

# Attitudes towards pain expression and pain management in parents of children with cancer

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# Outline

Background

Aim

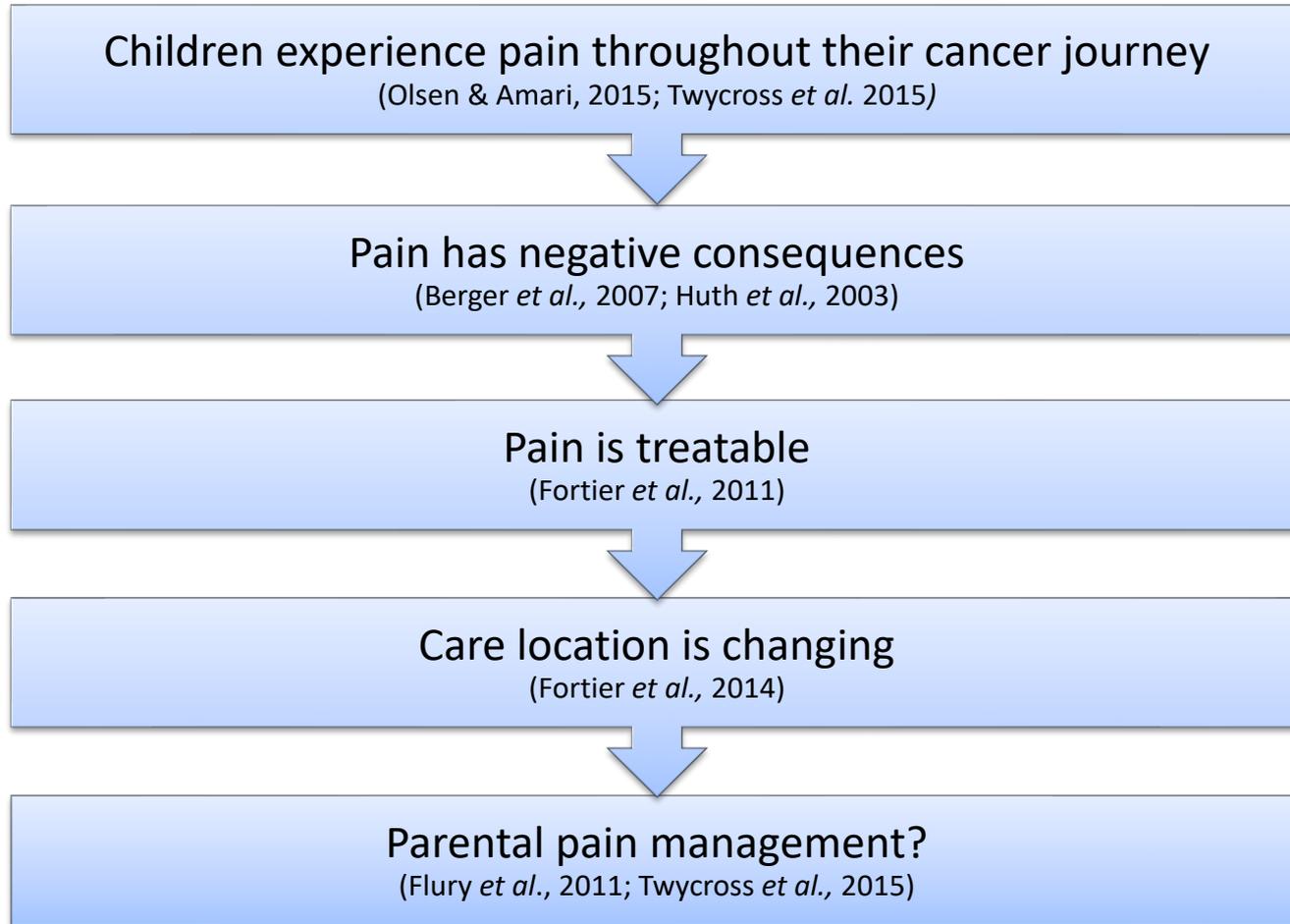
Methods

Results

Discussion

Take home message

# Background



# Aim

To explore attitudes of parents of children with cancer towards children's pain and analgesic medications





## **SURVEY**

Knowledge  
and attitudes



## **PAIN DIARY**

Baseline  
measurements



## **INTERVIEW**

Understanding



# Methods

## Parental Pain Expression Perceptions questionnaire (PPEP)

- Zisk-Rony *et al.*, 2007
- Pain assessment attitudes in parents
- Likert-type scale:
  - Strongly agree → strongly disagree
- 3 subscales

## Medication Attitudes Questionnaire (MAQ)

- Forward *et al.*, 1996
- Attitudes toward paracetamol and opioid administration
- Likert-type scale:
  - Strongly agree → strongly disagree
- 3 subscales

Demographic information

# Inclusion criteria

- Parents of children with cancer
- Parent:
  - Mother, father, guardian, any individual with primary caregiving responsibility
  - 18 years old and over
  - Sufficient English language and literacy to completed survey
- Child:
  - Aged from birth – 16 years old
  - Any cancer diagnosis
  - On curative treatment
- Recruited from a tertiary cancer centre within the UK
- Target sample size: 100

# Analysis

- SPSS
- Attrition
  - Chi squared
- Demographics and descriptive statistics
  - Tables, graphs, frequencies and percentages
- Inferential statistics
  - Time since diagnosis, Diagnosis, Parent ethnicity – Kruskal-Wallis
  - Gender – Student's t-test
  - Child age – Pearson's correlation
  - Parent age – Spearman's rho

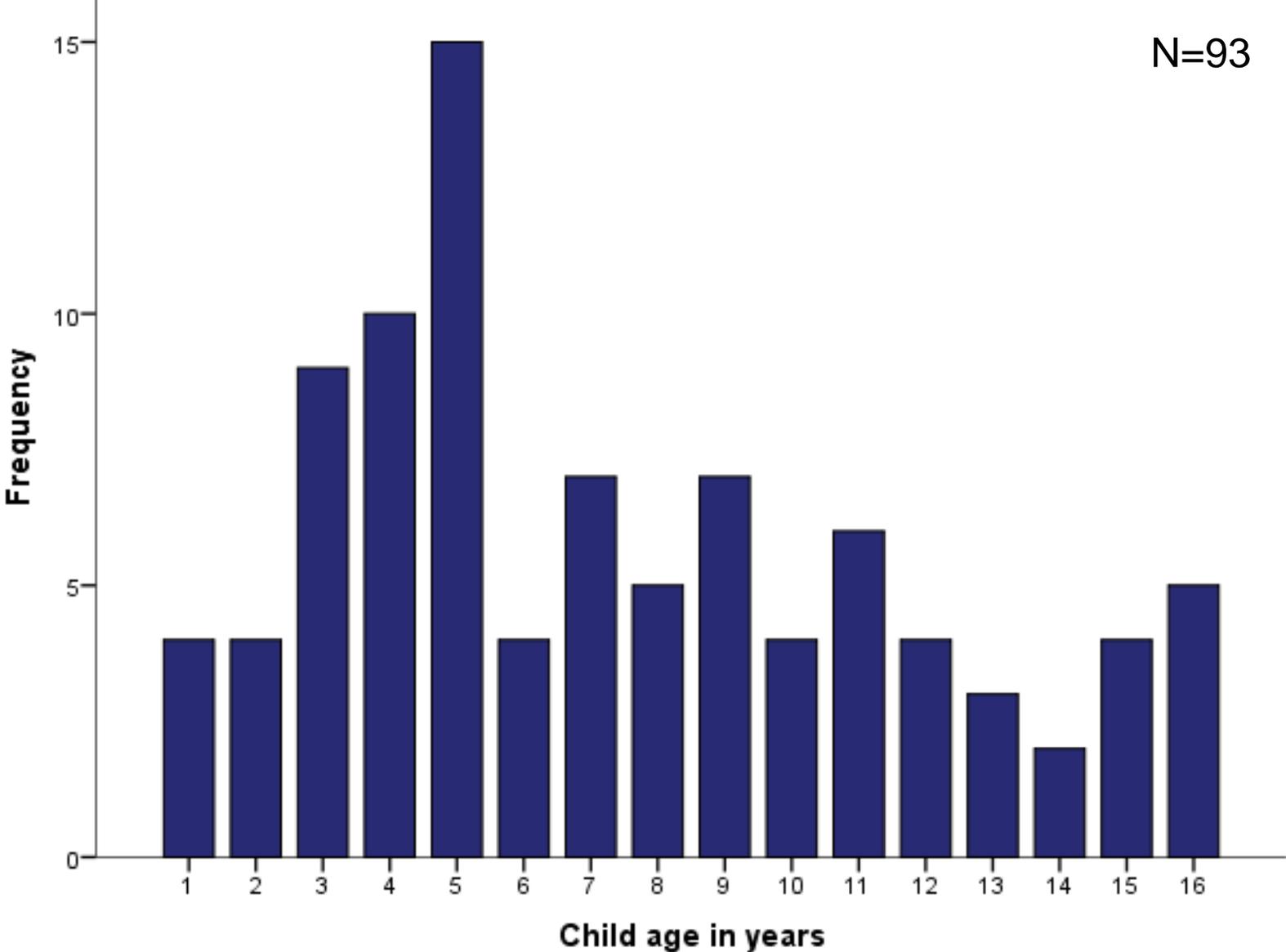
Analysis based on type of data and analysis of normal distribution  
Statistical significance at  $p \leq .05$

# Sample

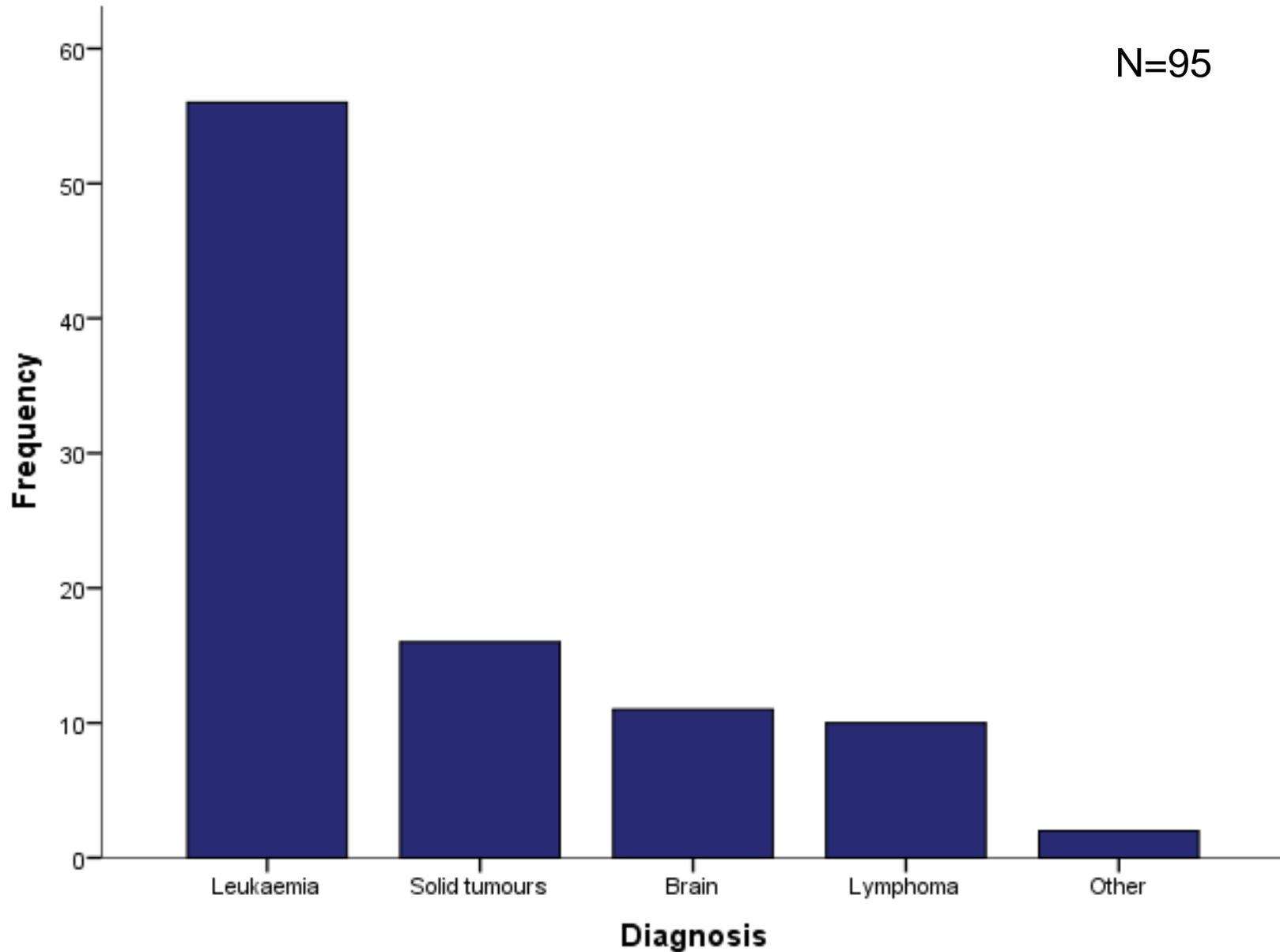
- 101/161 (63%) participants who were approached returned a survey.
- 75 mothers, 20 fathers\*
- 27 pre-school, 42 primary, 24 secondary\*
- 60 boys, 36 girls\*

\*Chi-squared analysis comparing demographics of participation vs non-participation revealed no statistical significant differences

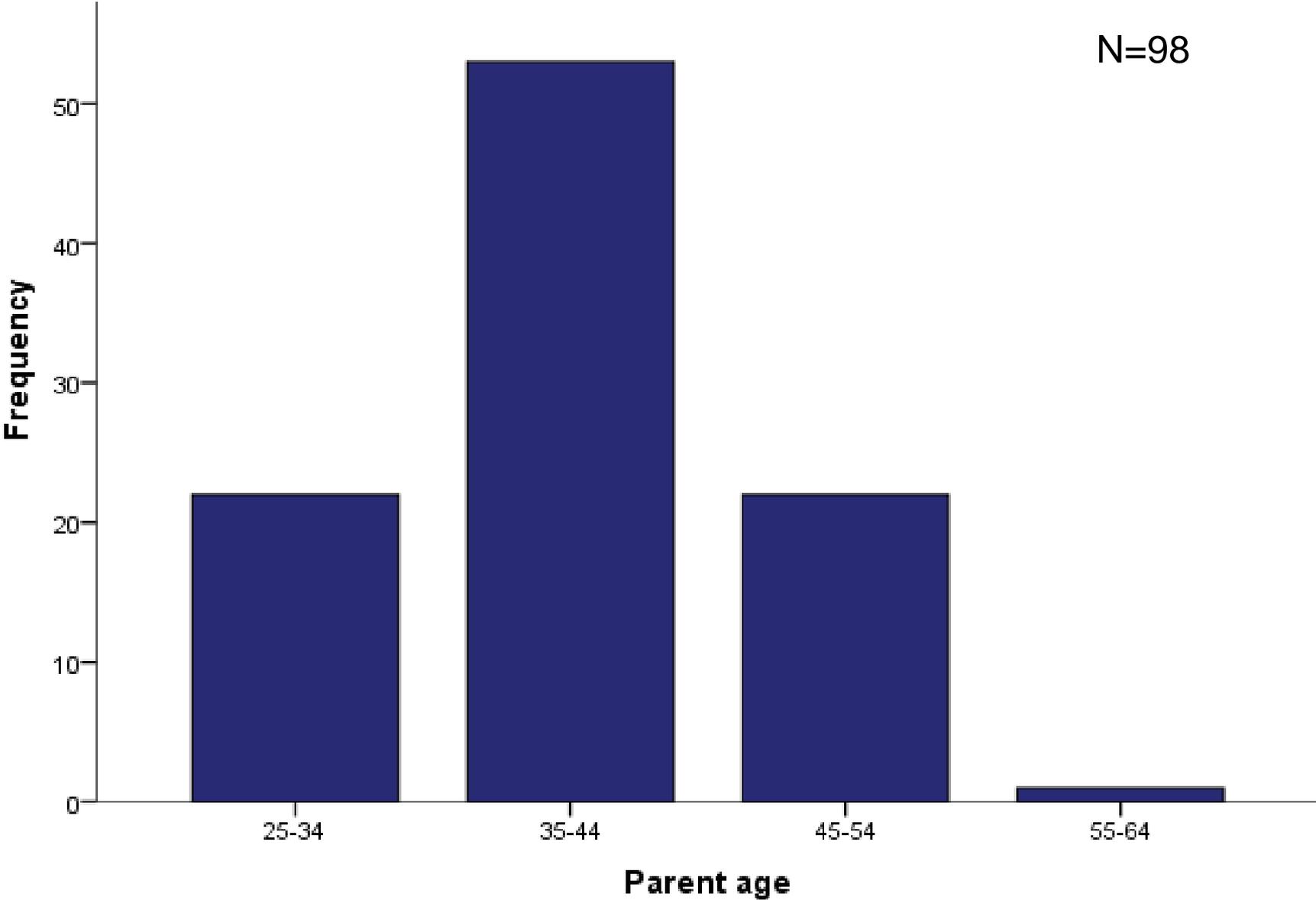
# Child demographics – age



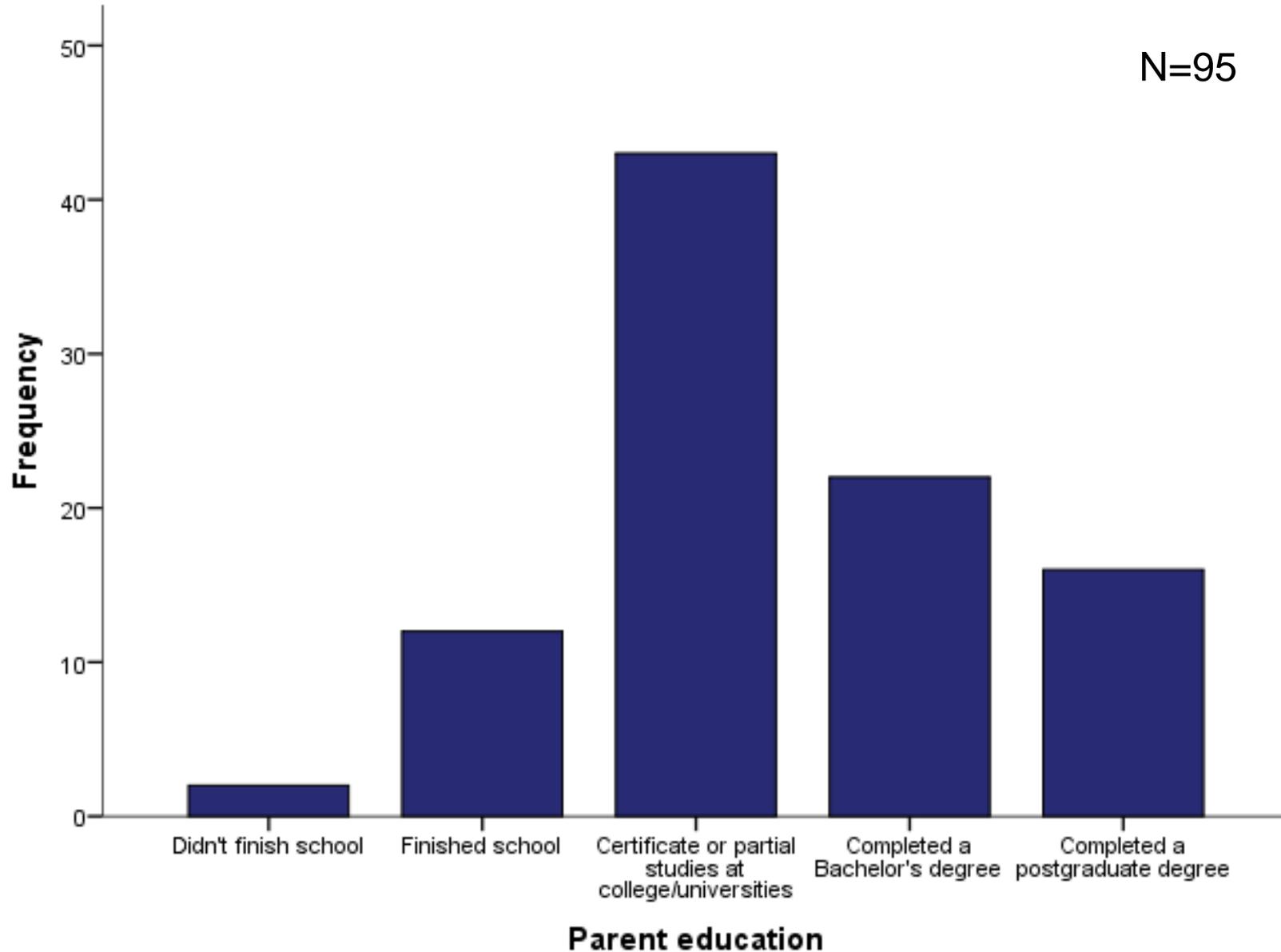
# Child demographics - diagnosis



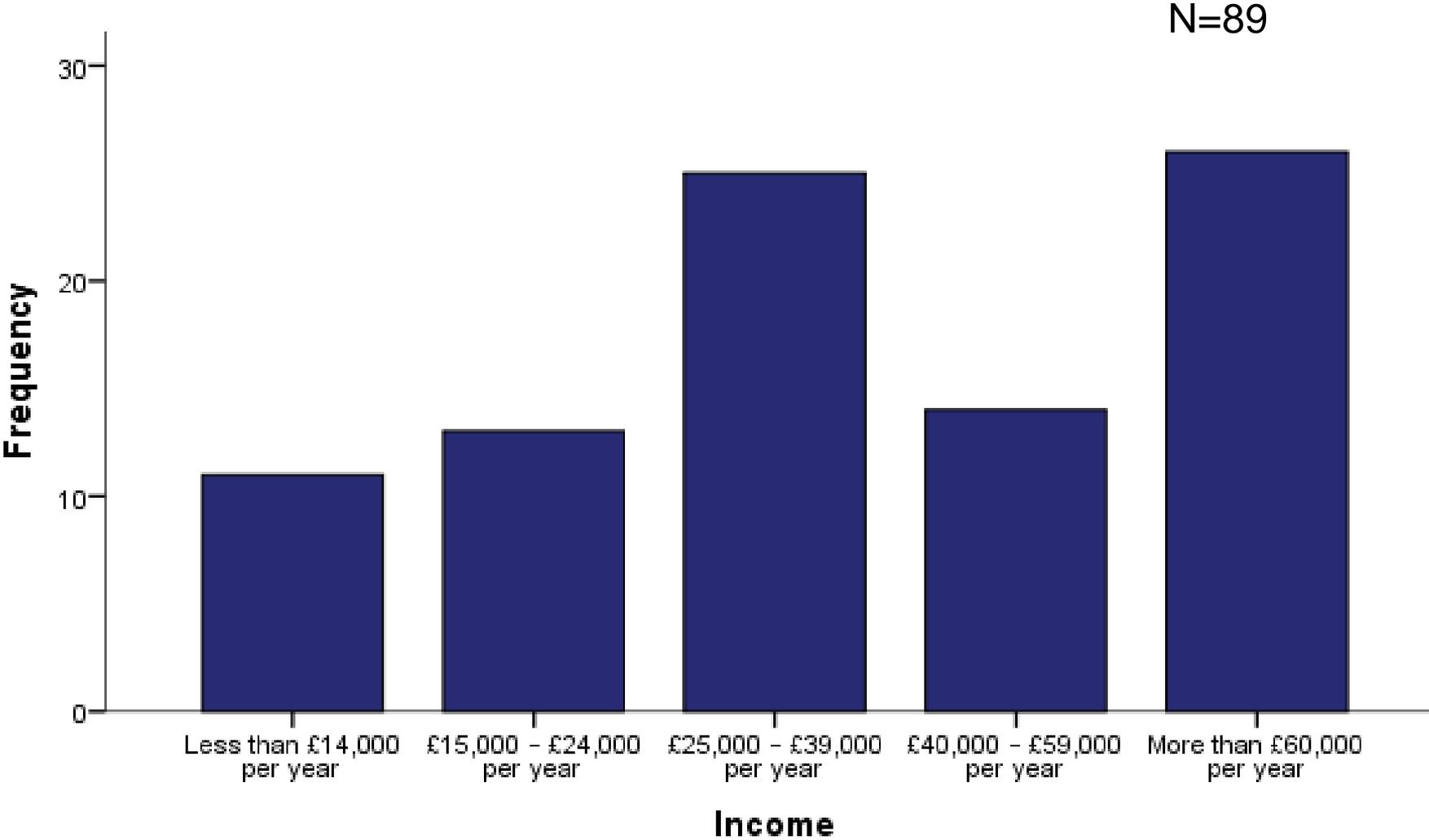
# Parent demographics – age



# Parent demographics – education



# Parent demographics – income



# Results – PPEP

Statement on Parental Pain Expression Perceptions questionnaire	Disagree	Unsure	Agree
Children always express pain by crying or whining	48	1	51
Children always tell their parents when they are in pain	47	4	49
Children who are quiet are not in pain	62	3	34
Children who are playing are not in pain	59	1	40
Children experiencing pain report it immediately	56	5	40
Children exaggerate pain	46	15	39
Children complain about pain to get attention	52	6	42
Children feel less pain than adults	64	12	24
Children in pain have trouble sleeping	10	4	86

# Results – MAQ

Statement on Medication Attitudes Questionnaire	Disagree	Unsure	Agree
Children should be given pain medication as little as possible because of side effects	37	24	38
Children who take pain medication for pain may learn to take drugs to solve other problems	43	23	34
Pain medication works the same no matter how often it is used	42	24	34
Pain medication works best when it is given as little as possible	40	22	38
Pain medication has many side effects	21	27	52
Children will become addicted to pain medication if they take it for pain	46	21	33
There is little need to worry about side-effects from pain medication **	49	18	33
It is unlikely a child will become addicted to pain medication if taken for pain **	17	33	50
Pain medication is addictive	29	28	42
Pain medication works best if saved for when the pain is quite bad	43	9	48
Using pain medication for children's pain leads to later drug abuse	55	17	28
There is little risk of addiction when pain medication is given for pain **	21	18	60
Children learn how to use pain medication responsibly when it is given for pain **	10	27	63
Side effects are something to worry about when giving children pain medication	16	11	73
The less often children take pain medication for pain, the better the medicine works	37	25	37
Giving children pain medication for pain teaches proper use of drugs **	21	33	46

\*\* Indicates reverse scored items

# Results

## Child factors

- Gender
- Age
- Diagnosis
- Time since diagnosis

→ No statistically significant differences



## Parental factors

- Ethnicity.
  - A difference was found between Asian parents and white parents
  - A difference was found between Asian parents and parents of 'other' ethnicity
- Age
  - Spearman's rho revealed lower MAQ scores with higher age

# Comparison to other populations

More negative attitudes and misconceptions than other studies using PPEP and MAQ

## Example

55% disagree *“Using pain medication for children’s pain leads to later drug abuse”*

- Zisk *et al.*, 2007 (Surgery, US): 80% disagree
- Zisk *et al.*, 2010 (Outpatient surgery, US): 86% disagree
- Fortier *et al.*, 2012 (Cancer, US): 70% disagree
- Twycross *et al.*, 2014 (General, UK): 84% disagree

# Summary

- Parents of children with cancer hold negative attitudes and misconceptions
  - No improvements with time since diagnosis
  - Fewer with age
  - More in Asian populations
- More negative attitudes and misconceptions than other populations



**SURVEY**  
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# Take home message

Awareness that more must be done to challenge negative attitudes and misconceptions of parents of children with cancer so that they do improve with exposure to healthcare settings

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## Thank you

- Supervisors: Alison Twycross, Theresa Wiseman, Stephen McKeever
- Staff, patients and families at The Royal Marsden

# Any questions?

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