

Parents' Treatment of Their Children's Pain at Home: Pharmacological and Nonpharmacological Approaches

Ayala Y. Gorodzinsky, MS, W. Hobart Davies, PhD,
& Amy L. Drendel, DO, MS

ABSTRACT

Introduction: During childhood, pain often is experienced on a nearly daily basis. This study focuses on pain alleviation techniques provided by parents, because children's painful experiences are most often treated at home. Hypotheses addressed various factors that can influence use of pain alleviation techniques, including parents' level of catastrophizing about their children's pain, children's age, and conversations with health care professionals.

Method: A total of 756 parents of children ages 6 to 17 years completed an online survey regarding pain alleviation including use and effectiveness of pharmacological and non-

pharmacological techniques, pain catastrophizing, and questions regarding dialogue with health care professionals.

Results: Parents with increased pain catastrophizing used more pharmacological techniques, and child self-administration of pain alleviation techniques increased with the child's age. Parents were more likely to have spoken with their health care professional about pharmacological techniques.

Discussion: This study provides information that can help health care professionals initiate conversations regarding treatment options and align recommendations with techniques that parents are likely to use, and it can help health care professionals provide supportive alternative recommendations. *J Pediatr Health Care.* (2014) 28, 136-147.

Ayala Y. Gorodzinsky, Doctoral Candidate, University of Wisconsin - Milwaukee, Milwaukee, WI.

W. Hobart Davies, Professor, University of Wisconsin - Milwaukee, Milwaukee, WI.

Amy L. Drendel, Assistant Professor, Medical College of Wisconsin, Milwaukee, WI.

Conflicts of interest: None to report.

Correspondence: Ayala Y. Gorodzinsky, MS, University of Wisconsin - Milwaukee, Department of Psychology, 2441 East Hartford Avenue, Milwaukee, WI 53211; e-mail: gorodzi2@uwm.edu.

0891-5245/\$36.00

Copyright © 2014 by the National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.

Published online February 16, 2013.

<http://dx.doi.org/10.1016/j.pedhc.2012.12.007>

KEY WORDS

Childhood pain, treatment at home, pharmacological, nonpharmacological

Pain is a common pediatric experience resulting from regular childhood activities, illness, and medical procedures (American Academy of Pediatrics and American Pain Society [AAP & APS], 2001; Moon et al., 2008). Between 30% to 40% of children complain about a painful symptom at least once a week (Palermo, 2000), with children commonly experiencing acute everyday pain (Koller, Myers, Lorenz, & Godambe, 2007). In 1989, Wilson and Pendleton coined the term *oligoanalgesia*, which refers to the undertreatment of pain (Wilson & Pendleton, 1989). Undertreated or untreated pain can lead to potential negative long-term sensory experiences (such as increased sensitivity to stimuli) and emotional experiences (such as increased anxiety

surrounding future pain experiences) (Ducharme, 2000); therefore oligoanalgesia remains a major concern in childhood.

Relief of pain can be addressed through pharmacological or nonpharmacological techniques, which can be provided by health care professionals or by parents. Parents' decisions regarding which techniques to use to alleviate pain can be assessed using a modified version of Andersen's sociobehavioral model (Robinson, Lorenc, & Blair, 2009). This sociobehavioral model has been used in the past to assess decisions regarding both pharmacological and nonpharmacological types of treatment techniques (Kelner & Wellman, 1997; Upchurch et al., 2008). In the model, the relevant factors for parents' use of pain alleviation techniques at home are relevant when parents are deciding which treatment to provide for their child who is experiencing pain.

To date, most of the literature regarding treatment of children's pain experiences has been related to pain management provided by health care professionals to chronic pain or postoperative populations. The new perspective offered by the current study is a focus on the everyday pain experiences of children and adolescents treated at home by their parents. The information provided by this study is valuable because it has been noted that most of the pain experienced by children is treated by parents at home (Finley, McGrath, Forward, McNeil, & Fitzgerald, 1996). An understanding of the techniques used by parents at home will help elucidate the most influential avenues for further communication between health care professionals and patients, in the hopes of increasing appropriate and adequate treatment of children's pain experiences.

TYPES OF PAIN TREATMENT

Effective pain management involves accurate selection of the most appropriate treatment technique. The two main categories of treatments for pain are pharmacological and nonpharmacological. Pharmacological treatment techniques involve use of pharmaceutical medications and are attributed to Western medicine. Nonpharmacological techniques often overlap with the techniques that fall under the category of complementary and alternative medicine (CAM), in that these techniques do not involve use of either topical or ingested pharmaceutical medication. CAM techniques can be treatments provided by professionals, such as acupuncture, homeopathy, and massage. However, many nonpharmacological techniques can be self-administered, such as use of thermal compresses, baths, and herbal teas. This study focuses on nonpharmacological techniques that parents use with their children at home.

ANDERSEN'S SOCIOBEHAVIORAL MODEL

The model of health care utilization proposed by Andersen and colleagues (Andersen, 1968, 1995;

Andersen and Newman, 1973) is the most commonly used model to assess individuals' decisions about health care use (Lorenc, Ilan-Clarke, Robinson, & Blair, 2009; Phillips, Morrison, Andersen, & Aday, 1998). The model includes three individual determinants of predisposing factors, enabling factors, and perceived illness level. Predisposing factors most often referred to within this model are demographic features such as gender, age, and income (Kelner & Wellman, 1997; Sirois & Gick, 2002), as well as individuals' beliefs about health care and illness (Andersen & Newman, 1973; Upchurch et al., 2008). Enabling factors are individual factors that provide individuals with the interest to utilize health care resources, such as knowledge of resources and treatment options and ability to access the resources and treatments (Andersen & Newman, 1973; Kelner & Wellman, 1997; Upchurch et al., 2008). Perceived illness level, or needs factors, refers to the individual's perceived severity of illness or discomfort due to symptoms (Sirois & Gick, 2002; Upchurch et al., 2008). Enabling, predisposing, and needs factors related to the current study will now be described in detail.

ENABLING FACTORS

Parents' Awareness and Use of Pharmacological Treatment for Their Child's Pain

Among the most important components of pain management with analgesics is the administration of effective doses (AAP & APS, 2001). The results from several studies assessing parents' knowledge of appropriate dosages of medications and decisions regarding use of these medications indicate that parents often do not provide their children with appropriate dosages of medications, resulting in oligoanalgesia. Most notably, children who experience severe levels of pain after surgery or admission to the emergency department often are not provided with analgesic medications (Drendel, Brousseau, & Gorelick, 2006; Wilson & Helgadóttir, 2006). Parents often do not provide the medications as prescribed (Finley et al., 1996; Kankkunen, Vehviläinen-Julkunen, & Pietilä, 2002; Rony, Fortier, Chorney, Perret, & Kain, 2010), believing that medications worked best if used as little as possible (Finley et al., 1996; Rony et al., 2010) or if they are saved for when pain is severe (Forward, Brown, & McGrath, 1996). Parents tend to make treatment decisions on their own without consulting a health care professional (Cantrill, Johannesson, Nicolson, & Noyce, 1996; Neill, 2000). However, concern also exists about parents providing medications without medical consultation, because parents inadvertently may be undermedicating. Providing medications ineffectively can be very detrimental for children, because they may experience adverse effects, such as nausea and constipation, without receiving effective pain relief from the medications (McCracken, Hoskins, & Eccleston, 2006).

Download English Version:

<https://daneshyari.com/en/article/5870447>

Download Persian Version:

<https://daneshyari.com/article/5870447>

[Daneshyari.com](https://daneshyari.com)