

# Functional Status Questionnaire & Pain Catastrophizing Scale

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# Objectives

- 1. Understand and employ the functional status questionnaire;
- 2. Define “Pain Catastrophizing” ; and
- 3. Define the content and utility of pain catastrophizing scale.

# Disclosure

- The presenters have no financial relationships with a commercial entity producing healthcare related products and/or services

# Introduction

Drug misuse has increased proportionally with an increased prescribing of medication

Important statistical considerations:

2015 National Survey on Drug Use and Health: Reported that 13% of individuals prescribed opiates endorsed prescription misuse, 2% endorsed opioid use disorder. (1)

According to the CDC: In 2015, 15,000 deaths occurred due to prescription opioids and more than 1000 people are treated in the ED every day for opioid misuse. (2)

Proportion of patients seeking treatment for non-heroin opiate substance use disorder raised from 1.0%-9.3% from 1995-2013. (2)

# Introduction

Given the rising number of opiate related substance abuse and death, it's important that clinicians familiarize themselves with current recommendations and guidelines

Although prescribing opiates for non-cancer pain may be warranted, several underutilized tools are available to assess pain conditions and predict outcomes.

- The Functional Status Questionnaire

- The Pain Catastrophizing Scale

Our presentation aims to explore these invaluable tools.

# The Functional Status Questionnaire

Nam Nguyen, MS III

*The FSQ by Dr. Jette is both a reliable and validated tool that can be used as a self-administered functional assessment for a patient. It provides information on the patient's physical, psychological, social, and role functions. It can be used both to screen initially for problems and to monitor the patient over time.*

# Functional Status Questionnaire Sections

- Physical Function in the Activities of Daily Living
- Psychological Function
- Role Function
- Social Function
- Variety of Performance Measures

# Physical Function

- Basic ADL: During the past month have you had difficulty with,
  1. Taking care of yourself, that is, eating, dressing or bathing?
  2. Moving in or out of a bed or chair?
  3. Walking indoors, such as around your home?

Response	Points
Usually did with no difficulty	4
Some difficulty	3
Much difficulty	2
Usually didn't do because of health	1
Usually didn't do for other reasons	0

# Physical Function

- Intermediate ADL: During the past month have you had difficulty with,
  1. Walking several blocks?
  2. Walking one block or climbing one flight of stairs?
  3. Doing work around the house, such as cleaning, light yard work or home maintenance?

Response	Points
Usually did with no difficulty	4
Some difficulty	3
Much difficulty	2
Usually didn't do because of health	1
Usually didn't do for other reasons	0

# Physical Function

- Intermediate ADL: During the past month have you had difficulty with,
  1. Doing errands such as grocery shopping?
  2. Driving a car or using public transportation?
  3. Doing vigorous activities such as running, lifting heavy objects or participating in strenuous sports?

Response	Points
Usually did with no difficulty	4
Some difficulty	3
Much difficulty	2
Usually didn't do because of health	1
Usually didn't do for other reasons	0

# Psychological Function (Mental Health)

- During the past month,
  1. Have you been a very nervous person?
  2. Have you felt downhearted and blue?
  3. Do you feel so down in the dumps that nothing could cheer you up?

Response	Points
All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

# Psychological Function (Mental Health)

During the past month,

1. Have you felt calm and peaceful?
2. Were you a happy person?

Response	Points
All of the time	6
Most of the time	5
A good bit of the time	4
Some of the time	3
A little of the time	2
None of the time	1

# Social/Role Function

- If you were employed during the past month, how was your work performance?
  1. Worked for short periods of time or taken frequent rests because of your health?
  2. Worked at your usual job, but with some changes because of your health?
  3. Feared losing your job because of your health?

Response	Points
All of the time	1
Most of the time	2
Some of the time	3
None of the time	4

# Social/Role Function

- If you were employed during the past month, how was your work performance?
  1. Done as much work as others in similar jobs?
  2. Worked your regular number of hours?
  3. Done your job as carefully and accurately as others with similar jobs?

Response	Points
All of the time	4
Most of the time	3
Some of the time	2
None of the time	1

# Social Activity

- During the past month, have you:
  1. Had difficulty visiting with relatives or friends?
  2. Had difficulty participating in community activities, such as religious services, social activities, or volunteer work?
  3. Had difficulty taking care of other people such as family members?

Response	Points
Usually did with no difficulty	4
Some difficulty	3
Much difficulty	2
Usually didn't do because of health	1
Usually didn't do for other reasons	0

# Quality Of Social Interaction

- During the past month, have you:
  1. Isolated yourself from people around you?
  2. Acted irritable toward those around you?
  3. Made unreasonable demands on your family and friends?

Response	Points
All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

# Quality Of Social Interaction

- During the past month, have you:
  1. Acted affectionate toward others?
  2. Gotten along well with other people?

Response	Points
All of the time	6
Most of the time	5
A good bit of the time	4
Some of the time	3
A little of the time	2
None of the time	1

# Single Item Questions:

- Which of the following statements best describes your work situation during the past month? Responses: working full-time; working part-time; unemployed, looking for work; unemployed because of my health; retired because of my health; retired for some other reason.
- During the past month, how many days did illness or injury keep you in bed all or most of the day? Response: 0-31 days.
- During the past month, how many days did you cut down on the things you usually do for one-half day or more because of your own illness or injury? Response: 0-31 days.

# Single Item Questions:

- During the past month, how satisfied were you with your sexual relationships?  
Responses: very satisfied, satisfied, not sure, dissatisfied, very dissatisfied, did not have any sexual relationships.
- How do you feel about your own health? Responses: very satisfied, satisfied, not sure, dissatisfied, very dissatisfied.
- During the past month, about how often did you get together with friends or relatives, such as going out together, visiting in each other's homes, or talking on the telephone? Responses: every day, several times a week, about once a week, two or three times a month, about once a month, not at all.

# Interpretation And Utility

**TABLE 2**  
Functional Status Report: Sample\*

		(Warning Zone = *****)	
Physical function			
Basic activities of daily living (ADL)	0	..... .56	100
Intermediate ADL	0	... .7	100
Psychological function			
Mental health	0	..... .36	100
Role function			
Employment status		Retired because of health	
Work performance		Not applicable	
Social function			
Social activity	0	0	100
Quality of interaction	0	..... .56	100
Frequency of contact		Every day	
Bed days	0		
Restricted days	31		
Sexual relationships		Did not have any sexual relationships	
Feeling about health		Very dissatisfied	

*Summary*

The patient scored in the acceptable range of the following scales: none.

Responses to the functional status questionnaire reveal the following general areas of concern: basic activities of daily living, intermediate activities of daily living, mental health, social activity, quality of interaction.

The patient reported significant problems with the following activities: eat/dress/bathe, walk one block, work around the house, do errands, drive a car, visit relatives or friends, community activities, take care of other people, vigorous activities.

\*A higher score means better functional ability.

# Discussion

- The FSQ presents a ***comprehensive view of a patient's function*** in a quick, easy-to-interpret format. This feature substantially increases the feasibility of using the questionnaire in busy ambulatory practice settings.
- The clinician can use the report form as ***both a screening device and a monitoring device***. At a glance the scale scores highlight areas of potential functional limitation. The clinician can explore these areas in detail with the patient
- Patient progress or deterioration can be monitored by comparing current scale scores with past FSQ report forms available in the patient's medical record.

# Overview of the Pain Catastrophizing Scale (PCS)

Derek titus, ms iii

*Catastrophizing is "an exaggerated negative mental set brought to bear during actual or anticipated painful experience."*

*Michael JL Sullivan, Ph.D.*

## Developed In 1995 by Michael Sullivan, Ph.D.

- 13 item scale. Each item rated from 0 (Not at all) to 4 (all the time). Score of 0-52
- Broken into 3 subscales:
  - 4 Rumination questions (“I can’t stop thinking about how much it hurts”)
  - 3 Magnification questions (“I worry that something serious may happen”)
  - 6 Helplessness questions (“There is nothing I can do to reduce the intensity of the pain”)
- >600 papers published using the PCS in both acute and chronic pain populations

**RATING:**

0 - Not at all | 1 - To a slight degree | 2 - To a moderate degree | 3 - To a great degree | 4 - All the time

WHEN I'M IN PAIN...	RATING
I worry all the time about whether the pain will end.	
I feel I can't go on.	
It's terrible and I think it's never going to get any better.	
It's awful and I feel that it overwhelms me.	
I feel I can't stand it anymore.	
I become afraid that the pain will get worse.	
I keep thinking of other painful events.	
I anxiously want the pain to go away.	
I can't seem to keep it out of my mind.	
I keep thinking about how much it hurts.	
I keep thinking about how badly I want the pain to stop.	
There's nothing I can do to reduce the intensity of the pain.	
I wonder whether something serious may happen.	

**Total**\_\_\_\_\_

# Study Of Injured Workers Who Had Initiated A Time Loss Claim With The Nova Scotia Workers Compensation Board

- Sample size: 851
- Sex distribution: 438 men, 413 women
- Age: 42.2 years.
- Mean duration work absence: 6.9 months
- Injury Type: 75% soft tissue back injury

	<b>PCS</b>
<b>Mean</b>	20.90
<b>Median</b>	20.00
<b>Std. Dev.</b>	12.50
<b>Skewness</b>	0.26
<b>Kurtosis</b>	-0.87
<b>Minimum</b>	0
<b>Maximum</b>	50.00

# Results and Findings

	PCS
Mean	20.90
Median	20.00
Std. Dev.	12.50
Skewness	0.26
Kurtosis	-0.87
Minimum	0
Maximum	50.00

- A PCS score of **30** corresponds to the 75th percentile, which represents a clinically relevant level of catastrophizing.
- From the study:
  - 0% remained unemployed one year post injury
  - 70% described themselves as totally disabled for occupationally-related activities
  - 66% scored above 16 (moderate depression) on the BDI-II

# Clinical Importance

- Elevated PCS predicts
  - Opioid misuse
  - Pain Severity and Sensitivity
  - Post-op pain
  - Pain chronicity
  - Disability
  - Spinal injection failure
  - Patient dissatisfaction
  - More severe depression and anxiety
  - Longer hospital stays

# Recommendations

- Screen all individuals 18-65 years of age
- Avoid prescribing opioids to patients with a PCS score >30
- 6-12 weeks of CBT effectively lowers catastrophizing

# Citations

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