SELF-REPORT LEEDS ASSESSMENT OF NEUROPATHIC SYMPTOMS AND SIGNS (S-LANSS)

TURKISH TRANSLATION

Bibliographic information for original (English) questionnaire

MI Bennett, BH Smith, Torrance N & J Potter. The S-LANSS score for identifying pain of predominantly neuropathic origin: Validation for use in clinical and postal research. J Pain 6: 149-158, 2005.
PubMed identifier (PMID): http://www.ncbi.nlm.nih.gov/pubmed/15772908

Bibliographic information for translated (Swedish) questionnaire

Reference

Koc R, Erdemoglu AK. Validity and reliability of the Turkish Self-administered Leeds Assessment of Neuropathic Symptoms and Signs (S-LANSS) questionnaire. Pain Medicine 11: 1107-1114, 2010.
PMID: http://www.ncbi.nlm.nih.gov/pubmed/20456071

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Properties of the translated questionnaire

Purpose

Diagnostic/screening: Self-assessment of pain to identify whether pain is neuropathic in origin.

Language

Turkish

Translation process:

Duplicate forward and reverse translation, and testing of the consensus version in a pilot sample of 30 chronic pain patients. Consensus discussion followed each phase of the translation and pilot testing process. Forward translation was by two native Turkish speakers. Reverse translation into English was by bilingual translators who had not seen the original English version.

Changes from original questionnaire:

None

Assessment

SYMPTOMS:

Five items addressing pain quality and pain triggers

SIGNS:

Two sensory function tests (self-administered)

- Dynamic mechanical allodynia (lightly rubbing skin with finger)
- Static mechanical allodynia (pressing on skin with finger)

Scoring system

Responses to all seven items (five symptoms and two signs) are binary ('yes' or 'no'). Responses are weighted according to the odds ratio of each item when predicting whether a pain is neuropathic in origin (based on the original LANSS validation by Bennet et al. Pain 92: 147-157, 2001). Weighted scores for the five symptom items and two sensory tests are summed, giving a total score from 0 to 24.

Scoring direction

Score < 12 indicates that the pain is unlikely to be neuropathic in origin

Score ≥ 12 indicate that the pain is likely to be neuropathic in origin

Validation population

Two-hundred and forty-four (244) Turkish-speaking patients who had had pain for at least three months, and who rated their pain as least 3 on a 0-10 numerical pain rating scale were recruited to the study. Pain was clinically diagnosed as being neuropathic in 137 patients and non-neuropathic in 107 patients. Participants self-completed the screening tool on two occasions (visit 1 and 2), which were 2 to 7 days apart (no pain treatment was given in that period). In addition, patients were administered S-LANSS by two independent assessors during their first visit. There were no significant differences in age, sex ratio, and pain intensity between patients assigned to the neuropathic pain and non-neuropathic pain groups.

(Patients with cancer pain or mixed pain were excluded from the study)

Psychometric properties

Diagnostic validity (using a threshold score ≥ 12; a threshold score ≥ 10 was assessed, but provided poorer discrimination)

Sensitivity: 72.3% (visit 1 and 2)

Specificity: 80.4% (visit 1 and 2)

Positive predictive value: 82.5% (visit 1 and 2)

Negative predictive value: 69.4% (visit 1 and 2)

Construct validity

All individual questionnaire items were positively associated with overall S-LANSS score and clinical diagnosis.

Convergent/criterion validity

Not assessed

Reliability

Test-retest stability: Excellent (Pearson correlation coefficients for each item ranged between 0.89 and 0.98)

Internal consistency: Good (Cronbach's alpha = 0.74 on visit 1; Cronbach's alpha = 0.73 on visit 2)

Validation studies of translated questionnaire for specific pain conditions

None

Additional information

None