

QUESTIONNAIRE REVIEW

Brief Pain Inventory review

Brief history

Developed as a measure of pain for cancer patients, the Brief Pain Inventory (BPI) has become one of the most commonly used pain measures. The first iteration of this questionnaire was the Wisconsin Brief Pain Questionnaire [1]. Based on preliminary testing, the long form of the BPI was developed, followed by the short form. This review focuses on the short form, as it is the most frequently used.

Description

The BPI is a self-administered measure of the sensory and reactive dimensions of pain—that is the severity or intensity of the pain and the level of interference it has on various aspects of life. Interference is divided into activity and affective sub-dimensions. A 7-day or 24-h recall period may be used. The IMMPACT recommendations (Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials) suggested that the BPI be used for clinical trials with patients with chronic pain [2].

Items

The BPI starts with a screening question, asking about the presence of pain and a body chart is used to indicate painful regions as well as the worst region. These items have not been evaluated. This is followed by the core BPI items: the rating scales for pain severity and interference. Numerical rating scales from 0 to 10 are used for all items. The anchors for pain severity scales are 0 = ‘no pain’ and 10 = ‘pain as bad as you can imagine’, whilst the interference anchors are 0 = ‘no interference’ and 10 = ‘interferes completely’. The sensory dimension (pain severity) is measured as worst pain, least pain, average pain and current pain. In terms of the reactive dimension (interference), the activity sub-dimension includes relations with others, enjoyment of life, mood and sleep and the affective sub-dimension includes walking, general activity, working and sleep. Sleep is included in both the activity and affective sub-dimensions as it is unclear which categorization is most appropriate. The type of pain treatments used and a rating regarding the relief provided by these treatments follows. These treatment items have not been found to be useful in research.

Validity

The validity, reliability and sensitivity to change have been investigated for the pain intensity and interference items only. These items have adequate internal consistency

[3–6], acceptable-excellent test-retest reliability [3,4], satisfactory-good construct validity [3–5], criterion validity [4,5] and these items are sensitive to change [5,6].

Key research

The BPI has been used to measure pain in a range of conditions, including cancer, musculoskeletal conditions, depressive disorders and the pain associated with surgery and has been translated into a number of languages. The BPI User Manual [1] includes a comprehensive list of the studies utilizing the BPI up until 2009. Items from the BPI have been used specifically for workers, in clinical and observational research (e.g. refs. [7–9]).

Source

Permission must be granted to use, reproduce, modify or translate the BPI (e-mail: symptomresearch@mdanderson.org) and fees apply for funded academic or commercial research.

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References

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OCCUPATIONAL MEDICINE CALENDAR

| Date | Event | Contact Address | Venue |
|-----------------------|--|---|--|
| 2016 | | | |
| August 31–September 2 | 44th International MEDICHEM Congress | http://www.medicchem.org/MedicchemBaselCongress/index.aspx | Basel, Switzerland |
| September 5–7 | 25th EPICOH Conference on Epidemiology in Occupational Health ‘Occupational Health, Think Globally, Act Locally’ | http://www.epicoh2016.org | Barcelona, Spain |
| September 6–8 | X2016: the 8th International Conference on Exposure Assessment in Epidemiology and Practice | http://www.epicoh2016.org | Barcelona, Spain |
| September 14 | 13th Congress European Society of Contact Dermatitis Prosser White Centenary Symposium | conference@bad.org.uk | Manchester |
| September 14–16 | International Conference on Sustainable Employability—Building Bridges between Science and Practice | http://www.incose.eu | Brussels, Belgium |
| September 15–17 | 13th Congress of the European Society of Contact Dermatitis | conference@bad.org.uk | Manchester |
| September 18–21 | 12th World Conference on Injury Prevention and Safety Promotion, Safety 2016 | https://www.thl.fi/fi/web/injury-prevention/safety-2016 | Tampere, Finland |
| September 19–21 | Occupational and Environmental Exposure of Skin to Chemicals (OEESC) Conference | http://oeesc2016.org/ | Manchester |
| September 21–23 | ‘IARMM General Assembly 2016’ jointly with ‘5th World Congress of Clinical Safety (5WCCS)’ | http://www.iarmm.org/5WCCS/ | Boston, MA |
| October 6–9 | American Academy of Environmental Medicine Annual Meeting 2016 | http://aaemconference.com/fall/index.php | California |
| October 13–14 | Workplace Health 2016 | info@atworkpartnership.co.uk | Venue: Warwickshire, UK |
| October 27–29 | 10th International Joint Conference on Occupational Health for Healthcare Workers: Health & wellbeing in the health care sector; addressing current threats to workers | http://www.hcwhcongress2016.org/ | Kusadasi / Aydin (close to Izmir), Turkey. |
| November 4 | OH Report Writing | info@atworkpartnership.co.uk | Venue: London, UK |
| November 9–12 | 9th European Public Health Conference 2016. All for Health, Health for All | http://www.ephconferences.eu | Vienna, Austria |
| November 16–18 | ALAMA Autumn 2016 | email: eleanor@emmm.co.uk | Manchester |
| 2017 | | | |
| August 29–31 | 2017 EPICOH meeting | | Edinburgh |
| November 1–4 | 10th European Public Health Conference 2017. Sustaining resilient and healthy communities | http://www.ephconferences.eu | Stockholm, Sweden |