



Younger But Not Softer: A Narrative Review on How Pediatric Patients Cope with Pain

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Introduction

- Many clinicians report insufficient knowledge in addressing pediatric pain.¹
- Most pain physicians concentrate training on adult patients.
- Pediatric pain is common yet often underrecognized with significant short- and long-term impacts on a child's physical, psychological, and social well-being.²
- Pediatric patients are not "little adults."
- Inadequate management of acute or chronic pain in children can lead to negative consequences, including altered pain perception, increased risk of chronic pain in adulthood, and psychiatric illness.²

Objectives

- This narrative review explores coping strategies for pediatric pain management, with an emphasis on the biopsychosocial model, to provide a guide for clinicians, particularly pain physicians.

Methods

- A literature search was conducted on PubMed with the focus on pediatric patients aged 21 years or younger. Articles were reviewed and summarized.

Results

- Psychological therapies can improve children's ability to cope with pain.³
- Parents expressing catastrophizing or overprotective behaviors worsen disability in children.⁴
- Peer support and social development improve overall functioning and are well received by children.⁵
- Physical therapy improves pain, function, and general health.⁶
- Non-pharmacologic adjunct treatments, including massage and acupuncture, offer some benefit with minimal risks.⁷
- In acute pain, a stepped approach to pharmacologic treatment is ideal⁸
- In chronic pain the optimal pharmacologic management is unclear due to lack of evidence.⁹
- Barriers to effective pain coping include barriers to communication, healthcare disparities, gaps in provider training, and access to multidisciplinary and interdisciplinary care.^{10, 11, 12}
- Pain assessments can be improved with the help of artificial intelligence tools and provider education on pain management topics.¹³

Limitations

- The study was limited to articles indexed in PubMed. The quality of evidence regarding the relationship between psychological therapies and the treatment of chronic pain is poor.

Conclusion

- Pain providers can manage pediatric pain by incorporating pharmacological, psychological, and adjunct therapies.
- More high-quality evidence is needed to assess the most effective therapies for pain.
- More training of pain physicians in management of pain in pediatric patients is needed.

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