

Appendix

NEUROPATHY PAIN SCALE

**Instructions:** There are several different aspects of pain which we are interested in measuring: pain **sharpness**, **heat/cold**, **dullness**, **intensity**, overall **unpleasantness**, and **surface vs. deep** pain.

The distinction between these aspects of pain might be clearer if you think of taste. For example, people might agree on how *sweet* a piece of pie might be (the *intensity* of the sweetness), but some might enjoy it more if it were sweeter while others might prefer it to be less sweet. Similarly, people can judge the loudness of music and agree on what is more quiet and what is louder, but disagree on how it makes them feel. Some prefer quiet music and some prefer it more loud. In short, the *intensity* of a sensation is not the same as how it makes you feel. A sound might be unpleasant and still be quiet (think of someone grating their fingernails along a chalkboard). A sound can be quiet and “dull” or loud and “dull.”

Pain is the same. Many people are able to tell the difference between many aspects of their pain: for example, *how much* it hurts and *how unpleasant* or annoying it is. Although often the intensity of pain has a strong influence on how unpleasant the experience of pain is, some people are able to experience more pain than others before they feel very bad about it.

There are scales for measuring different aspects of pain. For one patient, a pain might feel extremely hot, but not at all dull, while another patient may not experience any heat, but feel like their pain is very dull. We expect you to rate very high on some of the scales below and very low on others. We want you to use the measures that follow to tell us exactly what you experience.

1. Please use the scale below to tell us how <b>intense</b> your pain is. Place an "X" through the number that best describes the intensity of your pain.		
No pain	0 1 2 3 4 5 6 7 8 9 10	The most <b>intense</b> pain sensation imaginable
2. Please use the scale below to tell us how <b>sharp</b> your pain feels. Words used to describe "sharp" feelings include "like a knife," "like a spike," "jabbing" or "like jolts."		
Not sharp	0 1 2 3 4 5 6 7 8 9 10	The most <b>sharp</b> sensation imaginable ("like a knife")
3. Please use the scale below to tell us how <b>hot</b> your pain feels. Words used to describe very hot pain include "burning" and "on fire."		
Not hot	0 1 2 3 4 5 6 7 8 9 10	The most <b>hot</b> sensation imaginable ("on fire")
4. Please use the scale below to tell us how <b>dull</b> your pain feels. Words used to describe very dull pain include "like a dull toothache," "dull pain," "aching" and "like a bruise."		
Not dull	0 1 2 3 4 5 6 7 8 9 10	The most <b>dull</b> sensation imaginable
5. Please use the scale below to tell us how <b>cold</b> your pain feels. Words used to describe very cold pain include "like ice" and "freezing."		
Not cold	0 1 2 3 4 5 6 7 8 9 10	The most <b>cold</b> sensation imaginable ("freezing")

Neuropathic Pain Scale (NPS). From Galer BS, et al.<sup>12</sup> Reprinted with permission. [Permission requested]

6. Please use the scale below to tell us how **sensitive** your skin is to light touch or clothing. Words used to describe sensitive skin include "like sunburned skin" and "raw skin."

Not sensitive

0	1	2	3	4	5	6	7	8	9	10
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The most sensitive sensation imaginable ("raw skin")

7. Please use the scale below to tell us how **itchy** your pain feels. Words used to describe itchy pain include "like poison oak" and "like a mosquito bite."

Not itchy

0	1	2	3	4	5	6	7	8	9	10
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The most itchy sensation imaginable ("like poison oak")

8. Which of the following best describes the **time** quality of your pain? Please check only one answer.

I feel a background pain all of the time and occasional flare-ups (break-through pain) some of the time.

Describe the background pain: \_\_\_\_\_

Describe the flare-up (break-through) pain: \_\_\_\_\_

I feel a single type of pain all the time. Describe this pain: \_\_\_\_\_

I feel a single type of pain only sometimes. Other times, I am pain free.

Describe this occasional pain: \_\_\_\_\_

9. Now that you have told us the different physical aspects of your pain, the different types of sensations, we want you to tell us overall how **unpleasant** your pain is to you. Words used to describe very unpleasant pain include "miserable" and "intolerable." Remember, pain can have a low intensity, but still feel extremely unpleasant, and some kinds of pain can have a high intensity but be very tolerable. With this scale, please tell us how **unpleasant** your pain feels.

Not unpleasant

0	1	2	3	4	5	6	7	8	9	10
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The most unpleasant sensation imaginable ("intolerable")

10. Lastly, we want you to give us an estimate of the severity of your **deep** versus **surface** pain. We want you to rate each location of pain separately. We realize that it can be difficult to make these estimates, and most likely it will be a "best guess," but please give us your best estimate.

**HOW INTENSE IS YOUR DEEP PAIN?**

No deep pain

0	1	2	3	4	5	6	7	8	9	10
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The most intense deep pain sensation imaginable

**HOW INTENSE IS YOUR SURFACE PAIN?**

No surface pain

0	1	2	3	4	5	6	7	8	9	10
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The most intense surface pain sensation imaginable

## Prescribing Recommendations for First- and Second-Line Medications for Treating Neuropathic Pain

Medication Class	Starting Dosage	Titration	Maximum Dosage	Duration of Adequate Trial
<b>Secondary amine TCAs</b> Nortriptyline, desipramine <sup>a</sup> (use a tertiary amine TCA only if a secondary amine TCA is not available)	25 mg at bedtime	Increase by 25 mg daily every 3-7 days as tolerated	150 mg daily; if blood level of active medication and its metabolite is below 100 ng/mL (mg/mL), continue titration with caution	6-8 weeks with at least 2 weeks at maximum tolerated dosage
<b>SSNRIs</b> Duloxetine	30 mg once daily	Increase to 60 mg once daily after 1 week	60 mg twice daily	4 weeks
Venlafaxine	37.5 mg once or twice daily	Increase by 75 mg each week	225 mg daily	4-6 weeks
<b>Calcium channel <math>\alpha</math> 2-<math>\delta</math> ligands</b> Gabapentin <sup>a</sup>	100-300 mg at bedtime or 100-300 mg 3 times daily	Increase by 100-300 mg 3 times daily every 1-7 days as tolerated	3600 mg daily (1200 mg 3 times daily); reduce if impaired renal function	3-8 weeks for titration plus 2 weeks at maximum dosage
Pregabalin <sup>a</sup>	50 mg 3 times daily or 75 mg 2 times daily	Increase to 300 mg daily after 3-7 days, then by 150 mg/d every 3-7 days as tolerated	600 mg daily (200 mg 3 times or 300 mg twice daily); reduce if impaired renal function	4 weeks
<b>Topical lidocaine</b> Lidocaine patch 5%	Maximum of 3 patches daily for a maximum of 12 h	None needed	Maximum of 3 patches daily for a maximum of 12-18 h	3 weeks
<b>Opioid agonists<sup>b</sup></b> Morphine, oxycodone, methadone, levorphanol <sup>a</sup>	10- to 15-mg morphine every 4 h or as needed (equianalgesic dosages should be used for other opioid analgesics)	After 1-2 weeks, convert total daily dosage to long-acting opioid analgesic and continue short-acting medication as needed	No maximum dosage with careful titration; consider evaluation by pain specialist at relatively high dosages (eg, 120- to 180-mg morphine daily; equianalgesic dosages should be used for other opioid analgesics)	4-6 weeks
<b>Tramadol<sup>c</sup></b>	50 mg once or twice daily	Increase by 50-100 mg daily in divided doses every 3-7 days as tolerated	400 mg daily (100 mg 4 times daily); in patients older than 75, 300 mg daily	4 weeks

SSNRI = selective serotonin and norepinephrine reuptake inhibitor; TCA = tricyclic antidepressants. <sup>a</sup>Consider lower starting dosages and slower titration in geriatric patients.

<sup>b</sup>First-line only in certain circumstances. <sup>c</sup>Consider lower starting dosages and slower titration in geriatric patients; dosages given are for short-acting formulation. From Dworkin RH, et al.<sup>15</sup> Reprinted with permission. [Permission requested]