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How Can We Improve Pain Control in Children over the World? Results of International Multiprofessional ICPCN Survey

Dear Editor:

Pain control is the most prominent problem in children's palliative care, especially in developing countries. Many attempts have been made to improve this situation by different organisations including the World Health Organization (WHO) in 2012 ("WHO Guidelines on the Pharmacological Treatment of Persisting Pain in Children with Medical Illnesses.") While the intent of the WHO guidelines is clear, there are many local country-specified barriers to successful implementation of the recommendations. How can we improve pain control in children all over the world? In order to gain some understanding of different perspectives, the International Children's Palliative Care Network (ICPCN) initiated an International Multiprofessional Survey in 2012. The aim of the survey was to evaluate how ICPCN could help to improve pain control in children around the world.

The ICPCN Scientific Committee convened a task force of 25 children's palliative care professionals from 15 countries representing all continents. This task force created a list of eight possible roles the ICPCN could play in improving pain management in children and these roles were described in the survey. Survey 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. Members of ICPCN were invited to complete the survey and could access it on-line. 80 participants from 32 countries completed the survey. The distribution of participants by continent was: 33 from Africa (10 countries); 8 from America (4 countries); 12 from Asia (8 countries); 3 from Australia and 24 from Europe (9 countries). Distribution of participants by occupation was: 64 (80%) medical professionals (30 doctors, 29 nurses, 5 lecturers/researchers), and 16 (20%) non-medical (10 administrative/officers, 6 social/supportive workers and missioner).

Analysis was performed using the Fisher's test and the Standardized Residuals. The distribution of answers about each role between five professional groups (doctors, nurses, lecturers/researchers, administrative/officers, social/supportive workers) was estimated by the extended exact Fisher's test to determine heterogeneity of answers. When *P*-value of test was significant ($P < 0.05$), the analysis of standardized residuals was conducted to reveal how the professional groups differed in priorities of each ICPCN role. Priorities "to start as soon as possible"/"second priority"/"third priority," corresponded to scores of 1/2/3, respectively. The priority average score (PAS) of each role for the ICPCN was calculated as mean of average score in every professional group. For this purpose for each role we calculated five average scores within professional groups, and after that we calculated mean of average summing of five average scores and dividing by five. So, we got PAS for each role of the ICPCN. More important roles have the minimal PAS.

Distribution of professional groups by continents was heterogenic ($P = 0.04$): most non-medical professionals 12/16 (75%) were from Africa (standardized residuals is 3.06); 3/16 (18%) and 1/16 (6%) from Europe and America, respectively. No non-medical respondents were from Asia or Australia.

The key roles identified "to start as soon as possible," were: Education and Training (80% of participants, PAS = 1.2), Global Needs Analysis (69%, PAS = 1.3), Dialogue with Governments (60%, PAS = 1.4) and Translation/Dissemination of WHO Guidelines (58%, PAS = 1.4), Development of Simple Algorithms for pharmacological and non-pharmacological treatment (56%, PAS = 1.6), Research (47%, PAS = 1.6), and Dialogue with WHO (42%, PAS = 1.6). The role selected as "second priority," was to work with local society and internet sites (50%, PAS = 2.1). Most participants did not select any roles as "third priority." There was no statistically significant heterogeneity in answers within professional groups of respondents ($P > 0.05$) except for Global Need Analysis (GNA) ($P = 0.03$) and Dialogue with Governments ($P = 0.04$): 48% of nurses marked GNA as second priority and 13% of doctors marked Dialogue with Governments as third priority.

There were no differences of role priority by continents ($P > 0.05$) except for Dialogue with Governments ($P = 0.01$): most African respondents marked this as the first priority (standardised residuals is 2.4), while most Asian respondents marked this as third priority (standardised residuals is 2.4).

Results from this survey reveal that gaps in knowledge of the WHO guidelines and pain management in general seem to be the main barriers for pain control in children. According to 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; so, 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.

Additionally to the main directions mentioned above, ICPCN plans to create the 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; a global advocacy campaigns to raise awareness of the need for and benefit of palliative care for children.

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On behalf of Scientific Committee of ICPCN:
NATALLIA SAVVA, PhD*
OLGA KRASKO, PhD†
CAPRICE KNAPP, PhD‡
JULIA DOWNING, PhD§¶
SUSAN FOWLER-KERRY, PhD**
JOAN MARSTON, PhD††
**Russian Foundation of Children's Palliative Care, Moscow, Russia*
†United Institute of Informatics Problems, Minsk, Belarus
‡University of Florida, Florida, USA
§ICPCN, Kent, United Kingdom
¶ICPCN, Makerere University, Kampala, Uganda
***College of Nursing, University of Saskatoon, Saskatoon, Canada*
††ICPCN, Bloemfontein, South Africa