The Mainz Pain Staging System (MPSS)

Instructions for use of the MPSS-Scoring Form

H.U. Gerbershagen, J. Korb, B. Nagel, P. Nilges,
German Red Cross Pain Center Mainz, FRG

1.1. Axis I: Temporal Aspects of Pain

Comments:
• Questions refer to the 4 weeks prior to the interview
• In patients with multiple pain sites the questions refer to the main pain complaint

1.1. Occurrence of Pain

**Question:** On average, how frequently have you had your main pain during the past 4 weeks?

**Code:**
1: Pain does not occur on a daily basis or there is daily pain lasting less than a day. If the patient has been pain free during the last 4 weeks “1” should be recorded.
2: Pain occurs several times per day. Pain intensity most often returns to zero (e.g. "0" on a numerical rating scale). There are pain free intervals.
3: Pain is continuously present, pain intensity does generally not go back to zero. There are only rare moments without pain, e.g. during sleep.

1.2. Pain Duration

**Question:** On average, during the past 4 weeks, how long did your main pain last?

**Code:**
1: Pain lasted for several hours or less.
2: Pain usually lasted for several days, at most for one week.
3: Pain usually persisted for more than a week or was continuous
1.3. Changes in Pain Intensity

1.3.1. Changes in Pain Intensity in Patients with Continuous Pain

**Question:** Did the intensity of your main pain fluctuate during the past 4 weeks, that is, did your pain change between mild, moderate and severe intensities?

**Code:**
1: Fluctuation of 2 or more points on a ten point numerical rating scale, two or more times per week
2: Fluctuation of 2 or more points on a ten point numerical scale, less than twice per week.
3: Pain intensity does not change or hardly changes

1.3.2. Changes in Pain Intensity in Patients with Episodic Pain

**Question:** During the past 4 weeks, when you had pain, did it vary in intensity?

**Code:**
1: Intensity of pain episodes usually varied more than 2 points on a ten point numerical scale. Definition of "usually": intensity changed in 50 or more percent of the episodes
2: Intensity of pain episodes rarely varied 2 points on a ten point numerical scale. Definition of "rarely": intensity changed in less than 50% of the pain episodes
3: Pain intensity hardly or never changed.

2. Axis II: Spatial Aspects of Pain (Pain Distribution)

**Comments:**
- Questions refer to the 4 weeks prior to the interview
- Question: Do you experience one main pain or can you distinguish other pains?

**Critical aspects:**
Different painful areas which are felt by the patient to belong together as one pain are coded with a "1"; e.g. back pain and leg pain occurring together and felt as one pain.

Different pains in the same area are coded with a "2"; e.g. continuous headache starting from the neck and additionally unilateral headache episodes of different quality.

All pains to be documented have to have a significant meaning to the patient, that is, they have to interfere with daily living.
**Question:** In which body areas did you suffer pain during the past 4 weeks? How many kinds of pains could you discriminate during the past 4 weeks?)

**Code:**

1: Patient complains about one pain in one or more body areas, he or she feels, however, these pain areas belong together.

2: Patient complains about 2 definable pains located in one or more areas of the body.

3: Patient complains about more than two definable pains or his pain areas covers more than 50% of his body surface.

3. **Axis III: Drug Intake and Previous Drug Withdrawal Treatments**

3.1. **Drug use**

**Comments:**
- Drug use refers to the 4 weeks prior to the interview
- Pain-related drugs are grouped in the following manner for comparison's sake:
  - Group I: Non-opioid analgesics (mono-substances, e.g. NSAIDS, paracetamol, metamizol)
  - Group II: weak and strong opioids
  - Group III: fixed-ratio-combination drugs, e.g. migraine drugs, muscle relaxants, tranquilizer, antidepressants, neuroleptics, anti-convulsants, corticosteroidsetc, as long as they are used as analgesics or co-analgesics.

**Question:** Did you take any drugs for your pain in the last 4 weeks?

**Code:**

1: No drugs or group I-drug-intake on less than 15 days in the last 4 weeks

2: Up to maximally 2 drugs of group I on more than 15 days in the last 4 weeks.

3: More than 2 drugs of group I or one or more drugs of group II or III on at least 15 days in the last 4 weeks.

3.2. **Drug Withdrawal Treatments**

**Comments:**
- This question refers to life time withdrawal treatments relating to the pain syndrome (pain localization) reported in axis II.
• Drug withdrawal (or dose reduction program) is rated only if this has been achieved under the supervision of a physician.
• Self-attempted dose reduction will only be rated if drug withdrawal symptoms required treatment.

**Question:** Have you ever been withdrawn from a drug which you took for pain, or have you attempted to reduce the dose of such a drug?

**Code:**
1: No drug withdrawal treatment or significant dose reduction in the past history.
2: One account of drug withdrawal or one attempt of dose reduction in the past history.
3: Two or more drug withdrawals or several dose reduction attempts in the past history.

**4. Utilization of the Health Care System**

**Comment:**
• The questions of the following sections refer to the pain areas of axis II (comments under 2.) and concern lifetime occurrences.

**4.1. Change of Personal Physician Responsible for Pain Treatment**

**Comment:**
• Only rate changes which occur because of unsuccessful pain management.
• Personal physician can be the general practitioner or a specialist who is responsible for patient’s pain treatment.

**Question:** Have you ever chosen another physician because of previous unsuccessful pain treatment?

**Code:**
1: No change of personal, pain managing physician
2: Maximum three changes of personal, pain managing physician
3: More than three changes of personal, pain managing physician

**4.2. Pain Related Hospitalizations**
Comment:
• Only rapain related inpatient treatments are rated.
• Recreational and Rehabilitative Inpatient Management for Pain are listed under 4.4.

Question: Have you ever had pain treatment as an inpatient?

Code:
1: No or one pain related hospitalization (for diagnosis and/or treatment)
2: Two to three pain related hospitalizations

4.3. Pain related Operations

Comments:
• Only those surgical procedures are rated which were mainly performed for pain
• Surgical procedures performed for the primary disease or other related symptomatology are not rated (e.g. lumbar disc surgery for severe paresis, adhesiolysis for bowel obstruction, fracture treatment)
• Patients with headache or facial pain should be asked for pain related tooth extractions (one session is counted as one surgical procedure), mandibular or ENT-surgeries. These procedures are often not thought to be “surgical procedures”.
• Pain after endoscopic procedures (joints, abdomen) should be asked about, too.
• Scar correcting procedures (with the exception of cosmetic procedures) should also be evaluated.
• All outpatient and inpatient surgical procedures are rated.

Question: Have you ever been operated on because of your pain(s)?

Code:
1: No or one pain related surgical procedure
2: Two to three pain related surgical procedures
3: More than three pain related surgical procedures

4.4. Pain Related Stays in a Spa (or similar institution) and Rehabilitation Center or Stays in a Pain Center

Comment:
Only pain related stays in rehabilitation and pain centers are counted

**Question:** Have you ever had pain treatments in a rehabilitation or pain center?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No pain related stay in a rehabilitation or pain center</td>
</tr>
<tr>
<td>2</td>
<td>One or two pain related stays in a rehabilitation or pain center</td>
</tr>
<tr>
<td>3</td>
<td>More than two pain related stays in a rehabilitation or pain center</td>
</tr>
</tbody>
</table>