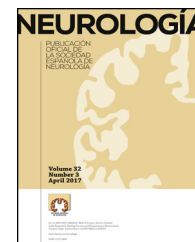




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ORIGINAL ARTICLE

Validity and reliability of the Spanish-language version of the self-administered Leeds Assessment of Neuropathic Symptoms and Signs (S-LANSS) pain scale[☆]

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KEYWORDS

Chronic pain;
Neuropathic pain;
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Reliability;
Transcultural study

Abstract

Introduction: The self-administered Leeds Assessment of Neuropathic Symptoms and Signs (S-LANSS) scale is a tool designed to identify patients with pain with neuropathic features.

Objective: To assess the validity and reliability of the Spanish-language version of the S-LANSS scale.

Methods: Our study included a total of 182 patients with chronic pain to assess the convergent and discriminant validity of the S-LANSS; the sample was increased to 321 patients to evaluate construct validity and reliability. The validated Spanish-language version of the ID-Pain questionnaire was used as the variable criterion. All participants completed the ID-Pain, the S-LANSS, and the Numerical Rating Scale for pain. Discriminant validity was evaluated by analysing sensitivity, specificity, and the area under the receiver-operating characteristic curve (AUC). Construct validity was assessed with factor analysis and by comparing the odds ratio of each S-LANSS item to the total score. Convergent validity and reliability were evaluated with Pearson's *r* and Cronbach's α , respectively.

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PALABRAS CLAVE

Dolor crónico;
Dolor neuropático;
Evaluación del dolor;
Validez;
Fiabilidad;
Estudio transcultural

Results: The optimal cut-off point for S-LANSS was ≥ 12 points (AUC = 0.89; sensitivity = 88.7; specificity = 76.6). Factor analysis yielded one factor; furthermore, all items contributed significantly to the positive total score on the S-LANSS ($P < .05$). The S-LANSS showed a significant correlation with ID-Pain ($r = 0.734$, $\alpha = 0.71$).

Conclusion: The Spanish-language version of the S-LANSS is valid and reliable for identifying patients with chronic pain with neuropathic features.

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Validación y fiabilidad de la versión española de la escala autoadministrada de Evaluación de Signos y Síntomas Neuropáticos de Leeds (S-LANSS)

Resumen

Introducción: La escala autoadministrada de Evaluación de Signos y Síntomas Neuropáticos de Leeds (S-LANSS) es un instrumento diseñado para identificar a pacientes con dolor de características neuropáticas.

Objetivo: Evaluar la validez y fiabilidad de la versión española del S-LANSS.

Métodos: Se incluyó un total de 182 pacientes con dolor crónico para evaluar la validez discriminante y convergente del S-LANSS, incrementándose la muestra hasta 321 pacientes para valorar la validez de constructo y la fiabilidad de la escala. Se utilizó como variable criterio la versión validada al español del ID-Pain. Todos los participantes cumplimentaron el cuestionario ID-Pain, el S-LANSS, y la Escala Numérica del Dolor. La validez discriminante se evaluó mediante el análisis del área bajo la curva de características operativas para el receptor, y la sensibilidad y especificidad. La validez de constructo se evaluó mediante un análisis factorial y mediante el análisis del odds-ratio de cada ítem del S-LANSS respecto a la puntuación total. La validez convergente y la fiabilidad se valoraron con la R de Pearson y el alfa de Cronbach respectivamente.

Resultados: El punto de corte óptimo del S-LANSS fue ≥ 12 puntos (área bajo la curva = 0,89; sensibilidad = 88,7; especificidad = 76,6). El S-LANSS presentó un factor y, además, cada ítem contribuyó significativamente a la puntuación total positiva del S-LANSS ($p < 0,05$). El S-LANSS mostró una relación significativa con el ID-Pain ($R = 0,734$) y un alfa de Cronbach de 0,71.

Conclusión: La versión española del S-LANSS es válida y fiable para identificar pacientes con dolor crónico con características neuropáticas.

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Introduction

Pain is defined as an unpleasant sensory and emotional experience associated with real or potential tissue damage, or described in relation to that damage.¹ It has a considerable impact on quality of life.^{2,3} We can distinguish acute from chronic pain; the latter constitutes a diagnostic challenge in terms of aetiology and pathophysiology.² From a pathophysiological perspective, pain can be classified as nociceptive or neuropathic; neuropathic pain is defined as any pain caused by a lesion to or disease of the somatosensory nervous system.⁴

Although the prevalence of neuropathic pain is not known with precision, approximately 2 million people in Spain are thought to be affected.⁵ According to several recent studies, neuropathic pain may account for up to 25% of primary care consultations for chronic pain and 51% of consultations at pain units.^{6,7}

Several diagnostic questionnaires, validated in different languages, are available for assessing neuropathic pain. Examples include the Douleur Neuropathique 4 (DN4) questionnaire, the PainDETECT scale, the ID-Pain questionnaire, and the Leeds Assessment of Neuropathic Symptoms and Signs (LANSS).^{8–14} Bennett created the LANSS pain scale with the aim of identifying patients with pain with neuropathic characteristics; a validated Spanish-language version of the scale is available.^{13,15} The scale is not without limitations, as it requires a clinical examination to be performed by a physician, despite the sensory exploration comprising only 2 tests (allodynia, tested by stroking the affected area with cotton wool, and mechanical hyperalgesia, tested with a monofilament); it also increases the duration of patient examinations.¹⁶ Perhaps for this reason, Bennett also created the self-administered LANSS (S-LANSS).¹⁷ This scale addresses the limitations of the original LANSS: being a self-administered instrument, it does not need to be completed

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