Pediatric Pain Letter
Commentaries on pain in infants, children, and adolescents

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Contributions from readers

What I learned at the VIIth International Symposium on Pediatric Pain

Every three years, the Special Interest Group on Pain in Childhood of the International Association for the Study of Pain holds an International Symposium on Pediatric Pain. See childpain.org for further information about these conferences and about the Special Interest Group.

The most recent conference, ISPP 2006 (www.ispp2006.com) was in Vancouver, Canada, in June 2006. We invited all participants to share something important they learned. We asked this question: Please describe one thing you learned that will be important or helpful in your clinical practice, teaching or research on pediatric pain. Explain in a sentence or two why it will be helpful.

It is fascinating to see the diversity in a sampling of responses. Thanks to all of the contributors.

- Carl von Baeyer, Editor
Pediatric Pain Letter

After attending a symposium of this nature, one can easily get carried away in one's thinking about treatment of pain. Environment, culture and economy usually set the pattern. The stark contrast between the haves and have-nots hit the target when Christine Chambers' presentation was followed by Adrian Bösenberg's presentation. The whole South African contingent of speakers was practical and erudite. Everything was put in perspective in a hurry.

- Sudha Bidani, Texas Children's Hospital
Houston, Texas, USA

The mechanisms underlying persistent pain (peripheral and central sensitization, neuropathic pain from nerve damage, molecular events occurring at the site of damage, at the spinal cord and brain regions, changes in immune system, neurotransmitter interconnections and signaling pathways, changes in gene expressions) were most helpful because this session helped me understand the complexity of persistent pain, which may explain why it is most difficult to manage. Within the complexity also underlies the notion of individual variability in the pain experience that may have evolved from genetic variations as well as individual development variations. Several speakers spoke on molecular mechanisms, measurement challenges, and management including pharmacological, psychosocial, and family interventions that emphasized this notion of complexity and individual variability in response to pain and in response to interventions.

- Eufemia Jacob, Baylor College of Medicine &
Texas Children's Cancer Center
Houston, Texas, USA

Pediatric palliative care is essential in the treatment of pain and in the promotion of relief of symptoms in patients with chronic illnesses in any stage. This can be done through the administration of specific medications, of advanced techniques, or on several de-stressing procedures, including holistic medicine. Palliative care aims at

diminishing the stress and the distress that assails patients' family members and caretakers, from the beginning of the disease until death, in order to improve their quality of life. However, to ensure satisfactory results, it is of absolute importance that the multi-disciplinary team focuses on the emotional, religious, spiritual, and psychosocial factors of the treatment. This will definitely provide greater comfort to every person involved in the overpowering atmosphere that palliative care enlaces.

- Teresa Neumann Sampaio Bezerra, Hospital Oswaldo Cruz, Universidade de Pernambuco Recife, Brazil

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Repeated *non-noxious* stimuli have been found to elicit central sensitization in preterm infants (<35 weeks). Ruth Grunau alluded to the implications that this has for clustered care, a practice where numerous infant care behaviors occur in a short space of time. A study by Holsti, Grunau, Oberlander & Whitfield (2005) demonstrated clustered care to be particularly stressful for infants born at earlier gestational ages. This calls into question the common practice of clustered care, a practice that has been widely thought to be “kinder” to infants by providing longer periods of uninterrupted rest.

- Tiina Piira, Sydney Children's Hospital Randwick, Australia

References:

Holsti L, Grunau RE, Oberlander TF, Whitfield MF. Prior pain induces heightened motor responses during clustered care in preterm infants in the NICU. Early Hum Dev 2005;81: 293-302.

Holsti L, Grunau RE, Oberlander TF, Whitfield MF, Weinberg J. Body movements: an important additional factor in discriminating pain from stress in preterm infants. Clin J Pain 2005;21:491-498.

I was very moved by Dr. Renée Albertyn's plenary address on the challenges of assessing infant pain in South Africa. I learned that infant pain, particularly in very ill infants such as those suffering from HIV and AIDS, can be expressed very differently from healthier children in North America and other developed nations. I was also very impressed with her development of the Touch Visual Pain Scale, a novel and sensitive tool to assess pain in these very ill infants. The knowledge I learned from her talk and from watching the video of the Touch Visual Pain Scale really drove home the message that there can be great variability in the expression of pediatric pain across the world and across different contexts. Thanks to Dr. Albertyn's talk (and an equally excellent presentation by her collaborator, Dr. Monique van Dijk at the Pain in Child Health institute) I feel that I now have a better appreciation of the complexity of pain assessment, particularly when working with very ill infants and young children.

- Lindsay Uman, Department of Psychology Dalhousie University, Halifax, NS, Canada

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I learned from Dr. Jennie Thomas about gabapentin for acute withdrawal from opioid and benzodiazepine sedation in patients in the intensive care unit.

- Carolyne J Montgomery, BC Children's Hospital, Vancouver, BC, Canada

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The next International Symposium on Pediatric Pain will be in 2009. childpain.org