

Dimensions for Pain Staging

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Dimension/Axis	Stage I	Stage II	Stage III
Temporal aspects (pain course)	intermittent, temporally limited pain with changing pain intensities	pain of long duration, often continuous pain, intensity rarely changes	continuous pain, no intensity change
spatial aspects (pain topography)	localized, well described pain sites, often one pain site	extension to neighboring areas, multiple pain syndromes (70%) with 2 or more discernible pain sites with different pain qualities and intensities or one pain site covering more than 40% of body surface	pain spread to distant body areas; often changing painful body areas. One pain syndrome covering more than 70% of body surface, usually with the same pain quality and high intensity
Drug taking pattern	usually adequate self-medication or drug-intake according to physician's prescription, no drug abuse	1-2 drug abuse periods, one drug-withdrawal treatment, presently inadequate medication use (80%)	longstanding drug abuse (analgesics, tranquilizers, sleeping pills, laxatives etc.) more than 1 drug-withdrawal attempt, use of opioids without pain relieving effects
Use of the health system (patient's career)	consultation with personal doctor (family physician) and specialists	change of personal physician; aimless consultations of specialists; in particular of the same specialty	more than 3 changes of the personal physician, aimless consultations of physicians, healers, quacks
	one pain-related hospitalization	2-3 pain-related hospitalizations	more than 3 pain-related hospitalizations
	at most one pain-center treatment	1-2 stays in pain-centers or rehabilitation services	more than 2 stays in pain center
	at most one pain-related operation	2 or more pain-related related operations	multiple pain-related surgical procedures
Psychosocial distress factors	usual familial, job-related- and psychosocial problems	definite pain-related consequences in family, job and psychophysiological stability	breakdown of family, job and community relationships
	copng abilities are used (normal acute sick-role)	copng strategies are poorly or wrongly used (start of chronic [disability] role)	copng strategies not identifiable, "learned helplessness" etc. (sick [disability]-role)
	depression, anxiety, somatoform disorders comparable to population frequencies	increasing frequency and severity of these disorders	high frequencies, combinations of disorders