

Investigating differences in healthcare professional's pain beliefs in inflammatory and non-inflammatory paediatric chronic musculoskeletal pain conditions

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Introduction

- Children/young people with chronic musculoskeletal (MSK) pain conditions can receive different pain assessment and management approaches dependant on whether their pre-existing diagnosis is perceived to be inflammatory or non-inflammatory [1], despite there being an overlap in pain experiences.
- To date, it is unknown what pain beliefs are held by healthcare professionals (HCPs) about these diagnoses that can lead to different pain assessment and management approaches for children/young people.

Aim

- To explore paediatric rheumatology HCP's pain beliefs and pain assessment and management priorities in relation to paediatric chronic MSK pain diagnoses (inflammatory or non-inflammatory).

Method

- Paediatric/adolescent rheumatology HCPs (December 2021-ongoing).
- Online Qualtrics questionnaire.
- Each HCP read two fictional clinical vignette scenarios.

Vignette scenarios

Either juvenile idiopathic arthritis (JIA) or diffuse idiopathic pain
Reporting chronic MSK pain

Pain beliefs

Brief Illness Perception Questionnaire (B-IPQ) [2]

List of causal factors adapted for paediatric MSK pain

Pain assessment & management

Rate the importance of 15 assessment and 13 management options for that vignette.

Choose top 3 assessment and management options.

- Data were analysed using paired Samples t-Test, Wilcoxon signed-rank test, and McNemar's test

Results

- Thirty-nine** paediatric rheumatology HCPs (32 female, 6 countries, 11 job roles).

B-IPQ

Diffuse idiopathic pain

- Scored higher on **pain duration**, number of other **symptoms** associated with pain, and **concern** and **emotional** impact for the child/young person ($p < .001$)

JIA

- Scored higher on children/young people **understanding** their pain ($p < .001$) and **treatment** controlling pain ($p = .007$)

Factors associated with pain

Diffuse idiopathic pain

- $p < .001$
 - Nervous system, Lifestyle, Family history of pain role models, Behaviour, Mood, Personality, Past pain experiences, Social environment (online and inner)
- $p = .001$
 - Biological factors, Outer social environment, School

JIA

- $p < .001$
 - Disease activity

Pain assessment priorities

Figure 1: Pain assessment options ranked as number 1 priority (N = 39)

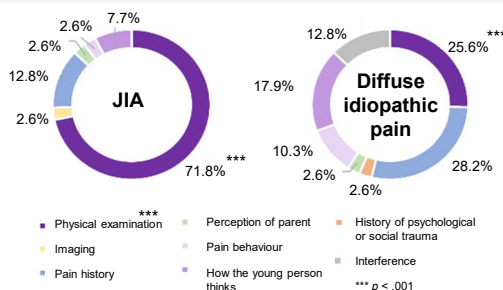
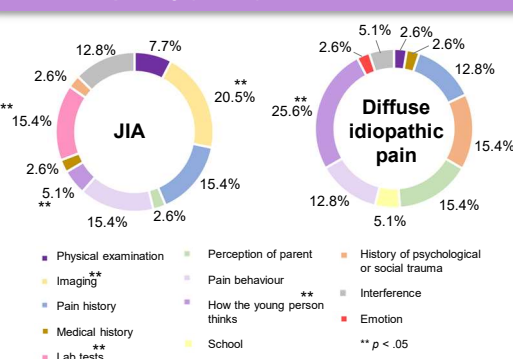


Figure 2: Pain assessment options ranked as number 2 priority (N = 39)



Pain management priorities

Figure 3: Pain management options ranked as number 1 priority (N = 39)

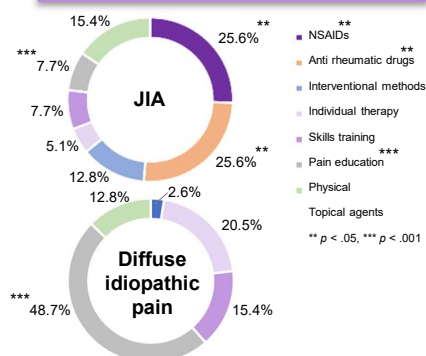
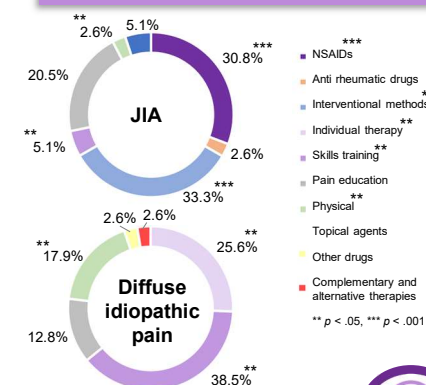


Figure 4: Pain management options ranked as number 2 priority (N = 39)



Conclusions

- HCP's beliefs about pain differ dependent on the perceived cause of pain and pre-existing diagnosis.
- Psychosocial factors tend to be considered more for diffuse idiopathic pain (i.e. non-inflammatory) than JIA (i.e. inflammatory).
- Future work should explore and develop interventions to target beliefs which negatively impact clinical decisions to ensure children/young people receive the most appropriate, patient-targeted care.

References

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- Broadbent, E., Petrie, K.J., Main, J., & Weinman, J. (2006). The brief illness perception questionnaire. *Journal of Psychosomatic Research*, 60(6), 631-637.