

[PR1-103] The Relationship Between Parent-reported Health-Related Quality of Life and Functional Disability in Youth with Chronic Pain

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Objective:

Numerous studies have used the Functional Disability Inventory (FDI) or the Pediatric Quality of Life Inventory (PedsQL) to assess the impact of chronic pain on multiple domains of functioning in youth. However the relationship between health-related quality of life (HRQoL) and functional disability has not been investigated, especially from the parental perspective and differentiated by pain diagnosis. Parental perception is relevant because parents generally control access to healthcare and make decisions regarding the need for services. The current study aims to 1) examine the relationship between HRQoL and functional disability in youth with chronic pain according to parent report, and 2) to evaluate differences in HRQoL and functional disability between pain diagnoses.

Methods:

The study included parents of youth with chronic pain diagnoses presenting to our pediatric pain clinic in a mid-western tertiary care pediatric hospital. Patients with a diagnosis of fibromyalgia (FIB), amplified pain syndrome (APS), or complex regional pain syndrome (CRPS) were selected for this study. Patients and their parents completed an initial diagnostic intake that included the PedsQL and FDI. The physical (PHYS) and psychosocial (PSY) functioning domain scales of the parent PedsQL and the total score on the parent FDI were examined. Electronic medical chart reviews were conducted to obtain information about insurance status, co-morbid conditions, and average pain ratings. Correlations and ANOVAs were conducted to determine relationship between parent PedsQL and parent FDI scores, as well as differences between pain diagnoses on PedsQL and FDI scores.

Results:

The study included a total of 71 parents of 89 patients between the ages of 10 and 19 years old (83% female; 86% Caucasian) Forty percent of the patients were diagnosed with FIB, 35% with APS, and 25% with CRPS. Preliminary analyses revealed mild to moderate impairment on the parent FDI for each of the diagnostic groups. However, no group differences were found when comparing groups to one another. Parents of teens with FIB and APS reported poorer PHYS and PSY than parents of teens with CRPS. Based on parent report, increased functional disability was significantly associated with poorer physical and psychosocial quality of life across groups ($p < .0001$).

Conclusions:

Parent-reported HRQoL and functional disability are significantly associated in youth with chronic pain, though the association may vary by pain diagnosis. Association of physical functioning between measures suggests the PedsQL may capture a broader range of functioning in youth with chronic pain.

References:

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