THE ART OF PACING IN TREATING CHILDREN AND TEENS WITH CHRONIC PAIN: COMPARING CLINICAL PRACTICE TO EVIDENCE BASE

Lawren De Marchi, BSc (Kin), MPT
BC Children's Hospital

INTRODUCTION / AIM

1. To summarize current evidence in the pain and physiotherapy/occupational therapy literature regarding activity pacing (AP) for chronic pain treatment.

2. To describe the art of pacing as implemented by an interdisciplinary pain team at a pediatric tertiary care center in Western Canada.

3. To explore consistency between practice and evidence base of AP in children and teens with chronic pain.

METHODS

Research evidence for AP in adults, children and teens with chronic pain was reviewed in the pain and physiotherapy/occupational therapy literature using the search engine database aggregator EBSCOHost Databases. At BC Children's Hospital (BCCH), AP is taught as an "art" that gets implemented into daily life, across multiple contexts. Implementation is guided by an operationally-defined level of "tolerance" and a "baseline" for specified activities, leading to a meaningful personalized goal for each patient. Activities to be paced include: physical activities, school attendance and social activities, as identified collaboratively between the patient and the pain team. The physiotherapist, psychologist, nurse-clinician, and physician on the pain team collaborate with the patient and family to tailor AP to their individual needs and help navigate any obstacles to its successful implementation.

RESULTS

No pediatric studies of AP were found using this method. The adult AP literature is sparse; eight studies were found ranging from narrative to several RCTs. In the adult literature, a unified conceptual and practical framework for AP is lacking. One study suggests that tailored AP may be more effective than standardized AP for symptom management.

DISCUSSION / CONCLUSIONS

The aim of comparing BCCH's clinical practice of implementing the "art of pacing" to research evidence was not achievable due to the lack of pediatric studies found in this search. The "art of pacing" as implemented at BCCH is tailored to each individual patient, which is consistent with a preliminary finding in the adult literature that tailoring improves AP efficacy. Current clinical practice is not evidence-based due to the lack of existing published research in the area of AP in the pediatric pain population.

OTHER AUTHORS

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Susan Bennett

Evgenia Todorova