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Determination of minimum clinically important difference (MCID) of Visual Analogue Scale (VAS): in which direction should we proceed?

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Pruritus measurement remains a challenge. Assessment of pruritus severity using VAS is frequently used in clinical trials. However, it is still unclear, to which extend pruritus must improve, to consider the change as clinically meaningful. To determine the MCID of VAS in pruritus evaluation we performed a study involving 161 patients (74 females and 87 males, mean age: 48.7±17.6 years) suffering from dermatological pruritus. Each patient received a standard dermatological care depending on the underlying skin disease. Pruritus was assessed at baseline, week 2 and week 6. Verbal Rating Scale (VRS) of pruritus severity and Dermatology Life Quality Index (DLQI) served as external measures. The absolute difference between two VAS measurements enabling a patient to change the severity category by one point in VRS or DLQI was 1.5 and 1.7 points, respectively, while the relative difference was 24% and 18%, respectively. Relative VAS change compared to absolute VAS difference better correlated with DLQI change (ρ=0.4 vs. ρ=0.33), DLQI at week 2 (ρ=-0.31 vs. ρ=-0.15) and DLQI at week 6 (ρ=-0.43 vs. ρ=-0.41). Based on achieved results it seems that VAS scoring should change of at least 20% (VAS20) to consider the antipruritic therapy as, at least minimally, effective.