

Conclusion

There was significant variability of static and dynamic QST findings in adolescents with FAP.

Higher pain ratings (heat, pressure, facilitated testing) were associated with higher usual pain intensity and abdominal pain severity; lower pressure pain threshold and tolerance were significant for worst pain intensity and widespread pain.

Further investigations should test longitudinal changes in the relationships between QST and clinical pain.

Background

- Little is known regarding quantitative sensory testing (QST) and clinical pain in adolescents with functional abdominal pain (FAP).
- Given known associations of QST and clinical pain in adults and their prognostic features, understanding QST profiles in a well-defined pediatric cohort may provide insight into mechanistic changes in pain processing.

Aims

- Examine the associations of QST parameters and clinical pain in adolescents with FAP.
- Hypothesis: Higher pain intensity, increased number of pain sites, abdominal pain severity and higher pain-related disability would be associated with pain facilitation and lack of pain inhibition on QST.

Methods

- Cross-sectional study: 14- to 18-year old adolescents with FAP (ROME IV) recruited from Gastroenterology and Pain Clinics at the local institution completed validated measures and QST assessments.
- Measures:
  - Abdominal pain: Usual and worst pain intensity assessed using Numerical Rating Scale (NRS; 0-10)
  - Abdominal pain severity: Abdominal Pain Index (API)
  - Widespread pain (WP): Participants denoted pain sites on a body diagram, and WP defined as pain in each body quadrant and midline
  - Pain-related disability: Child Activity Limitations Interview (CALI)
  - Psychological functioning: PROMIS Pediatric Anxiety Short-Form and Depressive Symptoms Short-Form, Pain Catastrophizing Scale

QST Assessment:

- Pain ratings for each QST task using NRS
- Heat pain threshold and tolerance (forearm; Medoc Q-Sense)
- Pressure pain threshold and tolerance (forearm and trapezius; Algomed)
- Temporal summation using von Frey filament of 10 successive stimuli
- Conditioned pain modulation (CPM) was assessed with immersion of the non-dominant hand in 10°C water bath as the conditioning stimulus, and thermal pain as the painful stimulus.

Acknowledgments

Results

- N = 75, females 81%, mean age = 16.4 years (SD 1.4)
- White 67%, Black 1%, Asian 5%, AIAN 1%, Hispanic 12%
- Usual pain intensity M = 5.3 (SD 2.1), worst pain intensity M = 7.0 (SD 2.0), API = 2.4 (SD 0.8, range 0-3.9)
- Non-abdominal pain sites median = 4 (range 0-17), WP: 29%
- CALI = 31.8 (range 0-70.6, SD 17.5)
- Spearman correlation coefficients indicated:
  - Significant positive correlations between pain ratings and pain intensity and pain-related disability (rho = 0.28-0.50).
  - Significant negative correlations between CPM index and pain-related disability (rho = -0.26).

Data Analyses

- Temporal summation = 10<sup>th</sup> pain rating – 1<sup>st</sup> pain rating
- CPM ratio = conditioning heat pain threshold/testing heat pain threshold
- Simple correlations and multivariable regression models examined the association between each QST parameter and each pain outcome.
- The Benjamini-Hochberg Procedure controlled the False Discovery Rate (FDR) at 0.20 for multiple hypothesis testing.

Table 1: Adjusted associations between pain ratings on QST assessment and clinical pain<sup>a</sup>

Pain Ratings on QST parameters (interquartile range increase)	Usual pain intensity <sup>b</sup> (beta, 95% CI)	Worst pain intensity <sup>b</sup> (beta, 95% CI)	API <sup>b</sup> (beta, 95% CI)	WP <sup>c</sup> (odds ratio, 95% CI)	CALI <sup>b</sup> (beta, 95% CI)
Heat threshold pain rating	1.09 (0.21, 1.97)	0.74 (-0.10, 1.59)	0.34 (-0.06, 0.73)	0.83 (0.28, 2.46)	4.8 (-2.6, 12.3)
Heat tolerance pain rating	0.41 (-0.31, 1.13)	0.30 (-0.37, 0.96)	0.02 (-0.30, 0.33)	0.98 (0.34, 2.82)	1.6 (-3.8, 7.1)
Pressure threshold pain rating (forearm)	1.32 (0.30, 2.35)	0.78 (-0.21, 1.78)	0.33 (-0.14, 0.80)	1.23 (0.34, 4.43)	6.3 (-2.5, 15.0)
Pressure tolerance pain rating (forearm)	0.34 (-0.55, 1.23)	0.37 (-0.46, 1.21)	0.06 (-0.33, 0.45)	2.02 (0.67, 6.04)	6.7 (-0.4, 13.8)
Pressure threshold pain rating (trapezius)	1.22 (-0.03, 2.48)	1.09 (-0.11, 2.28)	0.80 (0.24, 1.36)	13.24 (0.69, 252.4)	9.1 (-1.6, 19.6)
Pressure tolerance pain rating (trapezius)	0.02 (-0.81, 0.86)	-0.01 (-0.80, 0.78)	0.21 (-0.17, 0.60)	Not estimable	4.9 (-1.8, 11.6)
Temporal summation	1.38 (0.22, 2.54)	1.07 (-0.08, 2.21)	0.41 (-0.14, 0.96)	2.55 (0.37, 17.7)	2.8 (-7.2, 12.8)

<sup>a</sup>Models adjusted for age, sex, depression, anxiety, and pain catastrophizing. <sup>b</sup>Linear regression model. <sup>c</sup>Logistic regression model. Red – significant after FDR-correction; Bold – significant at single testing but not significant after FDR-correction.

Table 2: Adjusted associations between QST parameters and clinical pain<sup>a</sup>

QST parameters (interquartile range increase)	Usual pain intensity <sup>b</sup> (beta, 95% CI)	Worst pain intensity <sup>b</sup> (beta, 95% CI)	API <sup>b</sup> (beta, 95% CI)	WP <sup>c</sup> (odds ratio, 95% CI)	CALI <sup>b</sup> (beta, 95% CI)
Heat pain threshold	0.57 (-0.20, 1.34)	0.18 (-0.55, 0.91)	0.18 (-0.16, 0.52)	0.72 (0.28, 1.81)	0.6 (-5.8, 7.0)
Heat pain tolerance	0.63 (-0.28, 1.53)	-0.11 (-0.95, 0.72)	0.05 (-0.35, 0.45)	1.01 (0.28, 3.61)	-1.3 (-8.3, 5.8)
Pressure pain threshold (forearm)	0.47 (-0.15, 1.10)	0.16 (-0.44, 0.75)	0.15 (-0.12, 0.43)	0.94 (0.41, 2.14)	-1.4 (-6.6, 3.8)
Pressure pain tolerance (forearm)	0.27 9-0.44, 0.98)	0.16 (-0.51, 0.83)	0.16 (-0.15, 0.47)	1.11 (0.42, 2.90)	-2.2 (-8.0, 3.6)
Pressure pain threshold (trapezius)	0.23 (-0.58, 1.04)	-0.14 (-0.90, 0.63)	-0.06 (-0.45, 0.33)	0.20 (0.04, 0.96)	-2.5 (-9.2, 4.2)
Pressure pain tolerance (trapezius)	-0.70 (-1.71, 0.31)	-1.09 (-1.98, -0.20)	-0.43 (-0.90, 0.04)	0.01 (0.00, 1.30)	-7.0 (-15.2, 1.3)
CPM ratio	-0.19 (-0.71, 0.33)	-0.03 (-0.52, 0.46)	0.04 (-0.19, 0.27)	0.97 (0.52, 1.82)	-3.4 (-7.6, 0.8)