Letter to the Editor concerning pain catastrophizing as a predictor for postoperative pain and opiate consumption in total joint arthroplasty patients. Arch Orthop Trauma Surg. 2017 ;137:1623–1629

Mark C. Kendall¹ · Lucas J. Castro Alves¹

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Dear Editor,

We read with great interest the article of Wright et al. [1] in a recent issue of the journal. The authors performed a prospective cohort study in 123 patients and concluded that the pain catastrophizing scale is a poor predictor of postoperative pain at 3-month follow-up. However, the scale may be a risk factor for increased length of hospital stay. The authors should be congratulated for performing a study on an important topic (e.g., acute pain) in patients undergoing orthopedic surgeries [2, 3]. If patients at high risk to develop pain can be identified, effective multimodal analgesic strategies can be tailored to those patients to improve postoperative pain [4, 5].

Although the study of Wright et al. was well-conducted, there are some questions that need to be clarified. First, it is unclear if the authors standardized the intraoperative and postoperative analgesic regimen for these patients, as this can significantly alter the studied outcomes. Second, the authors powered their study on a 2-point difference on VAS score; however, most pain investigations consider a one point difference in the VAS score as clinically significant. One may argue that the authors were underpowered to detect clinically significant differences. Lastly, the authors evaluated multiple outcomes as demonstrated on Tables 2 and 3, but did not correct their statistical analysis to avoid Type I errors.

We would welcome some comments to address the aforementioned issues, as they were not discussed by the authors.

This would help to further substantiate the findings of this important study.

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Compliance with ethical standards

Conflict of interest Authors declare that they have no conflict of interest.

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✉ Mark C. Kendall
mark.kendall@lifespan.org

¹ Department of Anesthesiology, Rhode Island Hospital, The Warren Alpert Medical School of Brown University, 593 Eddy Street, Providence, RI 02903, USA