS AND DISCUSSION

Female patient, 48 years old, diagnosed with fibromyalgia, started chronic pain treatment with a multidisciplinary team for

8 months, submitted to initial screening with VAS scores of 7, LANSS 24 and SF36 with functional capacity of 35%, limitation by aspects physical 25%, limitation due to emotional aspects 0%, vitality 15%, mental health 12%, social aspects 12.5%, pain 22.5% and general health status 25%. During the rehabilitation, he presented VAS of 5, 3, 1 and 1. At the end of the treatment, he was submitted to a new evaluation, with a report of a personal problem on the previous day, thus presenting VAS of 10, LANSS 19 and SF36 with a functional capacity of 45 %, limitation due to physical aspects 0%, limitation due to emotional aspects 0%, vitality 40%, mental health 48%, social aspects 50%, pain 45% and general health status 75%.

In the case above, the patient had chronic pain and was treated with progressive improvement, but one day before the final evaluation, due to labor problems, the VAS score worsened, however, when analyzing the other scales, it improved in the index. SF36, whose interpretation revealed improvement in their functional capacity, pain and general condition, with persistence of limitation due to emotional aspects.

This fact demonstrates the importance of using more than one assessment instrument in patients with chronic pain to improve the interpretation of the results obtained, since effective assessment and treatment require a comprehensive and multimodal approach.⁴⁻⁵.

CONCLUSION

Therefore, the unique characteristics of each scale reveal the importance of the researcher to know the main scales used and the use of different measurement methods allows for a better analysis, avoids false interpretations of the results, and directs whether the objectives of the proposed treatment have been achieved.

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