IMPROVEMENT IN FUNCTION AND QUALITY OF LIFE AFTER 6 WEEKS IN THE INTENSIVE CHRONIC PAIN REHABILITATION PROGRAM AT THE ALBERTA CHILDREN’S HOSPITAL

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INTRODUCTION / AIM

The impact of pediatric pain is pervasive, with substantial impact on families, health care systems, and society. The Intensive Pain Rehabilitation Program (IPRP) at the Alberta Children’s Hospital was developed to target children and adolescents with chronic pain and consequent disability that are not responding to conventional outpatient therapy. Building upon existing intensive chronic pain treatment programs (Hechler et al. 2015), the IPRP involves participation in 6 weeks of day treatment rehabilitation, provided by a multidisciplinary team, including physicians, nurses, psychologists, family therapists, physiotherapists and occupational therapists. The focus of the program is on self-management and rehabilitation, with the goal of helping youth and their families resume engagement in activities and daily functioning. This unique program engages the family, school, and community to maximize likelihood of long-term recovery.

METHODS

Twenty adolescents (M=15.7, SD=1.6), were selected to participate in the IPRP. Measures mapping onto most domains recommended by PedIMMPACT including pain (numerical rating scale), functional disability (Functional Disability Index), family functioning (Family Assessment Device), quality of life (Pediatric Quality of Life Inventory), sleep habits (The Children’s Sleep Habits Questionnaire), and anxiety and depressive symptoms (Revised Children's Anxiety and Depression Scale) were provided to parents and adolescents during their initial assessment and at discharge. Paired t-tests were used to examine the differences between the initial assessment (day 1) and discharge measures (day 42).

RESULTS

After 6 weeks in the IPRP, adolescents reported less functional disability (t[18]=4.54, p<0.001), better quality of life (t[16]=3.73, p=0.002), and improved school attendance (t(15)=3.58, p=0.003), even though their pain remained unchanged (t[17]=1.23, p=0.24). Youth also reported significantly less generalized anxiety (t[15]=2.21, p=0.04) and depressive symptoms (t[15]=2.20, p=0.04) from pre to post-treatment. Moreover, bedtime habits (t[15]=2.90, p=0.01) were significantly improved across treatment.

DISCUSSION / CONCLUSIONS

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Chronic pain is complex, involving biological, psychological and social factors that result in significant distress and disability for the child/adolescent. Similar to other intensive programs for pediatric chronic pain (Hechler et al. 2015), involvement in the IPRP was associated with significant improvements in functional disability and quality of life for the children who did not respond to conventional outpatient therapy. We will continue to prospectively examine their progress to assess longer-term outcomes.

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