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DIAGNOSIS OF CHRONIC PAIN IN CHILDREN WITH PARALYTIC SYNDROMES ON THE NCCPC-R SCALE AND CLINICAL SIGNS

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Introduction. According to experts in the field of chronic pain in children, it occurs in 12 % of all pediatric patients, which negatively affects the quality of life of children and their families. Especially often chronic pain is associated with disability.

Aim. Determination of clinical signs diagnosing chronic pain in children with paralytic syndromes using the NCCPC-R scale.

Materials and Methods. 92 children were involved in the study. The age of the children ranged from 1 to 7 years. Study group included 64 children (40 boys, 24 girls) with paralytic syndromes, among them 38 children (24 boys, 14 girls) with chronic pain and 26 children (15 boys, 11 girls) without pain. Control group included 28 healthy children (17 boys, 11 girls).

Результати. The Non-communicating Children's Pain Checkist - Revised scale (NCCPC-R) is recommended by the developer for use in children from 3 years of age. When evaluating the NCCPC-R scale for children older than 3 years with paralytic syndromes and chronic pain in the voice, the most common clinical sign was "Moaning or whining" (83.3 %). Every second child shows clinical signs of "Moderate or loud crying" (50.0 %). The child calms down during physical intimacy with the mother (search for comfort). In the domain "Social skills" - the search for comfort was most often registered in children older than 3 years with chronic pain and paralytic syndromes. We believe that the clinician when assessing chronic pain in children with paralytic syndromes

should also pay attention to such clinical signs as "Communication" (61.1 %) and "Interaction with others" (50.0 %). When analyzing 5 clinical signs of the domain "Face" of the NCCPC-R scale, such a clinical symptom as "Change of gaze and squinting" is most often observed. In the analysis of 2 clinical signs of the domain "Body and limbs" of the NCCPC-R scale, 77.7 % had a decrease in motor activity, and 22.2 % had an increase in motor activity. Also, in children with paralytic syndromes that reduced motor activity, chronic pain affected the child's display of clinical signs such as "Body movement to show pain" (44.4 %) and "Body rotation or body movement" (44.4 %). When analyzing 6 clinical signs of the NCCPC-R Physiological Signs domain, children with paralytic syndromes are more likely to respond to chronic pain with clinical signs such as "Tears" (55.5 %) and changes in the respiratory system: "Sharp breath and shortness of breath" (50.0 %). "Skin discoloration, pallor" and "Trembling" were observed with the same frequency of 44.0 %. Also analyzed 3 clinical signs of the domain "Eating/sleeping" on the NCCPC-R scale can not be isolated as a separate sign of eating or sleeping disorders in children with pralitic syndromes and chronic pain. Hypersomnia and hyposomnia, which together account for 66.5 %, were equally common.

Conclusions. We believe that in children with paralytic syndromes older than 3 years, the most common clinical signs diagnosing chronic pain are: moaning/whining, less active, seeking comfort, change of gaze, squinting, tears, shortness of breath, shortness of breath.