

Module B10: Functional disorder (including chronic pain)

Entry scenario 1

As the adolescent lead health professional in a hospital, you are asked to determine the need for specific service provision in the hospital for adolescents with chronic pain.

Entry scenario 2

A 14 year old girl, who is a “brilliant tennis player” according to dad, hurt shoulder during competition 3 years ago and has not played since due to chronic severe pain in right shoulder. Her sleep is disturbed most nights so she has to take an afternoon nap most days. When her pain is bad, she has difficulty putting her bra on and has to ask her mum for help to get dressed. She is very fed-up and tearful. She has missed 50% of school and does not take regular exercise. She has little contact with her friends who are all involved in the tennis club. She has been seen by three orthopedic surgeons, two general pediatricians, two private physiotherapists (who say they cannot do anymore) and has had three MRIs, (all of which are normal). No pain killers have made any difference. The family arrives for a consultation when the doctor tells them the diagnosis: complex regional pain syndrome. The father (an ex-professional tennis player) does not usually come to the appointments but is irritated that it is taking so long for a diagnosis to be made and has decided this time to come with his wife. However he is also irritated he has had to take time off work. When the doctor explains the diagnosis, the father gets annoyed and wants another MRI to be sure there isn’t anything structurally wrong as an operation would surely solve the problem. The mother and the daughter are ready to accept diagnosis and want therapy to begin and for her pain to improve.

General Goals for Learners. By completing the module the participant will be able to:

- I. Define functional disorder in adolescents and the impact on adolescent biopsychosocial development
- II. Demonstrate knowledge of epidemiology, aetiology and pathogenesis of functional disorder in adolescence
- III. Demonstrate skills in assessment and diagnosis of functional disorder during adolescence
- IV. Demonstrate proficiency in developing and implementing a management plan for an adolescent with functional disorder, their parents involving the wider network.

Goal I. Define functional disorder in adolescents and the impact on adolescent biopsychosocial development

| | Training Objectives Key topics to be covered | | Training Tools | Activities, Issues and Questions |
|------|--|--|--|--|
| Know | <p>A1. Define functional disorder in adolescence</p> <p>A2. Define chronic pain in adolescence</p> <p>B. Define the impact of functional disorder on adolescent biopsychosocial development</p> | | <p>Group discussion followed by mini lecture</p> <p>Interview adolescent with chronic pain about impact of pain on their day to day life or</p> <p>DVD clip of YP with pelvic pain (http://www.youthhealthtalk.org/Young_people_with_long_term_health_conditions/Topic/1865)</p> | <p>Group work to discuss different definitions and diagnostic labels of functional disorder and chronic pain during adolescence. Once ideas elicited, mini lecture of currently used definitions as provided in the references below.</p> <p>Small group discussion of potential impact of chronic pain on adolescent development using case study (eg: 14 year old girl with unexplained musculoskeletal weakness and normal investigations) and developmental grid (ie impact on biological, psychosocial and vocational development .</p> <p>Refer to Module A1. (see resource list for developmental grid which can be downloaded as a pdf)</p> <p>If using DVD clip, consider printing out transcript for non-English speaking audiences</p> |

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| Attitudes | C. Identify common stereotypes and beliefs about functional disorder in adolescence | | Small group Or VIPP card | From a professional perspective, consider the emotions which come to mind when one hears the term “chronic pain” with reference to an adolescent. Consider impact of cultural, gender and socioeconomic differences with respect to these attitudes |
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Goal II: Demonstrate knowledge of epidemiology, aetiology and pathogenesis of functional disorder in adolescence

| | Training Objectives Key topics to be covered | | Training Tools | Activities, Issues, and Questions |
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| Know | A. Demonstrate knowledge of the epidemiology of functional disorder (including outcome) B. Demonstrate knowledge of the etiology and pathogenesis of functional disorder | | Small group Mini-lecture Voting system (including coloured cards! Or online poll (see the video of this website) Mini lecture Online youtube | Small group discussion regarding the 5 most common presentations of chronic pain and functional disorders during adolescence in the participants’ settings. See www.hbsc.org for data regarding multiple health complaints including stomach pain, headache and back pain. Session (can be within mini lecture to make it interactive) using colored voting cards (Green = agree; orange = unsure; red = disagree) session Mini lecture to demonstrate knowledge of etiology and pathogenesis. Consider inviting expert speaker as area of significant research activity |

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| | <p>C. Reflect on the barriers and facilitating factors that impact on young people and their families when accessing appropriate care</p> | | <p>video of expert</p> <p>Small group discussion</p> | <p>Case studies, e.g. regarding to whom you would refer this patient (highlight the issue regarding multiple referrals)</p> <p>14 year old girl with severe headaches and school absenteeism.</p> <p>15 year old boy with cystic fibrosis with chest wall pain who has been 4 times to the emergency department with the pain. Cystic fibrosis is well controlled.</p> <p>17 year old girl of adoptive parents with spina bifida with a stoma and chronic abdominal pain.</p> <p>16 year old boy with elevated BMI and with unexplained neurological symptoms</p> |
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GOAL III. Demonstrate skills in assessment and diagnosis of functional disorders during adolescence

| | Training Objectives Key topics to be covered | | Training Tools | Activities, Issues, and Questions |
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| Know | A. Demonstrate knowledge of risk and protective factors for development of functional disorders during adolescence | | <p>Preparatory reading; literature review; critical appraisal of a relevant paper Using read</p> | <p>Small group discussion regarding risk and protective factors for development of chronic pain</p> |

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| | <p>B. Describe the available pain assessment tools</p> | <p>around (look module D1 for explanation of technique)</p> <p>Examples of tools available</p> | <p>Small group discussion regarding tools they are familiar with in the participant's setting. Include discussion regarding limitations of scales.</p> <p>Severity of Pain Visual Pain Analogue scales</p> <p>Impact of Pain Bath Adolescent Pain Management Unit, UK http://www.bath.ac.uk/pain/research-resources/ (currently only validated in UK populations however still useful as teaching tools to stimulate discussion eg cultural differences in words used by young people to describe pain)</p> |
| | <p>C. List the characteristics of different types of functional disorders during adolescence to use in history taking and examination</p> | <p>Mini lecture</p> <p>Field visit</p> | <p>Mini lecture to describe characteristics of different types of chronic functional disorders during adolescence to use in history and on examination to support Goal IIID.</p> <p>Review of case notes of last/current patients with chronic pain seen in their service.</p> <p>Participants to prepare case presentation of young person with functional disorders with particular reference to the history and examination.</p> |
| Skill | D. Demonstrate | Small group | Utilizing knowledge from goals I, II & III and either the case scenarios presented above or |

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| | <p>proficiency in taking a history of functional disorders from an adolescent and his/her family integrating the knowledge from goals I&II&III.</p> | | <p>work using role play followed by plenary review</p> <p>Simulated patients</p> <p>Direct supervision</p> <p>Filmed consultation</p> <p>Self-reflection tool</p> <p>Self-reflection, and small group discussion</p> <p>Direct supervision</p> <p>Filmed consultation and examination</p> | <p>using case study provided.</p> <p>Use pain spider tool (pdf) with young person (independently of parents) during role play to determine impact of functional disorders on their life.</p> <p>See following reference for checklist of trigger questions in history taking and further information regarding use of pain spiders: Clinch J, Eccleston C. Chronic musculoskeletal pain in children: assessment and management. Rheumatology (Oxford). 2009 May;48(5):466-74.</p> <p>Examination skills in this area should always be taught with affected adolescents (not children or adults) in clinical settings. It should be stressed that in all cases a full clinical examination is vital. As with all other systems, musculoskeletal examination of adolescents should not be forgotten particularly in the context of chronic musculoskeletal pain.</p> <p>See following reference for discussion regarding examination of adolescents with chronic pain: Clinch J, Eccleston C. Chronic musculoskeletal pain in children: assessment and</p> |
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| | | | Self-reflection tool | management. Rheumatology (Oxford). 2009 May;48(5):466-74. |
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Goal IV. Demonstrate proficiency in developing and implementing a management plan with an adolescent with functional disorder, their parents and the wider network.

| | Training Objectives | | Training Tools | Activities, Issues, and Questions |
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| <p>Know ledge</p> | <p>A. Define the key professionals involved in the care of adolescents with functional disorders</p> <p>B. Demonstrate knowledge of available drug and non-drug therapies for management of chronic pain in adolescence</p> | | <p>Small group</p> <p>Small group – case study</p> <p>Small group discussion</p> <p>Preparatory reading</p> <p>Fishbowl</p> <p>Role play</p> | <p>In small groups discuss the key professionals involved in the care of adolescents with functional disorders in their respective settings</p> <p>Small group discussion regarding case study highlighting drug therapy issues including interactions and adverse reactions and over the counter medication 17 year old male: frequent attendee to primary care without parents. He was diagnosed with migraine at 14 years. He often calls for urgent advice and/or repeat prescriptions for analgesics. At this visit, he is complaining of feeling shaky and has had some diarrhoea for no apparent reason. He has also had worsening headaches so he had been taking his grandmother’s tramadol as she finds it good for her headaches.</p> <p>Information for facilitator/trainer Role player only discloses the following if directly asked He has been taking more than 400mg tramadol daily for the last 3 months Regular cannabis use for pain control. – emphasizes importance of HEADSS screening in such patients Private psychiatrist had recently started him on an SSRI - fluoxetine</p> <p>Issues to highlight importance of: Careful drug history in view of potential multiple sources of analgesia including over the counter, family supplies, traditional remedies, complementaty medicine etc HEADSS screening in such patients as with all adolescents Awareness of drug interactions with common analgesics</p> |
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| | | | | <p>Small group discussion regarding the range and evidence base of available non-drug therapies that they are familiar with in their setting e.g. psychological therapies, complementary alternative medicine etc.</p> <p>See reference list for recent reviews of therapies for functional disorders and chronic pain in adolescents</p> |
| Skill | C. Explain the diagnosis of chronic pain | | Role play with entry scenario | <p>(If you are in an established multidisciplinary team already, consider changing your usual role in order to enhance mutual understanding within your team)</p> <p>During the role play in Goal IIID, use feedback discussion to demonstrate awareness of impact of professional attitudes eg</p> <p>Lack of certainty on the part of the professional in the diagnosis</p> <p>Implying the problem is all psychological and none of it is physical “it is all in your head”</p> |

D. Demonstrate proficiency in developing a management plan for the adolescent with functional disorders and their family

Role Play with entry scenario

Use Pain spider tool (pdf) developed earlier with young person to start planning management in terms of goal setting and getting their ideas regarding solutions and strategies

Group discussion

Group task: You are the multidisciplinary team for this young person. As a team, identify your roles and discuss and construct a management plan for the adolescent and their family as described in case study



Resources

Clinch J, Eccleston C. Chronic musculoskeletal pain in children: assessment and management. *Rheumatology (Oxford)*. 2009 May;48(5):466-74.

Eccleston C, Clinch J. Adolescent chronic pain and disability: A review of the current evidence in assessment and treatment. *Paediatr Child Health*. 2007 Feb;12(2):117-20.

Palermo TM, Eccleston C, Lewandowski AS, Williams AC, Morley S. Randomized controlled trials of psychological therapies for management of chronic pain in children and adolescents: an updated meta-analytic review. *Pain*. 2010 Mar;148(3):387-97. Review.

www.hbsc.org

http://www.youthhealthtalk.org/Young_people_with_long_term_health_conditions/Topic/1865

- Clips of young people talking about their experiences with health services. Transcripts are available to download for non-English speaking audiences
Young Person talking about experience of being diagnosed with chronic pelvic pain

<http://www.paintoolkit.org> (toolkit_resources_download the pain toolkit_my pain toolkit for teenagers)

Example of information sheet to use with young people

Teaching Tools

Developmental grid (pdf)

Pain Spider tool (pdf)

Annex 1

Case study – drug therapy issues: 17 year old male/frequent attender to primary care without parents.

He was diagnosed with migraine at 14 years.

He often calls for urgent advice and/or repeat prescriptions for analgesics.

At this visit, he is complaining of feeling shaky and has had some diarrhoea for no apparent reason. He has also had worsening headaches so he had been taking his grandmother's tramadol as she finds it good for her headaches.

Information for facilitator/trainer

Role player only discloses the following if directly asked

He has been taking more than 400mg tramadol daily for the last 3 months

Regular cannabis use for pain control. – emphasizes importance of HEADSS screening in such patients

Private psychiatrist had recently started him on an SSRI - fluoxetine

Issues to highlight importance of:

Careful drug history in view of potential multiple sources of analgesia including over the counter, family supplies, traditional remedies, complementary medicine etc

HEADSS screening in such patients as with all adolescents

Awareness of drug interactions with common analgesics

Cross reference with the following modules:

Family

Communication

Confidentiality

Common medical conditions

Chronic conditions

Mental health

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