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painDETECT

Availability:	**Please visit this website for more information about the instrument:** **painDETECT Instrument Link**
Classification:	**Exploratory**: Spinal Cord Injury (SCI)
Short Description of Instrument:	The painDETECT addresses both the nociceptive and neuropathic components that contribute to pain. Since these components require different pain management strategies, correct pain diagnosis before and during treatment is highly desirable. As low back pain (LBP) patients constitute an important subgroup of chronic pain patients, the form addresses the following issues: (i) to establish a simple, validated screening tool to detect neuropathic pain (NeP) components in chronic LBP patients, (ii) to determine the prevalence of neuropathic pain components in LBP in a large-scale survey, and (iii) to determine whether LBP patients with an NeP component suffer from worse, or different, co-morbidities.
Comments/ Special Instructions	Studies show that the painDETECT is a reliable screening tool with high sensitivity, specificity and positive predictive accuracy.
Scoring	The questionnaire consists of seven questions that address the quality of neuropathic pain symptoms; it is completed by the patient and no physical examination is required. The first five questions ask about the gradation of pain, scored from 0 to 5 (never = 0, hardly noticed = 1, slightly = 2; moderately = 3, strongly = 4, very strongly = 5). Question 6 asks about the pain course pattern, scored from -1 to 2, depending on which pain course pattern diagram is selected. Question 7 asks about radiating pain, answered as yes or no, and scored as 2 or 0 respectively. The final score between -1 and 38, indicates the likelihood of a neuropathic pain component. A score of less than or equal to 12 indicates that pain is unlikely to have a neuropathic component (less than 15%), while a score of less than or equal to 19 suggest that pain is likely to have a neuorpoathic component (greater than 90%). A score between these values indicate that the result is uncertain and a more detailed examination is required to ensure a proper diagnosis (Frenynhagen et al 2006). Since its development, four additional questions have been added to the painDETECT but do not contribute to the scoring. They ask the patient to rate their pain now and over the last four weeks, and to mark on a body chart if there is pain radiating into other parts of the body.

References:	Attal N, Fermanian C, Fermanian J, Lanteri-Minet M, Alchaar H, Bouhassira D. Neuropathic pain: are there distinct subtypes depending on the aetiology or anatomical lesion? Pain. 2008 Aug 31;138(2):343-53 Bouhassira D, Attal N, Fermanian J, Alchaar H, Gautron M, Masquelier E, Rostaing S, LanteriMinet M, Collin E, Grisart J, Boureau F. Development and validation of the Neuropathic Pain Symptom Inventory. Pain. 2004 Apr;108(3):248-57 Cappelleri JC, Koduru V, Bienen EJ, Sadosky A. (2015) A cross-sectional study examining the psychometric properties of the painDETECT measure in neuropathic pain. J Pain Res. 8:159-67. PubMed ID