Reviewer's report

Title: Interchangeability of pain assessment using a visual analogue scale and a verbal rating scale - influence of pain etiology: a cross sectional study

Version: 1 Date: 4 July 2005

Reviewer: Pekka Mantyselka

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General
This study aims to evaluate the quality of intra-individual assessments of self-reported pain intensity on a continuous category VAS and a five-category VRS, for three groups of patients with different pain etiology. Inter-scale concordance and test-retest reliability were assessed. Despite of many previous studies, there is not, in general, consensus about preferred pain intensity measurements neither in clinical work nor research. Thus, I see this kind of study justified.

At first glance, it was not easy to figure out the methods. However, after careful reading, the methods appeared to be adequate, reasonable and logical.

Results are presented precisely in line with methods. Using plot figures is probably the best way to report these results. Technically, the figures were not very pleasant to look at. Eg. Figure 4 appeared to be placed after Figure 3 a,d,g. After figure 4 there were the rest of figure 3 (with footnotes Figure 5-6.). Also, it was little bit irritating to look at 3 b-c in different pages, and then respectively figures d-f and g-i. However, these are technical points of view, which can be resolved to satisfy a reader of this article.

One minor point: If somebody says he/she has no pain, he/she should report zero on VAS. In practice, we can regard ratings more than zero (up to something like 40) as mild pain. Thus is little bit confusing to say "a patient rating perceived pain as mild, could be classified in the equidistant VAS as no pain". I see, the authors demonstrate here the properties of equidistant VAS and use of it.

The authors conclude that VAS and VRS are not interchangeable. Rated pain intensity may have different meaning depending on pain etiology. The scales probably have different interpretation. In discussion the authors review previous studies with the results of the present study. It seems that there is not such a solid ground to prefer VAS (or NRS) as a pain measurement, as advised in many previous articles. The authors have good basis for their criticism. I think this an important study which may impact both on clinical practice and research work.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests: I declare that I have no competing interests