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CAN WE ASSESS BASELINE PAIN AND GLOBAL HEALTH RETROSPECTIVELY?

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Background: In clinical research there is a strong preference for prospective measurement of changes, since memory of pretreatment states can become inaccurate or systematically biased over time. With a relatively short interval between pretest and posttest, however, it may be sufficient to retrospectively assess baseline health states.

Objectives: To study the agreement between actual (prospective) and retrospective pretest pain and global health scores after a 2-week period.

Methods: Data were obtained from a prospective inception cohort of patients receiving a local corticosteroid injection at an outpatient rheumatology clinic in Enschede. Before and two weeks after the injection current pain in the concerned joint or tendon and global health were assessed on 100-mm VASs. Patient-perceived improvement was measured on 5-point rating scales. The follow-up questionnaire was extended with a retrospective pretest of pain and global health before the injection. Agreement on group level was studied using paired t-tests and intraclass correlation analysis (ICC). At individual level, responsiveness of both methods was assessed by plotting receiver operating characteristic (ROC) curves against patient-perceived improvement

Results: Two hundred patients (71% female, mean age 60 years) suffering from a wide range of rheumatic conditions participated in the study. At follow-up patients slightly overestimated the severity of pain and global health before treatment. Although the differences between actual and retrospective mean pretest scores were statistically significant, the magnitude of the differences was small. Correlation analysis between actual and retrospective pretest scores showed good agreement for pain and moderate agreement for global health. At the individual level, retrospective pre-post change scores were as responsive as prospective change scores in detecting satisfactory improved patients. Retrospective change scores showed higher areas under the ROC curves, however, the difference between the areas was not significant (prospective pain 0.79, retrospective pain 0.83, p=0.12: prospective global 0.72, retrospective global: 0.77, p=0.22).

Comparison of actual and retrospective pretest scores

	n	Prospective Mean ± SD	Retrospective Mean ± SD	t	p	ICC	p
VAS-pain	183	58.5 ± 24.8	61.2 ± 26.1	-2.0	0.04	0.75	<0.001
VAS-global	181	37.4 ± 27.3	43.4 ± 27.0	-3.6	<0.001	0.66	<0.001

Conclusions: The results indicated that retrospective assessments of pretest health and pain after a 2-week period had moderate to good agreement with actual baseline scores. Over short intervals, retrospective pretests of pain and global health can be used as an acceptable substitute for actual pretest scores at both group and individual level.

Session: Patient centred health care