AGREEMENT BETWEEN PARENT PROXY- AND CHILD SELF-REPORTED PAIN AND HEALTH-RELATED QUALITY OF LIFE (HRQOL) OUTCOMES AFTER SURGERY

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INTRODUCTION / AIM

Pain and HRQOL are important patient-centered outcomes to evaluate in children after surgery. We previously found that a significant portion of children have deterioration in HRQOL and continue to experience moderate-severe pain at one month after surgery. Parent-proxy reports are often relied on in the perioperative period, when children are recovering. However, it is unknown whether parent reports of pain and HRQOL are accurate in this setting. The aim of this study was to examine agreement between child self-report and parent proxy-report of pain and HRQOL in children after inpatient surgery.

METHODS

662 children age 8-18 (M=12.8 years, 52% female, 61% white) admitted for surgery at a childrens hospital and their parents participated in the study. Children and parents reported on the child’s pain intensity (0-10 NRS) and HRQOL (PedsQL, 0-100) on hospital admission and at 1-month after discharge.

RESULTS

The mean difference between child and parent reports at 1 month after surgery was 0.21 for pain intensity, and 2.16 for HRQOL. Child and parent reports were strongly correlated for pain intensity (r=.76, p<.001) and HRQOL (r=.80, p<.001) at follow up. Compared to pre-surgery, 78% of parent-child dyads showed agreement on return to baseline HRQOL.

DISCUSSION / CONCLUSIONS

Parent proxy-reports were strongly correlated with child self-report on postsurgical pain and HRQOL outcomes. Further analyses will be conducted to examine the parent-child agreement on ratings to shed light on the unique information learned from obtaining both parent and child reports. Such data are important for guiding monitoring after surgery to understand pain experiences and intervention needs.

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