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A SPECIALLY DEVELOPED CHECKLIST DETERMINING THE SOURCES
OF CHRONIC PAIN FOR NON-VERBAL CHILDREN WITH PARALYTIC
SYNDROMES

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Introduction. Chronic pain in children with paralytic syndromes is a serious problem, with around 20 to 35% of children suffering from pain. The pain experienced by children, especially non-verbal ones, is often underestimated.

Aim. Determining the sources of chronic pain in children with paralytic syndromes.

Materials and methods. A special Checklist (Copyright 88107) has been developed that includes possible sources of pain for non-verbal children: somatic pain (muscle spasticity, contractures, deformity of the vertebrae, bedsores or maceration), visceral pain (hypersalivation and/or hyperproduction of bronchial secretion, prolonged nasogastric feeding, tracheostomy, gastrostomy, colostomy, Gastroesophageal reflux disease, constipation, chronic urinary tract infection), neuropathic pain (hydrocephalus, convulsions, pain in peripheral nervous system due to spasticity, pain due to sensory dysfunction) and severe protein-calorie malnutrition. 57 children with paralytic syndromes (GMFCS I-V) aged 3 months to 7 years were evaluated. Among them 36 (63%) boys and 21 (37%) girls, average age was 3 years 8 months \pm 1 year.

Results. All children had paralytic syndromes due to congenital CNS defects, genetic syndromes, perinatal pathology, birth trauma, and congenital metabolic disorders. Pain intensity was determined on the Non-communicating Children's Pain Checklist - Revised (NCCPC-R) scale. The source of pain was identified in 38 (67%) children with paralytic syndromes (GMFCS I-V), 10 (18%)

children with severe protein-calorie malnutrition. 17 (45%) children had 1 source of pain, and 21 (55%) had a combination sources.

Somatic pain: muscular spasticity in 23 (60%) children, contractures - 15 (40%) children. Visceral pain: prolonged nasogastric feeding in 10 (18%) children, constipation - 12 (21%) child, Gastroesophageal reflux disease in 2 (5%) children, gastrostomy - 1 (3%) child, colonostomy - 1 (3%) child, chronic urinary tract infection - 1 (3%) child. Neuropathic pain: convulsions - 21 (37%) children, peripheral nervous system due to spasticity - 6 (18%) children, hydrocephalus - 3 (8%) children.

Conclusions. Authors speculated the pain scales and the Checklist will actively identify the sources of pain in non-verbal children with paralytic syndromes, concentrate the attention of doctors and parents, as well as used in the treatment of chronic pain.