stroke is and its signs and symptoms. Most claimed to know that unhealthy habits are risk factors for the occurrence of stroke. However, an important amount of subjects (approximately 20%) stated that they did not have this knowledge and lacked this type of information. As the study is ongoing, these results should be interpreted with caution.
Implications: The results of this study contribute to the direction of actions for secondary prevention of stroke. Future studies should investigate whether having knowledge about stroke promotes the adoption of a healthy lifestyle.
Keywords: Stroke, Healthy lifestyle, Knowledge

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THE PAINDETECT QUESTIONNAIRE TRULY IDENTIFIED PRESERVED CONDITIONED PAIN MODULATION IN MOST PATIENTS WITH MUSCULOSKELETAL PAIN

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Background: Neuropathic-like symptoms patients had more unfavorable pain features than nociceptive patients. PainDETECT questionnaire have been used to assess the central sensitization sign and symptoms. Moreover, deficient conditioned pain modulation is common in several neuropathic-like symptoms patients. However, whether the painDETECT questionnaire can identify impairment of the conditioned pain modulation it is still unknown.
Objectives: The current study aimed to evaluate the diagnostic accuracy of the painDETECT questionnaire in detecting the impairment of the conditioned pain modulation in participants with musculoskeletal pain.
Methods: A diagnostic accuracy study was conducted on 308 participants with musculoskeletal pain enrolled consecutively in outpatient departments. The painDETECT questionnaire (index method) was compared with the cold pressor test, the psychophysical test used to assess the conditioned pain modulation (reference standard).
Results: Most participants were female (n = 220, 71.42%) and had a mean age of 52.21 (±15.01). One hundred seventy-three (56.16%) participants were classified as nociceptive pain, 69 (22.40%) as unclear, and 66 (21.42%) as neuropathic-like symptoms. According to the cold pressor test, 60 (19.48%) participants presented impairment of conditioned pain modulation. The cutoff point of 12 of the painDETECT questionnaire showed values of diagnostic accuracy below 70% compared to the cold pressor test, except for a negative predictive value [76.98 95% Confidence Interval (CI) 71.72 to 81.51]. The cutoff point of 19 showed high specificity (78.63%, 95% CI 73.00 to 83.56), high negative predictive value (80.58%, 95%CI 78.16 to 82.79), and accuracy of 67.53% when compared to the cold pressor test.
Conclusion: PainDETECT questionnaire is useful for ruling out patients with musculoskeletal pain and impairment of conditioned pain modulation.
Implications: The PainDETECT questionnaire can be used as an initial screening strategy by healthcare professionals to screen for neuropathic-like symptoms in patients with musculoskeletal pain. Researchers should use instruments with high precision to assess the presence of signs and symptoms related to central sensitization and neuropathic-type symptoms to confirm the findings of the present study. Furthermore, the diagnostic accuracy of painDETECT is just one of the considerations when determining a screening tool for musculoskeletal pain. Therefore, additional aspects must be considered.
Keywords: Musculoskeletal Pain, Neuropathic Pain, Diffuse Noxious Inhibitory Control

Conflict of interest: The authors declare no conflict of interest.
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NEUROPATHIC-LIKE SYMPTOMS AND CENTRAL SENSITIZATION RELATED SIGNS AND SYMPTOMS NEGATIVELY AFFECT THE FUNCTIONAL PERFORMANCE OF PATIENTS WITH KNEE OSTEOARTHRITIS

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Background: Knee osteoarthritis is one of the main causes of disability in the elderly. Most of this population has movement restrictions and functional limitations (morning stiffness, reduced joint mobility, crackles and muscle atrophy) that compromise the performance of daily activities. Therefore, investigating aspects of the functionality of patients with knee osteoarthritis is relevant.
Objectives: This study aimed to compare the functional performance among participants with a neuropathic-like symptoms and central sensitization related signs and symptoms, and their knee osteoarthritis counterparts.
Methods: A cross-sectional observational study was conducted with 125 participants with knee osteoarthritis (94 females, mean age 63.1±7.4 years). Participants completed a self-reported questionnaire with personal and clinical features and musculoskeletal pain characteristics, including neuropathic-like symptoms (PainDETECT questionnaire), central sensitization related signs and symptoms (Central Sensitization Inventory, CSI), and conditioned pain modulation (Cold Pressor Test). Self-reported functional disability (Western Ontario and McMaster Universities Osteoarthritis Index, WOMAC) and functional mobility (Timed Up and Go, TUG) were compared among patients with neuropathic-like symptoms, central