

ADOLESCENT CHRONIC PAIN: HOW DOES AUTONOMY INFLUENCE FUNCTIONAL OUTCOMES?

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Background

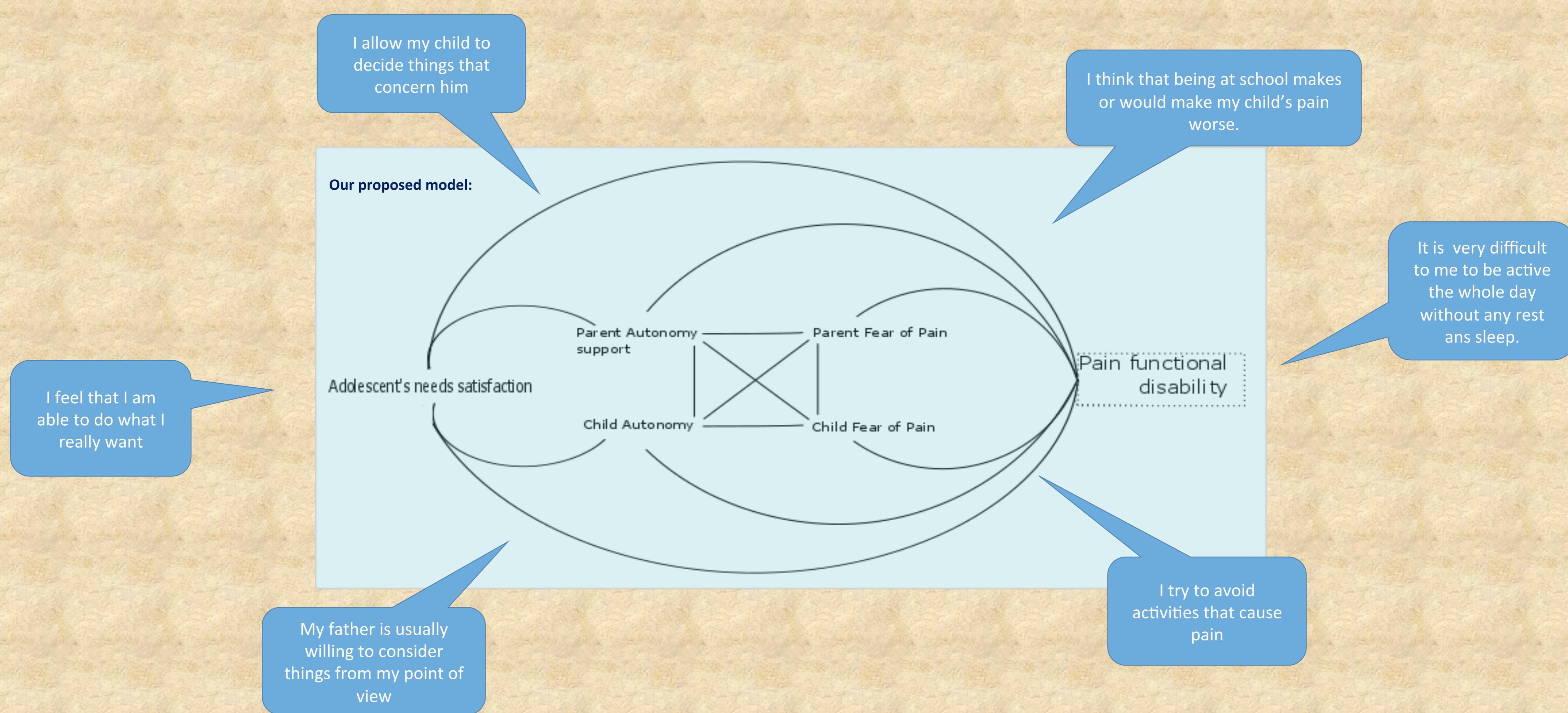
- Important progress in clinical care has been made to manage relational issues related to pediatric chronic pain. However, difficulties related to **developmental aspects** of children are not taken into account by most recent studies (Howard, 2003).
- The growing need for autonomy could be hampered by pain. Autonomy, defined as "**the willingness to make decisions about their own values and norms**" is one of the adolescent's developmental tasks.
- Autonomous** adolescents show less functional impairment than non-autonomous ones (Palermo et al., 2007, Lewandowski et Palermo, 2009).
- Parental **autonomy support** influences how adolescents manage this developmental task (Grolnick et al., 1991). Relational aspects such as protectiveness and fear of pain can lead parents to discourage their adolescent's search of autonomy (Simons et al., 2011, Kaczynski, Claar et leBel, 2012).
- Adolescent's **fear of pain** is related to parent's fears (Simons et al., 2015) and could affect his active work towards autonomy. In our study, we explore the pertinence of speaking about autonomy in a chronic pain context.

The aims of this study are to:

- Explore the relationship between Fear of Pain and Autonomy, at both child and parent levels.
- Investigate if less autonomy leads to more functional impairment.
- Explore how children and parents experience adolescent autonomy.

Hypotheses

- Fear of pain and autonomy have a mutual influence.
- Both fear of pain and little autonomy have a negative impact on functional outcomes.
- A good feeling of autonomy minimizes adolescent's fear of pain, thus also minimizing pain functional impairment.
- Parents supporting their child's autonomy show less fear of their child's pain, thus minimize functional outcomes.



Population

100 patients between the ages of 11 and 17 referred to pain centers in Switzerland and France, suffering from medically unexplained pain since ≥ 3 month. Patient's mother and father will also be part of the study.

Discussion

Autonomy is likely an important psychological factor to consider in the conceptualisation and treatment of adolescent chronic pain.

Chronic pain patients seem less willing to make their own decisions and lead their own activities than adolescent without any chronic pain (Palermo et al., 2007).

Family based interventions that help youth to acquire appropriate and supportive levels of autonomy may prove useful in reducing pain-related disability.

Family environment is a predictor of children's pain-related disability (Logan et al., 2005).

In this complex relational situation, it would be difficult to find any causal relation between autonomy and pain related disability. There are different reasons for which parents fail to support their child's autonomy as well as why adolescents may be unwilling to search for their autonomy. That is why it is important to give patients and families psychological support in addition to their pain treatment.

Future directions and limitations:

Longitudinal studies examining developmental changes in adolescents with chronic pain is recommended to clarify our results in future research.

Adolescents referred to pain centers are not representative of all adolescent suffering of chronic pain. The generalizability of our findings to other populations who do not seek treatment is unknown.

Method

	Fear of pain	Adolescent's needs	Autonomy	Functional outcomes	Family interactions	The feeling of autonomy	Living with a chronic pain child
Adolescent (N=100)	Fear of pain questionnaire (FOPQ-C) (Simons et al., 2011). 24 items	Need satisfaction and need frustration (Chen et al., 2012) 24 items	Autonomy Support (Grolnick, Deci & Ryan, 1991) 7 items	Functional Disability Inventory (FDI) (Walker & Greene, 1991). 15 items	Adolescents (N=15)	Proposed talk with his both parents.	Semi-structured interviews with adolescents
Parents (N=100)	Parent Fear of Pain questionnaire (PFOPQ) (Simons et al., 2015). 21 items		Autonomy Support (Grolnick, Deci & Ryan, 1991) 7 items	Functional Disability Inventory (FDI) (Walker & Greene, 1991). 15 items	Parents (N=15)	Proposed talk with their child	Semi-structured interviews with both parents