

The Mainz Pain Staging System (MPSS)

Instructions for use of the MPSS-Scoring Form

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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 life time 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?

Code:

- 1: No pain related stay in a rehabilitation or pain center
- 2: One or two pain related stays in a rehabilitation or pain center
- 3: More than two pain related stays in a rehabilitation or pain center