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Letter to the Editor

Reply to Letter to the Editor

Dear Sir,

We thank Drs Johan Hambraeus and Fredrik Campbell for their comment on our study "Multidisciplinary pain treatment – Which patients do benefit?".

The authors express their concern regarding the acceptance of patients for multidisciplinary pain management at the Pain Clinic of the Helsinki University Central Hospital. It seems that the concern of Hambraeus and Campbell is due to comparing apples with oranges, i.e. comparing two different quality of life measures.

The average quality of life in the general population in Finland as assessed using the 15D is 0.903 [1]. In patients awaiting hip surgery for painful arthrosis and patients with osteoarthritis or chronic arthritis, the average 15D scores were 0.810 and 0.801, respectively [1,2]. The 15D quality of life of the patients of our study was at the baseline 0.714 which is significantly lower than that of the other patient groups with chronic pain and obviously even much lower than that of the general population.

Hambraeus and Campbell refer to another quality of life measure (EQ-5D). In contrast to 15D, even negative scores may be given in EQ-5D. In the two studies cited by the authors [3,4], negative EQ-5D values were given a score of 0. In 15D, a score of 0 is equal to being dead and obviously it is not used by (living) patients. In general, EQ-5D seems to give smaller index values and be less sensitive when compared with 15D [5]. In the two Swedish studies, the mean index value for EQ-5D in the Swedish general population ranged from 0.74 to 0.89. The scoring method used in the NRPR registry and by the authors in their study is obviously different, given that they report an average baseline EQ-5D value of 0.295–0.308 in patients accepted for rehabilitation.

We agree with the authors that it is important to assess health-related quality of life in chronic pain treatment.

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