April 17, 2002

Dr. James N. Weinstein, Editor-in-Chief
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To the Editor:

We are writing in response to Pietrobaon, et al’s (2002) article that provides a systematic review of scales for measuring cervical pain and dysfunction.2 An article on this subject is welcomed and we were pleased that our measure, the Neck Pain and Disability Scale was included.1

The authors provided appropriate criteria for defining reliability and validity of the reviewed measures. However, we do take issue with the fact that this review, published in 2002, considered the published literature in MEDLINE only until June of 1999. Since our scale, the Neck Pain and Disability Scale (NPAD), had just been announced in the July issue of Spine,3 therefore, the review only covered pilot data which merely reported the promise of the NPAD’s utility in a clinical setting. The review failed to include two additional articles that provided more complete evidence for the reliability and validity of the NPAD and demonstrated that it is sensitive to the multidimensional aspects of the pain experience, and that the NPAD is useful in a clinical setting.1,4 In particular, reliability coefficients for test-retest reliability and construct validity are presented in our most recent article.1 Moreover, effect size data show that the NPAD when compared to the Neck Disability Index and other pain measures, is the most responsive index of the changes in pain perception that follow treatment.

We would like to encourage more articles that discuss the methodological issues involved in research with chronic pain but timeliness is important. It is unfortunate that the authors did not make an attempt to include the recent literature and provide a more up-to-date review.

It takes time to collect sufficient data in a clinical setting to insure that new scales provide reliable and valid assessments of the patient’s experiences. It is surprising that the authors of the review article did not comment on the relative newness of the NPAD relative to the other measures. Chronic pain and disability is acknowledged to be a multidimensional experience, therefore, it is critical that psychometric measures reflect the complex nature of the experience in order to demonstrate clinical research utility. Our efforts with development of the NPAD are ongoing. We are aware of at least 5 other clinics in 4 countries that are also collecting patient data using the NPAD. Future work will be geared toward documentation of the clinical and research utility of the multidimensional structure of the instrument.
We appreciate the opportunity to comment on these issues.

References


Sincerely,

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AHW/LMT