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27 December 2009

Garra G, Singer AJ, Taira BR, et al. **Validation of the Wong-Baker FACES Pain Rating Scale in pediatric emergency department patients.** *Academic Emergency Medicine*, in press. [Abstract](#)

Johansson M, Carlberg E, Jylli L. **Validity and reliability of a Swedish version of the Non-Communicating Children's Pain Checklist - Postoperative Version.** *Acta Paediatrica*, in press. [Abstract](#)

Slater ME, De Lima J, Campbell K, Lane L, Collins J. **Opioids for the management of severe chronic nonmalignant pain in children: A retrospective 1 year practice survey in a children's hospital.** *Pain Medicine*, in press. [Abstract](#)

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Axelin A, Kirjavainen J, Salanterä S, Lehtonen L. **Effects of pain management on sleep in preterm infants.** *European Journal of Pain*, in press. [Abstract](#)

Cohen LL, Vowles KE, Eccleston C. **The impact of adolescent chronic pain on functioning: disentangling the complex role of anxiety.** *Journal of Pain*, in press. [Abstract](#)

Simons LE, Logan DE, Chastain L, Stein M. **The relation of social functioning to school impairment among adolescents with chronic pain.** *Clinical Journal of Pain*, 2010;26(1):16-22.

[Abstract](#)

POSTED BY CLVB AT [23:35](#)  

Voilà les derniers abstracts

[Acad Emerg Med.](#) [Epub ahead of print]

Validation of the Wong-Baker FACES Pain Rating Scale in Pediatric Emergency Department Patients.

[Garra G](#), [Singer AJ](#), [Taira BR](#), [Chohan J](#), [Cardoz H](#), [Chisena E](#), [Thode HC Jr.](#)

From the Department of Emergency Medicine, Stony Brook University, Stony Brook, NY.

Abstract Objectives: The Wong-Baker FACES Pain Rating Scale (WBS), used in children to rate pain severity, has been validated outside the emergency department (ED), mostly for chronic pain. The authors validated the WBS in children presenting to the ED with pain by identifying a corresponding mean value of the visual analog scale (VAS) for each face of the WBS and determined the relationship between the WBS and VAS. The hypothesis was that the pain severity ratings on the WBS would be highly correlated (Spearman's $\rho > 0.80$) with those on a VAS. **Methods:** This was a prospective, observational study of children ages 8-17 years with pain presenting to a suburban, academic pediatric ED. Children rated their pain severity on a six-item ordinal faces scale (WBS) from none to worst and a 100-mm VAS from least to most. Analysis of variance (ANOVA) was used to compare mean VAS scores across the six ordinal categories. Spearman's correlation (ρ) was used to measure agreement between the continuous and ordinal scales. **Results:** A total of 120 patients were assessed: the median age was 13 years (interquartile range [IQR] = 10-15 years), 50% were female, 78% were white, and six patients (5%) used a language other than English at home. The most commonly specified locations of pain were extremity (37%), abdomen (19%), and back/neck (11%). The mean VAS increased uniformly across WBS categories in increments of about 17 mm. ANOVA demonstrated significant differences in mean VAS across face groups. Post hoc testing demonstrated that each mean VAS was significantly different from every other mean VAS. Agreement between the WBS and VAS was excellent ($\rho = 0.90$; 95% confidence interval [CI] = 0.86 to 0.93). There was no association between age, sex, or pain location with either pain score. **Conclusions:** The VAS was found to have an excellent correlation in older children with acute pain in the ED and had a uniformly increasing relationship with WBS. This finding has implications for research on pain management using the WBS as an assessment tool. *ACADEMIC EMERGENCY MEDICINE* 2009; 16:1-5 (c) 2009 by the Society for Academic Emergency Medicine.

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[Acta Paediatr.](#) [Epub ahead of print]

Validity and reliability of a Swedish version of the Non-Communicating Children's Pain Checklist - Postoperative Version.

[Johansson M](#), [Carlberg E](#), [Jylli L](#).

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Aim: To test the validity and reliability of a Swedish version of the Non-Communicating Children's Pain Checklist - Postoperative Version (NCCPC-PV). Methods: Thirty-two consecutive children/adolescents (2-20 years of age) with cognitive impairment and no verbal communication from four habilitation centres were admitted to the study. Each child's behaviour was observed by a parent or a caregiver and by a physiotherapist in two calm and two painful situations within the child's everyday life. The raters independently assessed and graded the child's behaviour during 5 min according to the translated Swedish version of the NCCPC-PV. The intrarater and interrater reliability were determined, and the construct validity was examined. Results: The results from 202 assessments showed that the construct validity was good: children's behavioural signs differed significantly between situations of pain and situations of calm ($p < 0.001$). Repeated assessments showed poor agreement both within and between raters [intraclass correlation coefficient (ICC) 0.51-0.65]. The agreement for pain was good (ICC 0.83). Conclusion: The Swedish version of the NCCPC-PV can be used for pain assessment in children with cognitive impairments who lack verbal communication. Aspects of reliability need to be further analysed

[Pain Med.](#). [Epub ahead of print]

Opioids for the Management of Severe Chronic Nonmalignant Pain in Children: A Retrospective 1 Year Practice Survey in a Children's Hospital.

[Slater ME](#), [De Lima J](#), [Campbell K](#), [Lane L](#), [Collins J](#).

Department of Pain Medicine and Palliative Care, The Children's Hospital at Westmead, Westmead, New South Wales, Sydney, Australia.

Objective. This study reviewed opioid prescription for chronic severe nonmalignant pain in a multidisciplinary pediatric pain clinic. We looked at benefits and side effects of therapy, and compared our process of opioid prescription with the practice guidelines defined in adult literature. **Design.** Descriptive retrospective practice survey. **Setting.** Multidisciplinary pain clinic in a tertiary pediatric hospital. **Patients.** During a 12-month period, 104 patients were seen in the clinic, of which 49 received an opioid as part of their pain management; 11 received an opioid chronically, defined as more than 3 months in this study, and 5 of these were still on opioid at the end of the study period although data on one patient are lacking as she had been transferred to an adult clinic. **Methods.** Information about patients was obtained from chart review. **Outcome Measures.** Benefits and side effects of treatment, as well as the process of prescribing opioids and follow-up. **Results.** In the four patients studied, there seem to be better pain control and improved function in these patients while on opioid therapy, despite minor side

effects. We identified some areas of improvement in our practice and made recommendations for the use of opioids in pediatric chronic severe nonmalignant pain. Conclusions. The evolution of our four patients seems to be in favor of treatment with an opioid for severe chronic nonmalignant pain in certain pediatric patients, in the context of prescribing in a multidisciplinary pain clinic with a multisystem approach to pain management although more data are needed to know if such therapy is safe and beneficial on a longer-term basis.

[Eur J Pain](#). 2009 Dec 15. [Epub ahead of print]

Effects of pain management on sleep in preterm infants.

[Axelin A](#), [Kirjavainen J](#), [Salanterä S](#), [Lehtonen L](#).

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BACKGROUND: This study was conducted to gain better understanding of the prolonged effects of pain and pain management on preterm infants' sleep. **AIM:** The hypothesis was that the sleep structure in very preterm infants is different after painful procedures with pain management (facilitated tucking by parents (FTP), oral glucose, and oxycodone) than without pain management (oral water as placebo). **METHODS:** A prospective randomized placebo-controlled cross-over trial design was used. Thirteen-hour polysomnographic recordings were conducted when the study infants (n=18) were at a post-conceptual age of 28-32weeks. During the recordings, the standardized nursing care periods were carried out with different forms of pain management administered at 3-h intervals. Sleep structure was analyzed before and after the interventions. The main hypothesis was analyzed using mixed models. **RESULTS:** During the first post-intervention hour, the amount of rapid eye movement (REM) sleep decreased after all interventions regardless of pain management ($p<0.001$). However, the oxycodone treatment further reduced the amount of REM sleep to 48.0% (SD 14.9) compared to other interventions: oral glucose to 64.4% (SD 12.8), ($p<0.001$); placebo to 62.9% (SD 16.1), ($p<0.001$); and FTP to 61.6% (SD 1.9), ($p=0.004$). In addition, sleep onset comprised non-rapid eye movement (NREM) sleep more frequently after oxycodone (50%) compared to placebo (6%, $p=0.006$), oral glucose (11%, $p=0.019$) or FTP (17%, $p=0.056$). **CONCLUSION:** Pain management with oxycodone markedly altered the structure of the subsequent sleep period. This reduced amount of REM sleep may have consequences for brain development in preterm infants. Copyright © 2009 European Federation of International Association for the Study of Pain Chapters. Published by Elsevier Ltd. All rights reserved

[J Pain](#). 2009 Dec 14. [Epub ahead of print]

The Impact of Adolescent Chronic Pain on Functioning: Disentangling the Complex Role of Anxiety.

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A number of adolescents with chronic pain have clinically significant disability across physical, social, and academic activities, and pain severity only explains a portion of the variance in functioning. Thus, it is important to identify therapeutic options to improve adolescents' functioning. In contrast to studies with adults with chronic pain, research in pediatric pain has not consistently found anxiety to be a good predictor of pain-related disability. The present study evaluated pain, anxiety, and functioning in 222 adolescents with chronic pain. Results indicated that pain was consistently and linearly related to disability across measures of physical and social functioning, school attendance, and physician visits. The relation between anxiety and functioning was complex; increased anxiety was related to poorer physical and social functioning and was related to fewer physician visits, although it was not associated with school attendance. Additional analyses revealed that anxiety serves to moderate the relation between pain and functioning. Specifically, at high anxiety, pain was not related to functioning, but at low anxiety, pain consistently predicted disability. In other words, highly anxious adolescents were functioning poorly regardless of the level of pain. The moderating role of anxiety highlights a number of research and clinical possibilities to explore with adolescents with chronic pain-related disability. PERSPECTIVE: Data suggest that high anxiety is associated with poor functioning irrespective of pain intensity. At low anxiety, higher pain predicted greater disability. Anxiety is important to assess when investigating potential reasons for pain-related disability.

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The relation of social functioning to school impairment among adolescents with chronic pain.

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OBJECTIVES: To further our understanding of social functioning in children with chronic pain, and particularly how social functioning relates to school impairment in this population. **METHODS:** This study involved 126 adolescents (12 to 17 y) evaluated at a multidisciplinary pain clinic. Adolescents completed measures assessing social functioning, pain, physical limitations, somatic symptoms, and school impairment. **RESULTS:** Lower social functioning scores were significantly associated with pain, physical limitations, somatic symptoms, and school impairment. Social functioning mediated the relations between adolescents' pain experience (ie, pain, physical symptoms, physical limitations) and school impairment. **DISCUSSIONS:** These findings highlight the importance of assessing and addressing social functioning in youth with chronic pain. Future research targeting school impairment should include evaluating the potential role that peer difficulties may play.

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