ARE NON-PHARMACOLOGICAL INTERVENTIONS FOR PERSISTENT PAIN EFFECTIVE FOR YOUTH WITH A COMORBID MENTAL HEALTH DISORDER?

BACKGROUND

11-38% of children in North America experience chronic pain [1].

17-29% also have mental health comorbidities [2].

Non-pharmacological interventions are safe, with no side effects and are interdisciplinary.

METHODS

1. IDENTIFICATION

10,808 studies from 4 databases

1188 duplicates removed

2. SCREENING

7121 studies screened

2499 studies remaining

3. INCLUDED FOR FULL TEXT REVIEW (ESTIMATED)

Yes = 20

Maybe = 30

No = 9570

OBJECTIVE

Persistent pain >3 months & mental health disorder

Non-pharmacological intervention

Outcomes

(Pain intensity, quality of life...)

RESULTS

Randomized control trials will be reviewed to extract information on the following treatment outcomes:

- Treatment satisfaction
- Sleep
- Pain intensity
- Life satisfaction
- Physical, emotional or role functioning
- Engagement in daily activities

CONCLUSION/NEXT STEPS

1. Formal write up of results

2. Present findings to clinicians at Get Up and Go

3. Knowledge transfer to general public

RELEVANCE

Get Up and Go Program at HB:

- 2-4 children/month
- 85% mental health comorbidity

Innovation and Excellence

Identify areas of improvement for current treatments

Stigma Reduction

Emphasize the relationship between pain and mental health

Equitable Healthcare

Ensure that the best possible treatment is offered to children with persistent pain and a mental health disorder

Reference: