

# The importance of weight and racial/ethnic minority status on risk stratification in pediatric chronic pain



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### Introduction

 Youth with chronic pain from marginalized groups (e.g. those from racial/ethnic minority groups and/or those with elevated weight status) are at increased risk for experiencing poor health outcomes as well as healthcare biases.

#### **Aims**

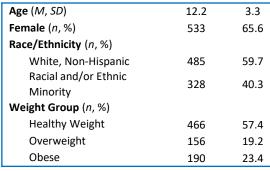
#### This study examined:

 The intersection of weight and racial/ethnic minority status on risk stratification using the **Pediatric Pain** Screening Tool (PPST).

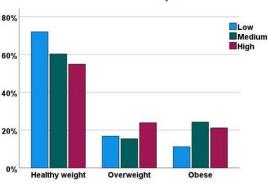
### **Methods**

- Participants: 813 patients completed the PPST at the child's initial pain clinic evaluation.
- · Weight status: Patient BMI percentile was classified as Healthy Weight (HW), Overweight (OW), or Obese (OB), based on growth charts for age and sex.
- Racial and ethnic group status was dichotomized as white/non-Hispanic or as racial/ethnic minority.

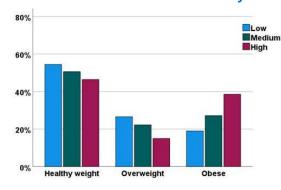
### Results



### **PPST Risk Groups** White/Non-Hispanic



#### Racial and/or Ethnic Minority



## **PPST Risk Stratification**

### **Low Risk**

•Total score 0-2

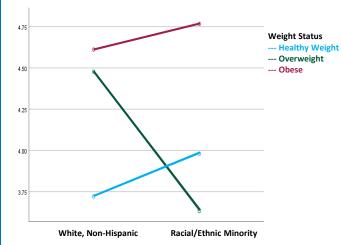
### **Medium Risk**

- Total Score ≥ 3 Psychosocial
- Score 0-2

# **High Risk**

- •Total Score ≥ 3
- Psychosocial Score ≥ 3

### Interaction between Weight Status and Racial/Ethnic Minority Status on PPST Scores



#### Pediatric Pain Screening Tool (PPST)1

Thinking about the past two weeks, would you agree or disagree with the following

- In the past two weeks, pain is in more than one body part.
- I can only walk a short distance because of my pain.
- It is difficult for me to be at school all day.
- It is difficult for me to fall asleep and stay asleep at night.
- In the past two weeks, it's not really safe for me to be physically active.
- I worry about my pain a lot.
- I feel that my pain is terrible and it's never going to get any better.
- In general, I don't have as much fun as I used to
- Overall, how much has pain been a problem in the last 2 weeks? Not at all A little Some A lot A whole lot

- Patients in racial/ethnic minority groups were more likely to have a higher BMI than white/non-Hispanic patients (p=.005).
- Main effects for weight group were significant with patients in the OB group reported higher PPST scores than other weight groups regardless of racial/ ethnic minority status (p<.001).
- Weight group significantly interacted with racial/ethnic minority group, such that those with OW from racial/ethnic minority groups had significantly lower PPST scores than all other groups (p<.001).

### **Conclusions**

Weight and racial/ethnic minority status influence risk stratification with patients with OB reporting highest risk and patients from minority groups with OW reporting lowest risk.

### Reference

<sup>1</sup>Simons, LE, et al. Pediatric Pain Screening Tool (PPST): Rapid identification of risk in youth with pain complaints. Pain. 2015;156(8):1511.

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