How Can We Improve Pain Control in Children Over the World?

Results of International Multiprofessional ICPCN Survey

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• **Pain control is the most prominent problem in PPC, especially in developing countries**

• **Many attempts have been made to improve this situation by different organisations including the WHO in 2012**

  “WHO Guidelines on the Pharmacological Treatment of Persisting Pain in Children with Medical Illnesses”

• **There are many local country-specified barriers to successful implementation of the recommendations**
Aim of Survey

To evaluate how ICPCN could help to improve pain control in children around the world
In 2012, ICPCN Scientific Committee convened a Task Force of 25 PPC professionals from 15 countries representing all continents.

List of Eight Possible Roles of the ICPCN was created by Task Force.

8 roles were described in the survey.
Members of ICPCN were invited to complete the Survey and could access it on-line.

Participants were asked to mark their preference in priorities of which role should be attended to first:

- to start as soon as possible,
- second and third

80 participants from 32 countries completed the Survey.
Distribution of Participants - by continents -

- Africa 33 (10 countries)
- America 8 (4 countries)
- Asia 12 (8 countries)
- Australia 3
- Europe 24 (9 countries)
Fisher's test to determine heterogeneity of answers between professionals groups

If $p<0.05$

STEP 2

Standardized Residuals to reveal how the professional groups differed in priorities of each ICPCN role

- The priority average score (PAS) of each role for the ICPCN was calculated
- More important roles have the minimal PAS
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**Distribution of Participants**
-by occupation and continents-

**Medical professionals 64 (80%)**: 30 doctors 29 nurses 5 lecturers/researchers

**Non-Medical professionals 16 (20%)**: 10 administrative/officers 6 social/supportive workers/missioner
Distribution of ICPCN roles
-by priority average score (PAS)-

Most participants did not select any roles as ‘third priority’

Education and Trainings:
- the highest level of agreement between participants from all continents and professional groups
Distribution of Participants
-by priority average score (PAS)-

No heterogeneity in answers within professional groups (p>0.05)

Exceptions:
- Global Need Analysis (GNA) (p=0.03)
- Dialogue with Governments (p=0.04)

48% of nurses marked GNA as second priority

13% of doctors marked Dialogue with Governments as third priority

No differences of role priority by continents (p>0.05)

Exceptions:
- Dialogue with Governments (p=0.01)

most African respondents marked as the first priority

most Asian respondents marked as third priority

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Conclusions

Gaps in knowledge of the WHO guidelines and pain management in general seem to be the main barriers for pain control in children.

In our survey all respondents were in agreement with education as a first priority with the highest level of agreement between participants from all continents and professional groups.

Progressing country-specific upgrade of needs in education, policy and drugs would be necessary to reveal local barriers.

Targeted advocacy strategies could be directed for governments, departments of health and regulatory bodies to create both universal and specific for the country simple algorithms for pain management to implement them by country appropriate way.

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E-learning modules on the ICPCN web site in a number of languages to educate professionals in pain management linked to the WHO Guidelines

An advocacy to increase access to palliative care and analgesics for children and promotion of this as a human right

Distribution of the information on developments through e-Hospice and actual face-to-face trainings

Global advocacy campaigns to raise awareness of the need for and benefit of palliative care for children
To members of the Task Force from the ICPCN Scientific Committee who provided excellent guidance and all those who completed the survey

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