

Owie! Hundreds of ways to say 'it hurts'  
New tool helps doctors understand the pain you're in  
By Linda Carroll  
msnbc.com contributor  
updated 7:18 a.m. CT, Wed., Aug 12, 2009

There may be 50 ways to leave your lover, but there are hundreds of ways to say, "Ow!"

Pain can be stabbing, searing or throbbing. It can be sharp or dull. It can make you tired, depressed or anxious. It can be incapacitating — or only mildly annoying. Millions of Americans are affected by chronic pain, studies show, yet until now it's been difficult for doctors or scientists to understand how much a patient is actually suffering. Now, a computer program that measures and rates pain may help put doctors and their patients on the same page.

Just as a blood sugar test can diagnose diabetes, a standardized scoring system will be able to register the impact of pain on a person's life, says David Cella, the program's developer and professor and chair of the department of medical social sciences at Northwestern University.

The computerized test, dubbed Patient-Reported Outcome Measurement Information System (PROMIS), provides a common language for researchers studying the causes of physical pain and its symptoms. In the past, groups of scientists would use different sets of questions to quantify a patient's physical suffering, making it more difficult to compare results. With the push for health care reform, it's becoming more important to show in multiple studies that a therapy works. As a result, more than 1,000 researchers have signed up to try out the new tool.

Along with standard questions about pain intensity and type — the familiar 10-point scale — the computer program probes many more areas that deal with the impact of physical suffering on a person's quality of life. The complete program has 120 questions specific to pain, as well as hundreds more dealing with anxiety, depression and fatigue. Medical doctors will be able to use a short screening form to gauge a patient's condition.

Cella believes the tool can give a more complete picture of how a patient is doing.

Some of the questions include: Does the pain cause nausea? Does it make you tired? Does it limit your ability to go up stairs? Does it limit your ability to go out with your friends?

"There are literally hundreds of questions you can ask," says Cella.

### **Difficult to quantify**

Everybody experiences and copes with pain differently. One person may feel only a little discomfort, but resists performing daily chores such as unloading groceries for fear of making it worse. Another may report significant joint pain, but still go full speed on the treadmill.

Those are just some of the factors that have made quantifying pain so difficult, experts say.

"First, you have to recognize that the sensation of pain is a combination of physical and emotional and psychological experiences," says Dr. Nirjala Abraham Hidalgo, an assistant professor of pain medicine at the University of California at Los Angeles.

Beyond that, people are calibrated differently when it comes to how they perceive pain. "A pain level of '2' for me might be a '9' or '10' for someone who doesn't have the same coping skills or threshold for pain," Hildago explains. "I grew up as a tom boy and played a lot of sports. So I learned to shake it off so I could keep playing. I [didn't] want the pain to slow me down."

Traditional pain intensity scales give a baseline for a particular patient, says Dr. Doris K. Cope, professor and vice chair for pain medicine at the University of Pittsburgh School of Medicine. When a patient is asked to rate pain intensity on a scale of zero to 10, it's a way to compare the patient's response after receiving treatment and to determine whether a particular therapy is working. But one patient's responses can't be compared to another's.

Because the computer tool is so comprehensive, it can give physicians a clearer idea of how well therapies are working, says Dr. Michael Ashburn, professor and director of pain medicine and palliative care at the University of Pennsylvania School of Medicine. "You're looking at the multi-dimensional aspect of pain, not just its intensity," he explains. "So, if you're looking at whether a therapy works for back pain, you're getting information on physical and emotional functioning as well as the pain itself."

Having a detailed assessment tool may also help doctors identify patients who might have otherwise slipped through the cracks because they scored low on the pain scale, Cella explains.

"It can be a flag that this person has pain," he said.

And that's a step closer to relief.

*Linda Carroll is a health and science writer living in New Jersey. Her work has appeared in The New York Times, Newsday, Health magazine and SmartMoney.*

URL: [http://www.msnbc.msn.com/id/32373248/ns/health-health\\_care/from/ET/](http://www.msnbc.msn.com/id/32373248/ns/health-health_care/from/ET/)

[MSN Privacy](#) . [Legal](#)  
© 2009 MSNBC.com