Implementation of a Peer Support Group for Adolescents with Chronic Pain

LUCINDA M. BROWN DNP, RN, CNS
AMERICAN SOCIETY OF PAIN MANAGEMENT NURSES
FALL CONFERENCE
SEPTEMBER 9, 2016
BROWNL@CHILDRENSDAYTON.ORG

Conflict of Interest Disclosure

Authors Conflict Of Interest

L. Brown No Conflict of Interest

Objectives

- Introduction
- Background
- Literature Review
- Theory and Model
- Quality Improvement Design
- Intervention
- Results/Discussion
- Implications for Practice
- Further Review Needed
Introduction

- Adolescents with chronic pain are often noncompliant with the use of multimodal strategies to manage chronic pain.
- Adolescents with chronic pain experience significant changes in emotional, physical and social states
- Multimodal management is known to be effective within a pain treatment program.

Background

- Chronic pain and the pediatric population (Huguel & Miro, 2008)
- Impact of chronic pain for teens/families
- Tendency of chronic pain to last into adulthood (Hoftun, Romundstad & Rygg, 2012)
- Multimodal support strategies to maximize function

Literature Review

- Central Sensitization Syndrome (CSS) is an explanation for chronic pain. (Aaron, 2000)
- Chronic pain is a significant problem for approximately 35 percent of teens who suffer with a worse quality of life. (Huguel & Miro, 2008; Hoftun, et.al., 2012)
- Multimodal management has been shown to be an effective treatment program. (Tan, et.al., 2007; Hechler, et. al., 2011; Waker, et. al., 2010)
Literature Review cont…..

- Teens with Pain Associated Disability Syndrome (PADS) miss school, work, social activities. (Zeltzer, et.al., 2006)
- Pain vulnerable children are more likely to develop pain. (Malleson, et.al., 2001)
- Treatment programs focus on restoring function and preventing PADS. (Wakes, et.al., 2010)
- Peer support groups are effective for adolescents with chronic illness (Loding, et. al., 2007)

Objective of Project

- To initiate a peer to peer support group for adolescents/young adults aged 12-25 years with chronic pain defined as migraine, chronic daily headaches, fibromyalgia, abdominal/pelvic pain, chronic musculoskeletal pain and irritable bowel syndrome.

Theory and Model

- Health Promotion Model (Pender, et.al., 2005).
- Health behavior characteristics
- Behavioral outcomes
- Plan of action to promote health
Quality Improvement Design

- Structure of the support group and models in the literature (Loding et al., 2007; Pasold, Boateng & Portilla, 2010).

- Monthly group attendance
- Phases of group process

Design cont......

- Group sessions
- One hour in length
- 15 min overview by one of the chronic pain team members
- Discussion by the group regarding topic
- Peer to peer sharing
- Educational literature and web sites available

Evaluation Tools

- Demographic survey
- Pediatric Quality of Life Inventory (Varni, 1998)
- Health and Activities
- Feelings
- Getting along with Others
- School Participation

- Statistical analysis
- Descriptive studies
- T-tests
- Multi analysis of variance
Intervention

- A peer to peer monthly support group for patients with chronic pain was initiated in August 2014.
- Institutional Review Board approval
- Invitation of participants
- Session format and session leaders
- Evaluation of support group attendees

Results

Descriptive Statistics

- Total number of sessions - 4
- Number of patients per session: August - 8, September - 6, October - 5, November - 7
- Number of sessions per patient: One (n=9), Two (n=3), Three (n=1), Four (n=2)

<table>
<thead>
<tr>
<th>Sex</th>
<th>No.</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>13</td>
<td>86.7</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>13.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>No.</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>14</td>
<td>93.3</td>
</tr>
<tr>
<td>Afr. Am.</td>
<td>1</td>
<td>6.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th># of years with pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>65</td>
<td>4</td>
</tr>
<tr>
<td>Male</td>
<td>25</td>
<td>1</td>
</tr>
<tr>
<td>All</td>
<td>40</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Results cont......

Parametric Statistics

- Comparisons between patients' number of years with pain and PedsQL scores
- Comparisons between patients' PedsQL with one session vs. multiple sessions
- Comparisons between patients' PedsQL initial scores vs. last score
- Comparisons between patients' PedsQL initial score vs. best score
Discussion

Analysis of Quantitative Data

- Statistical difference was found when comparing patients' PedsQL scores at initial session attended vs. patients' best PedsQL scores at any session attended.
- Limitations: small sample size and limited number of sessions.

Discussion cont......

Analysis of Qualitative Data

- 96% of participants felt that the support group was effective.
- 100% of participants liked the format of the support group.

Discussion cont.....

Analysis of Qualitative Data

Comments from Participants:
- Attendance
- Length of Sessions
- Requests for Additional Sessions
- Participants’ Miscellaneous Thoughts
  - “Felt not alone with my problem”
  - “Had a lot of fun”
  - “This is wonderful”
  - “I loved this a lot”
Implications for Practice

- Use of Support Group for Multimodal Management Plan
- Structure and Process of Group
- Analysis of Group Evaluation

Further Review Needed

- Change in PedsQL Over Time with Ongoing Sessions
- Change in PedsQL Over Time with Change in Format/Frequency of Sessions
- Initiation of Parent Support Group
- Evaluation of Parents' PedsQL Data

References

• Aaron, L.A. (2000). Co-morbid symptoms and syndromes of chronic pain. Archives of Internal Medicine, 160; 221-227
References


Acknowledgements

Thank you for your assistance and support:

- Chronic Pain Team Members: Dr. Daniel Lacey, Dr. Candace Beck, Josie Mausk, Physical Therapy, Pat Christoff, Pharm. D., Karen Muller, Child Life, Allison Ruffin, Dietitian

and

- Chronic Pain Patients and Their Families

Questions