The Pain Disability Questionnaire

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The Pain Disability Questionnaire (PDQ) is currently ‘the best’ evaluation study of functional status. The responsiveness of the PDQ rates better than the Oswestry (1).

The PDQ focus, much like other health inventories, is primarily on disability and function. However, unlike most other measures, this instrument is designed for the full array of chronic disabling musculoskeletal disorders, rather than low back pain alone.

The economic impact of the chronic disabling musculoskeletal disorder (CDMD) is disturbingly high and well established (2, 3, 4) While 5-10% of all individuals who experience an episode of back pain ultimately develop chronic pain, this small percentage of patients is claimed to be responsible for approximately 80% of medical costs for all back treatment (5,6). A great deal of this expense is incurred because CDMD are refractory to traditional medical and surgical interventions. Because of these costs, there has been renewed interest in identifying demographic, psychological, and socioeconomic variables that may contribute to CDMD chronicity and to treatment outcome (7,8).

Measuring clinical outcomes is an essential element of any musculoskeletal treatment. CDMD pose a significant and more difficult dilemma. Traditionally, objective measures, such as range of motion and muscle strength, have been preferred over subjective measures, such as self-report indexes examining disability and tasks of daily living. However, research has shown the benefits of objective over subjective data to be minimal. For instance, a great deal of variability has been shown between range of motion measures (9). Furthermore, physiologic indexes of functional status may correlate poorly with measures of pain and disability attained through clinical observation. Consequently, clinicians and researchers have shown a growing tendency to rely on the assessment of functional status and disability by means of patient self-report.

No particular self-report instrument of disability or functional status has established itself as superior to others within the CDMD population. The Oswestry Low Back Pain Disability Questionnaire is the oldest and most thoroughly researched instrument designed to assess functional status and disability (10). As noted by Kopec (11), the majority of currently available disability indexes (including the Oswestry) focus primarily on the physical activities of daily living, with only minimal attention given to psychosocial concerns. Indeed, no items on the Oswestry directly inquire about one’s emotional or psychological state, despite the fact the research has indicated that psychological factors play an integral role in the development and maintenance of disability (12,13).

The PDQ instrument was constructed on the basis of collating the best dimensions from others instruments that highlighted pain-related dysfunction in DCMD patients (SF-36, McGill, Roland-Morris, Oswestry, Million VAS, Multidimensional Pain Inventory) as well as input from experienced health care professionals who treat such patients.
The PDQ is thus a comprehensive psychometric evaluation of functional status. The focus is primarily on disability and function. This instrument is designed for the full array of chronic disabling musculoskeletal disorders, rather than low back pain alone. The psychometric properties of the PDQ are excellent, demonstrating strong reliability, responsiveness, and validity (1).

The PDQ is made up of two factors: a Functional Status Component comprising a maximum of a 90 score and a Psychosocial Component comprising a maximum of a 60 score. This yields a total functional disability score ranging from 0 to 150.

The Outcomes Assessment Summary (see below examples) lists the current total PDQ ‘functional’ score compared to 90, ‘psychosocial’ score compared to 60, and ‘total’ score compared to the worst possible score of 150. Curative treatment would reflect follow up PDQ scores less than initial with the optimal total score 0/150.

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References:


