



# **Epidemiology of Chronic Pain in Children** and Adolescents

with an emphasis on headache

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### **Topics**



Prevalence of chronic pain, in particular headache

Quality of life of juvenile chronic pain patients

Psychological factors of chronic pain

Psychological interventions and their effects

# Topics Prevalence of chronic pain, in particular headache Quality of life of juvenile chronic pain patients Psychological factors of chronic pain Psychological interventions and their effects

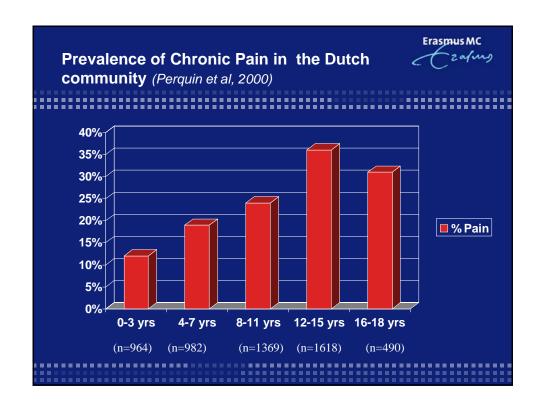
## **Definition of chronic pain**

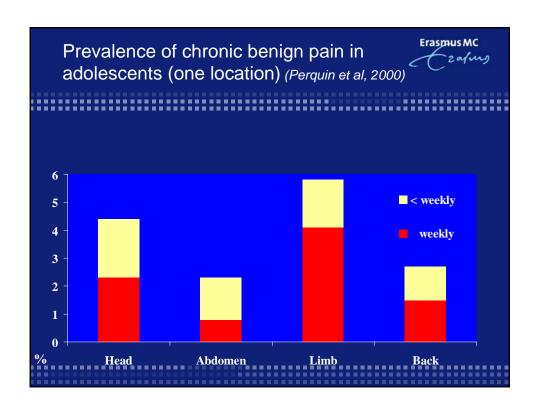
Erasmus MC Zafuns

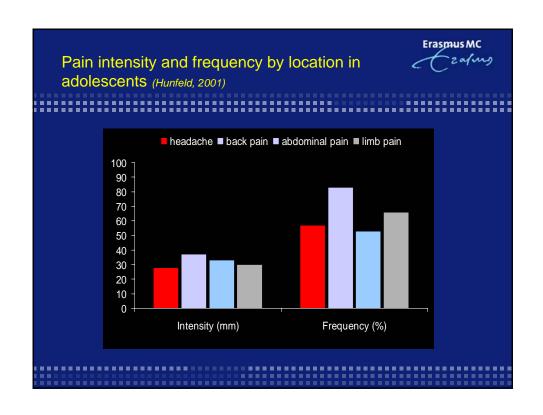
Pain over the previous 3 months (or longer) that was:

- Recurrent
- Continuous

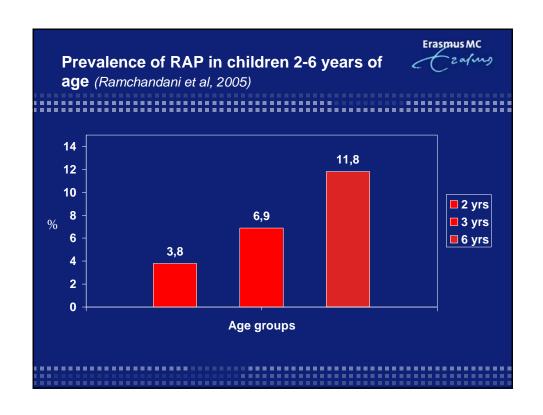
(In adults: in the previous 6 months or longer)

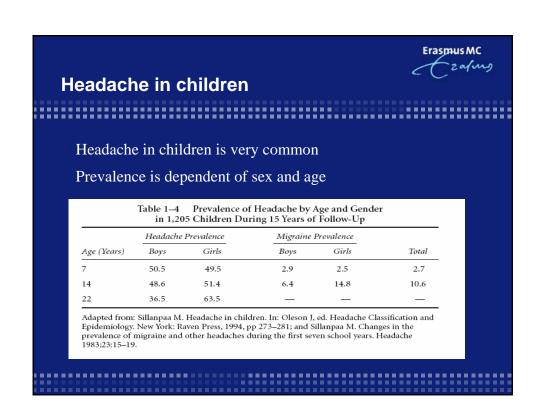




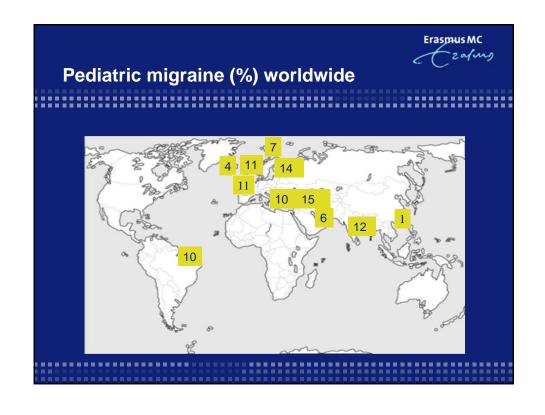


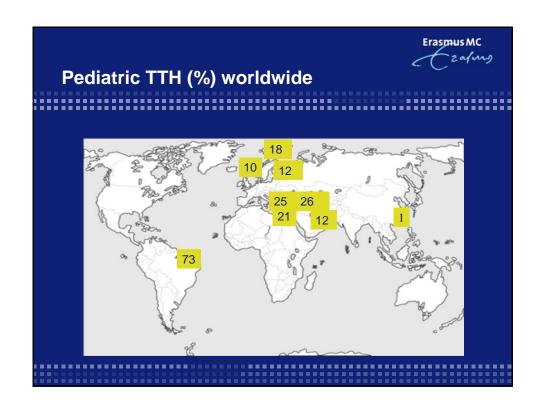


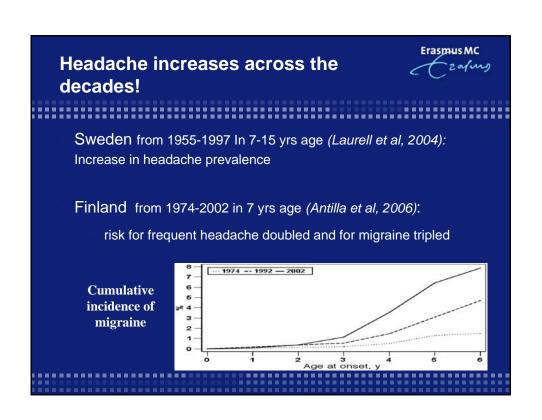




Prevalence pediatric migraine and TTH				
Author (year)	Age	Sample (n)	Migraine %)	TTH (%)
Antilla (2002)	12	1409	13.6	12.2
Ayatollahi (2002)	11-18	1868	6.1	12.1
Ozge (2003)	8-16	5562	10.4	24.7
Laurell (2004)	7-15	1850	11.0	9.8
Zwart (2004)	13-18	8255	7.0	18.0
Kaynak (2004)	7-21	2226		20.4
Barea (1996)	10-18	538	9.9	72.8
Shivpuri (2003)	11-15	2000	11.5	
Abu-Arafeh (1994)	5-15	2165	10.6	0.9
Kong (2001)	6-13	2120	1.2	1.2
Karli (2006)	12-17	2387	14.5	25.9
Bille (1955)	7-15	9000	4.0	







# Comments on epidemiology of pediatric migraine and TTH



Prevalence:

Migraine: 10% (range 1%-15%) TTH: 20% (range 1%-73%)

Variations due to:

Diagnostic criteria (became less strict )
Prevalence measure (past month – ever)

Time (increase in headache over past 3-5 decades)

Age (increase across age) Gender (girls more headaches) Sample ('clinical' more severe)

# Overall conclusion on epidemiology

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Chronic pain in children and adolescents is very common!



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## The burden of chronic pain







Type of chronic pain patient	Impaired by pain	Source	
FAP/IBD	Quality of life	Yousef et al, 2000	
Outpatients with unexplained pain (UCP)	School, sports, social	Konijnenburg et a	
Community patients with UCP	Life and health satisfaction	Merlijn et al, Pair 2003	
Outpatients with primary headache	Physical, psychosocial functioning	Nodari et al, Headache 2002	
Community patients with headache/migraine	Less quality of life	Langeveld et al, Headache 1997	

Impact child's pain on parent			
Type of chronic pain patient	Consequence pain	Source	
Tertiairy ref. adolescents with chronic pain	Parental distress, parent–child dysfunctional interaction	Eccleston et al, Pain 2004	
Community adolescents with chronic pain	more parental restrictions in social life and less mastery of the pain	Hunfeld et al, JPP 2001	
RAP children and adolescents	Mothers feel guilty and incompetent	Smart et al, Child Care Health Dev 2005	

# Interviews with adolescents with different pain-locations



#### Head

#### Back / Limb

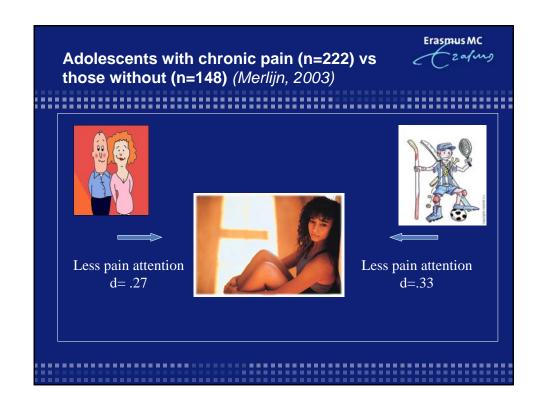
#### Mental problems

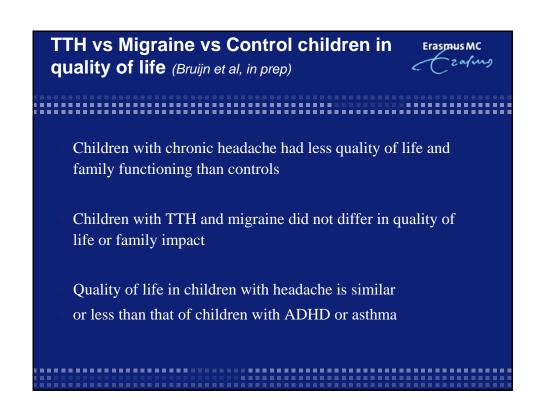
Concentration
Need for solitude
Lack of interest

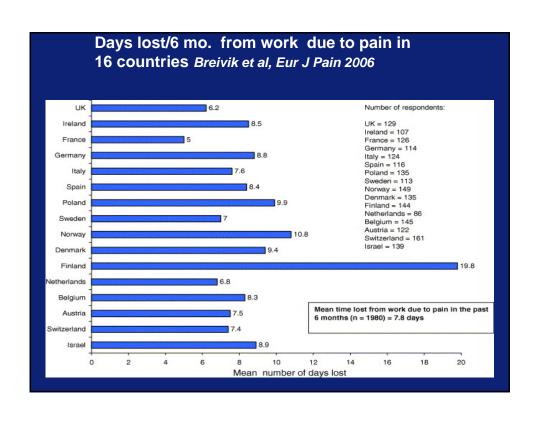
#### Physical problems

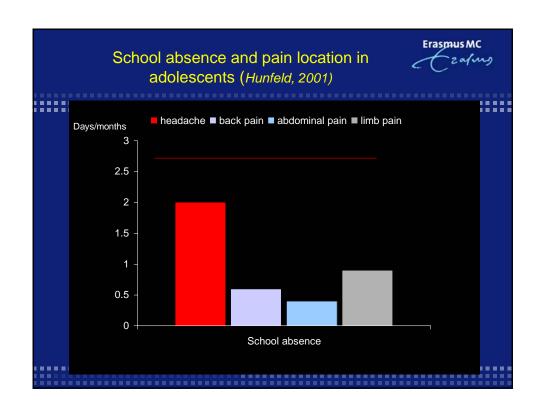
Avoidance of physical effort Inability to maintain same posture

No understanding from others!

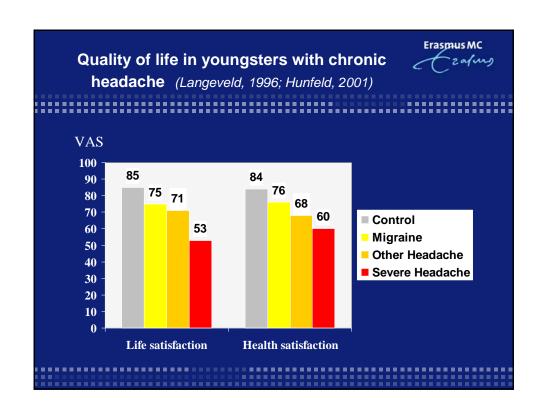






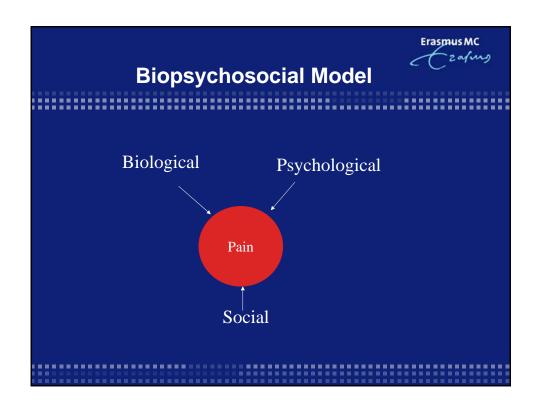


School absence due to headache				
Author	Sample	Country	Days/yr	
Abu-Arafeh,1994	Community	Scotland	3	
Stang, 1993	Community	U.S.	3	
Amico, 2003	Clinical	Italy	68	
Karwautz, 1999	Clinical	Austria	9 (Mig), 5 (TTH)	
Hartmaier, 2001	Clinical	U.S.	14	

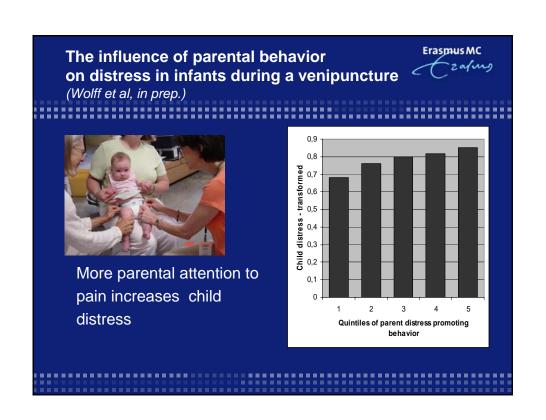








#### Erasmus MC cafing Social: it is in the family Child Parent Have non-coping pain child (Dunn- Mothers who discouraged Geier et al, Pain 1986) coping: Parent's discouragement of less time on task (Reid et al, Pain coping in pain children: 2005) double symptom complaints in Parental attention to pain: children, i.p. female FAP patients (Walker et al, Pain, 2006) • Pain attention by mother: more pain in daughter, not in son (Chambers et al, JPP 2002)



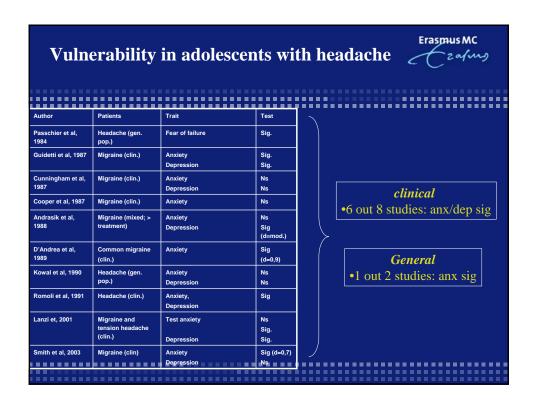
## Recommendation to parents

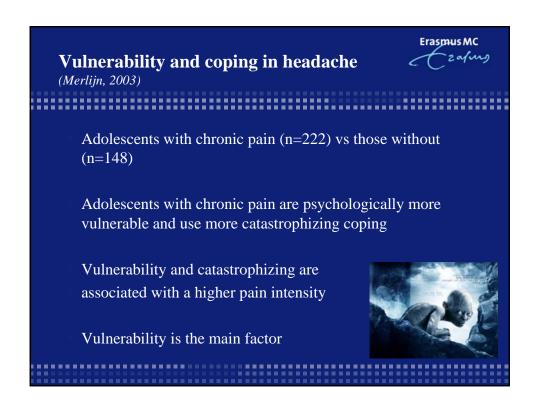


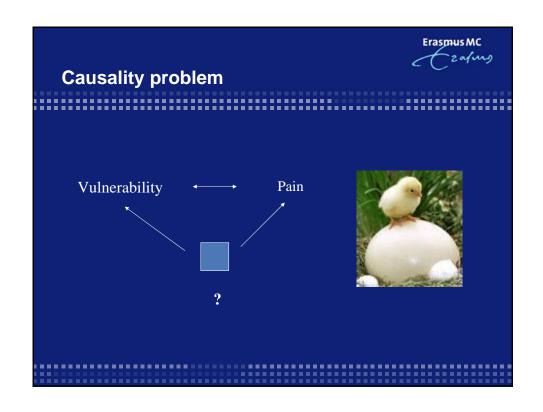
Don't pay attention to the pain but pay attention to your child in pain



Psychological Vulr Among Children a	Erasmus MC 2005)			
8	9-32-37-			
	High Score			
20.	RAP	Non-RAP OR	(95% CI)	Adjusted OR* (95% CI)
DQ subscale (age of 81 mo)  Hyperactivity	13.4	10.3	1.35 (1.11–1.65)	1.43 (1.15–1.79)
Emotional	28.0	10.5	3.33 (2.84–3.91)	
Conduct	12.9	9.9	1.35 (1.10–1.65)	3.43 (2.88–4.09) 1.46 (1.16–1.84)
Peer problems	8.0	6.6	1.24 (0.96–1.59)	1.43 (1.09–1.88)
Prosocial	9.1	9.5	0.96 (0.76–1.20)	0.98 (0.76–1.27)
Total difficulties	17.2	9.6	1.96 (1.63–2.35)	2.28 (1.86–2.80)
Adjusted emotional	13.4		2.03 (1.65–2.50)	2.12 (1.70–2.65)
itter Revised Q subscale (age of 42 mo)				
Hyperactivity	10.4	7.0	1.55 (1.19–2.05)	1.56 (1.17–2.08)
Emotional	18.8	12.6	1.62 (1.32–1.98)	1.77 (1.42–2.20)
Conduct	15.3	11.2	1.42 (1.14–1.77)	1.44 (1.12–1.85)
Prosocial	10.5	9.0	1.20 (0.93–1.54)	1.34 (1.01–1.78)
	14.4	8.5	1.80 (1.43-2.26)	1.84 (1.42–2.38)









#### Erasmus MC Zafun

## **Topics**

Prevalence of chronic pain, in particular headache

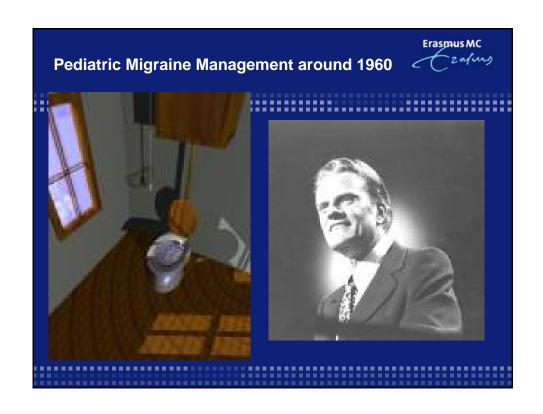
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Consulting behavior and medication use in children with chronic pain (Perquin et al, 2001)

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Community sample of children (0-18 yrs) with chronic pain (n=988)

42%

Consultation of medical expert: 61%

Medication use:

Systematic review of RCTs of psychological treatment for chronic pain in children and adolescents (Eccleston et al, 2002)



- 18 trials
  - Headache:14; abdominal pain: 2; sickle cell:1
  - Relaxation:11
  - Relaxation with biofeedback: 4
  - CBT: 1
- Treatment: n=438; Control: n=370
- OR=8,8
- NNT (for >50% pain relief)=2,32 (95% CI: 1,92<NNT<2,88)
- Conclusion: good evidence that relaxation and CBT reduce chronic headache

## Systematic review of RCTs on CBT in children with migraine (Damen, Cephalalgia, 2006)

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- Medline, Embase, Psychinfo, Cochrane to June 2004
- RCTs on cognitive-behavioral treatments in < 18 yrs
- 19 trials (n=834)
- HA improvement vs control:

• Relaxation: RR=5.0

■ Relaxation + Biofeedback: RR=4.2

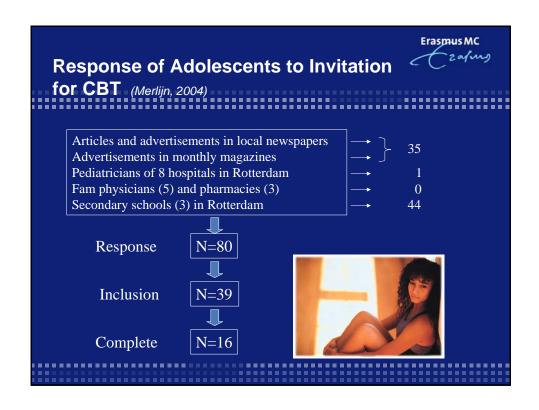
■ Relaxation + Biofeedback + Cogn RR=2.8

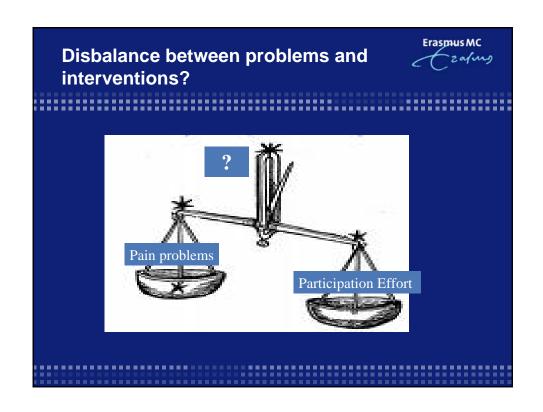
• Relaxation seems effective as prophylaxe

#### Where are the patients?









# **Motivating Children for Behavioral Interventions**



Motivational Interviewing (MI) (see Jensen, J Pain, 2003; Erikson, Arch Pediatr Adolesc, 2005)

#### **Treatment format**

Internet >manual/chatbox Mobile phone > SMS Video games Second Life





# Overall Conclusion on Psychological Treatment of Chronic Pain



Psychological treatment is effective

but:



Use of e-health techniques is important

