Multicentre validation of the first patient completed for pain in PD: The King’s Parkinson’s Disease Pain Questionnaire (King’s PD Pain Quest)

Alexandra M Rizos1, Pablo Martinez-Martin2, Suvankar Pal1, Rani Sophia1, Camille Carroll1, Davide Martino6, CristianFalup-Pecurariu1, Belinda Kessel1, Thomasin Andrews9, Dominic Paviour10, Anna Sauerbier11, Anne Martin1, Miriam Parry12, Lauren Perkins1, Dhaval Trivedi1, Theresa Chiwera1, Mubashar A Qamar1, Per Odin13, Angelo Antonini14, K Ray Chaudhuri, DSc1,11,12 on behalf of EUFOPAR & MDS Non-Motor PD Study Group

BACKGROUND:
- Pain is an under-explored and poorly characterised non-motor symptom of PD and a major determinant of quality of life.
- The validated King’s PD Pain Scale (KPPS) for the assessment of pain in PD is not complementary to the validated King’s Parkinson’s Disease Pain Questionnaire (KPPQ), which is complementary to the validated King’s PD Pain Scale.
- To our knowledge, there is no PD-specific patient completed tool available to empower patients to self-declare pain related symptoms.

METHODS:
- In a cross-sectional, open multicentre pilot validation study we report data from the use of the KPPQ.
- Acceptability, stability, convergent validity and agreement with the KPPS were tested.
- Test-retest reliability (stability) was tested after two weeks (average) in 50 patients.
- Correlations of the KPPQ with motor features, other non-motor symptoms, and quality of life were also explored.

RESULTS:
- 300 PD patients and 150 age and gender matched controls with otherwise unexplained pain were assessed (demographics, see table 1).
- In PD patients all assessed types of pain were present. Prevalence of the reported types of pain by patients and controls is shown in the graph.
- Generalised whole body and abdominal pain, dystonic, RLS related, nocturnal and radicular pain were significantly more prevalent in PD compared to controls (p<0.05, chi-square test). Dyskinetic and “off” related pain were not assessed in controls.
- All analysed clinimetric attributes resulted satisfactorily (see table 2). Therefore, the KPPQ can be considered valid and useful.

CONCLUSION: These results suggest that the King’s PD Pain Quest is a valid and reliable self-completed tool complementary to the KPPS for the assessment of patient-reported pain in PD.

ACKNOWLEDGMENTS: This poster presents independent research funded by the National Institute for Health Research (NIHR) Mental Health Biomedical Research Centre and Dementia Unit at South London and Maudsley NHS Foundation Trust and King’s College London. The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health. The authors of this poster have nothing to declare concerning this poster.