





LA DECLARACIÓN DE LIMA SOBRE EL DOLOR INFANTIL

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- 6. **Gobiernos nacionales**: (1) redactar leyes y planes que promuevan programas educativos dirigidos a los profesionales sanitarios que incluyan, entre otros aspectos, el manejo del dolor; (2) facilitar el acceso a los jóvenes con dolor al mejor tratamiento posible; (3) ejecutar programas para sensibilizar y educar a la población sobre el dolor infantil y su tratamiento; y (4) aportar recursos para dotar adecuadamente la investigación sobre el dolor infantil.
- 7. **Instituciones sanitarias**: habilitar los sistemas que promuevan el acceso a los jóvenes con dolor al mejor tratamiento posible.
- 8. **Profesionales sanitarios**: administrar el mejor tratamiento en base a los conocimientos disponibles.
- **9. Sociedades científicas y profesionales**: asegurar que sus congresos y jornadas incluyen contenidos específicos sobre dolor infantil.
- **10.** La voz de los **niños y adolescentes**: sus posiciones deberían ser escuchadas e incorporadas en la elaboración de leyes, programas de formación, campañas de sensibilización, fomento de la investigación y planificación de congresos científicos.







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VERSIÓN EN CATALÁN

VERSIÓN EN INGLÉS

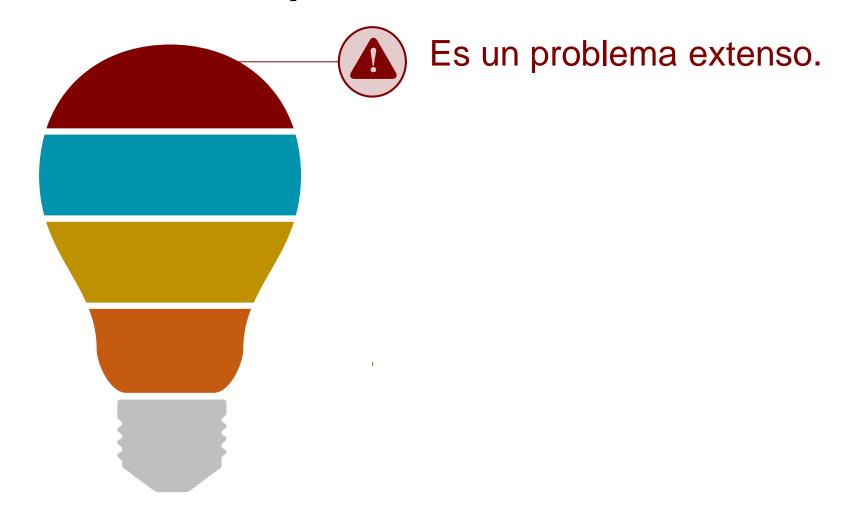
VERSIÓN EN FRANCÉS

VERSIÓN EN PORTUGUÉS

VERSIÓN EN ÁRABE



El dolor crónico en población infantojuvenil es un problema de salud pública



1 DE CADA 3 NIÑ@S sufre dolor crónico o recurrente





100000 niños y jóvenes con problemas graves de discapacidad y más del doble en situación de riesgo



The Journal of Pain, Vol 9, No 3 (March), 2008: pp 226-236
Available online at www.sciencedirect.com

The Severity of Chronic Pediatric Pain: An Epidemiological Study

Anna Huguet and Jordi Miró

Department of Psychology, Rovira i Virgili University, Catalonia, Spain.

Abstract: This study was designed to (1) provide information on the prevalence of pediatric pain as well as other pain related characteristics in a sample of schoolchildren, and (2) study the suitability of a system to grade the severity of chronic pain problems among children. Participants in this cross-sectional study included 561 schoolchildren between the ages of 8 and 16 years. Besides collecting information about the presence of pain at the time of interview, and in the preceding 3 months,

Proyecto EPIDOL (Cátedra de Dolor Infantil URV-FG)

- 46% DC (8-18 años; cabeza, espalda y piernas): asociado a edad y sexo
- 5% DC de alto impacto





The Journal of Pain, Vol 24, No 5 (May), 2023: pp 812-823 Available online at www.jpain.org and www.sciencedirect.com

Chronic Pain and High Impact Chronic Pain in Children and Adolescents: A Cross-Sectional Study



Jordi Miró, * Josep Roman-Juan, *, † Elisabet Sánchez-Rodríguez, *, † Ester Solé, *, † Elena Castarlenas, *, † and Mark P. Jensen[‡]

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Abstract: The aims of this study were to: 1) estimate the prevalence of chronic pain (CP) and high impact chronic pain (HICP) in a community sample of children and adolescents; and 2) compare groups (those without CP, those with CP but no HICP, and those with HICP) with respect to demographic variables, pain variables, and physical, psychological, and school-related function. One thousand one hundred and fifteen children and adolescents participated (56% girls; age: \overline{x} = 11.67; SD = 2.47; range = 8-18 years). The prevalence of CP and HICP was 46% and 5%, respectively, and was higher in girls and increased with age. Participants with HICP reported greater pain intensity and higher pain frequency than those with CP but no HICP. In addition, participants with HICP reported lower mobil-

Estudio de la OMS sobre las conductas saludables de los jóvenes escolarizados (Health Behavior in School-aged Children; HBSC)

- 650851 adolescentes de 33 países/regiones (2001-2014)
- Aumento del dolor de espalda crónico de 3.3%
- Niñas vs. Niños: 21.9% y 17.8%





The Journal of Pain, Vol 23, No 1 (January), 2022: pp 123–130 Available online at www.jpain.org and www.sciencedirect.com

Cross-National Trends of Chronic Back Pain in Adolescents: Results From the HBSC Study, 2001-2014



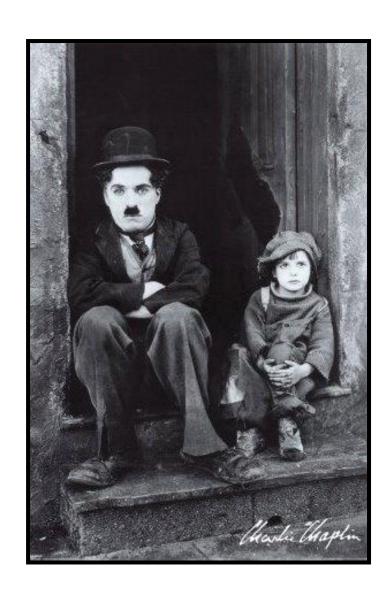
Rubén Roy, *, † Santiago Galán, *, † Elisabet Sánchez-Rodríguez, *, † Mélanie Racine, ‡ Ester Solé, *, † Mark P. Jensen, ‡ and Jordi Miró * †

*Universitat Rovira i Virgili, Department of Psychology, Unit for the Study and Treatment of Pain — ALGOS, Research Center for Behavior Assessment (CRAMC), Catalonia, Spain, "Institut d'Investigació Sanitària Pere Virgili; Universitat Rovira i Virgili, Catalonia, Spain, "Department of Clinical Neurological Sciences, Schulich School of Medicine & Dentistry, Western University, London, Ontario, Canada, "Department of Rehabilitation Medicine, University of Washington, Seattle, Washington

Abstract: Chronic back pain is a common problem that negatively impacts the wellbeing of many adolescents. Prior research suggests that the prevalence of chronic back pain has increased over the last decades, but research on this issue is scarce, single country-based, and has yielded inconsistent results. This study aimed to examine trends in the prevalence of chronic back pain over time in adolescents aged 11, 13 and 15, using data from the Health Behavior in Schoolaged Children (HBSC) survey. We conducted a secondary analysis of data from 650,851 adolescents, retrieved from four waves (2001/02, 2005/06, 2009/10 and 2013/14) of HBSC data from 33

El dolor crónico en población infantojuvenil es un problema de salud pública

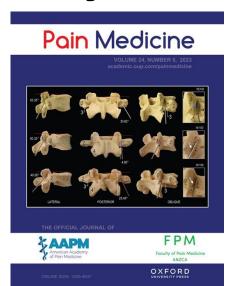




- Depresión
- Ansiedad
- Faltan a la escuela
- Reducen actividades sociales
- Aislados, incomprendidos
- Dificultades para dormir
- Problemas de concentración
- Se sienten una "carga" para familiares y cuidadores

Proyecto EPIDOL; Miró et al (2023)

Proyecto EPIDOL



Los adolescentes con dolor crónico con niveles más altos de pensamientos catastróficos usan analgésicos con mayor frecuencia.

La catastrofización del dolor predice el uso de analgésicos por encima de la intensidad del dolor y la interferencia del dolor *Roman-Juan et al. (2023)*



Asociación positiva significativa entre (1) acoso escolar –bullying- y tener dolor crónico y (2) acoso escolar y severidad de los síntomas de depresión **Solé et al. (en prensa)**



Los adolescentes inmigrantes tienen mayor riesgo de tener dolor crónico - especialmente los más pequeños- y dolor crónico de alto impacto *Roman-Juan et al. (en prensa)*

- Malestar psicológico (estrés, ansiedad, depresión)
- Limitaciones en el funcionamiento social
- Dificultades económicas
- Problemas de pareja



El dolor crónico en población infantojuvenil es un problema de salud pública



INSUFICIENTE EDUCACIÓN Y FORMACIÓN

En España, el 80% de médicos de AP y 86% de pediatras informan de carencias de formación importantes.

CURRENT MEDICAL RESEARCH AND OPINION 2021, VOL. 37, NO. 2, 303–310 https://doi.org/10.1080/03007995.2020.1854208 Article ST-0791.R2/1854208 All rights reserved: reproduction in whole or part not permitted



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ORIGINAL ARTICLE

The management of pediatric chronic pain in Spain: a web-based survey study

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ABSTRACT

Objective: To improve understanding of current practices in the treatment of children and adolescents with chronic pain in Spain.

Methods: A web-based survey was conducted with a representative sample of healthcare professionals (i.e. general practitioners [GP] and pediatricians [P]) in Spain. The survey included 23 questions on the pain education and training they had been given, and on organizational issues and current practices in the assessment and management of children and adolescents with chronic pain in their current work. **Results:** The survey was completed by 191 professionals (75 GP and 116P) with wide experience

KEYWORDS

Adolescents; children; chronic pain; general practitioners; pain management; pain

ARTICLE HISTORY

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	Materias con contenido sobre dolor		
Estudios	Total horas, media (SD)	Rango	
	115 (47)	94-137	
	9 (8)	3-22	
	70 (47)	10-127	
	87 (65)	21-230	
	13 (9)	7-20	
	7 (5)	4-11	
	97 (34)	34-129	
	88 (21)	73-103	
	26 (29)	2-75	
	103 (0)	103-103 ^a	

Veterinaria, Medicina, Nutrición y Dietética, Psicología, Enfermería, Terapia ocupacional, Framacia, Fisioterapia, Podología y Odontología

	Materias con contenido sobre dolor		
Estudios	Total horas, media (SD)	Rango	
Odontología	115 (47)	94-137	
Nutrición y Dietética	9 (8)	3-22	
Medicina	70 (47)	10-127	
Enfermería	87 (65)	21-230	
Terapia ocupacional	13 (9)	7-20	
Farmacia	7 (5)	4-11	
Fisioterapia	97 (34)	34-129	
Podología	88 (21)	73-103	
Psicología	26 (29)	2-75	
Veterinaria	103 (0)	103-103 ^a	





26h. Psicología

70h. Medicina

87h. Enfermería

97h. Fisioterapia

103h. Veterinaria

Miró et al. BMC Medical Education (2019) 19:30 https://doi.org/10.1186/s12909-019-1741-5

BMC Medical Education

RESEARCH ARTICLE

Open Access

Pain curricula across healthcare professions undergraduate degrees: a cross-sectional study in Catalonia, Spain



Jordi Miró^{1,2,5*}, Elena Castarlenas^{1,2}, Ester Solé^{1,2}, Lorena Martí^{1,2}, Isabel Salvat^{1,2,3} and Francisco Reinoso-Barbero⁴

Abstract

Background: Pain management is a challenge and effective treatment requires professionals to collaborate if they are to address the needs of patients with pain. Comprehensive education and training is key to helping skilled professionals provide the best pain care possible. The objective of this work was to study the content of the pain education provided to undergraduates in healthcare and veterinary programs in Spain.

Methods: A survey was developed on the basis of previous surveys that had been used in the field. The final version included 31 questions about different issues on pain education, including, type of subject, number of pain mandatory/elective hours, and specific content covered. The survey was sent to all course leaders for all subjects on the undergraduate programs in Dentistry, Human Nutrition and Dietetics, Medicine, Nursing, Occupational Therapy,

Miró, J et al. (2019). Pain curricula across healthcare professions undergraduate degrees: a cross-sectional study in Catalonia, Spain. *BMC Medical Education*, 19(1), 307.



El dolor es una de las áreas peor financiadas de la investigación en salud

- → En EEUU, solo el 1% de la financiación en investigación del NIH se dedica al dolor, y de este solo el 10% va a acciones sobre dolor infantil.
- → En Canadá, el presupuesto dedicado a la investigación sobre dolor representa solo ¼ del 1% de todo el que se destina a salud.

PROYECTOS CONCEDIDOS. Fondo de Investigaciones Sanitarias (Acción estratégica en salud)

CONVOCATORIA	Financiación	Subvención	N. de	%
	Total	para Dolor	proyectos	
2015	61.871.669	465.547	4	0.75
2016	70.093.809	538.265	8	0.76
2017	69.174.076	752.994	5	1.08
2018	71.266.852	128.865	2	0.18
2019	84.262.744	947.042	4	1.12

TOTAL:

Dolor (23) = 2.832.731€ Dolor Infantil (0) = --- €















The declaration of lima on pain in childhood

Jordi Miró^{a,b,*}, Marco A. Narváez^c, Enrique Orrillo^d, Pablo Ingelmo^{e,f}, João Batista S. Garcia^g

1. Pain in childhood

Pain is a common experience through the entire childhood from preterm babies to adolescents. For example, as far as acute pain is concerned, research has shown that newborns are subjected to numerous painful procedures in neonatal intensive care units. ^{1,2} In addition, research has also shown that the prevalence of moderate-to-severe pain is high while they are in hospital, independently of the medical or surgical condition. ⁵ Similarly, research on chronic pain has shown that prevalence is not only high ⁷ but also increasing. ^{11,12}

Pain can have a severe effect on the life of children and adolescents and can become chronic. Patients with chronic pain can undergo significant physical, cognitive, and emotional problems ^{6,8,9} Moreover, chronic pain is a burden not only for

3. The Declaration of Lima on pain in childhood

The Declaration of Lima on Pain in Childhood is based on and indebted to the Declaration of Montreal, a document that emerged out of the International Summit on Pain organized by the International Association for the Study of Pain, in 2010. At that time, delegates proclaimed that most countries managed pain inadequately and declared that access to pain treatment is a human right. The Declaration was also inspired by the work done by the Ibero-American Research Network on Pediatric Chronic Pain (Red Iberoamericana de Investigación en Dolor Crónico Infantil).

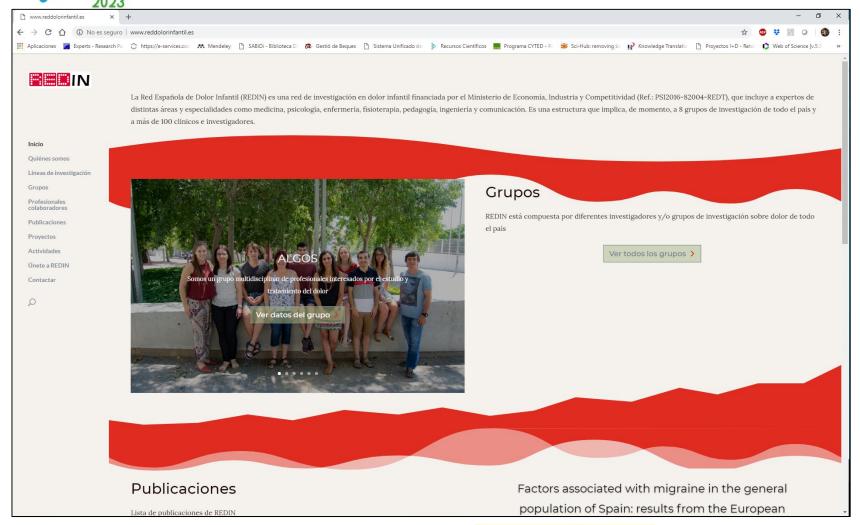
The Declaration of Lima on Pain in Childhood is a call into action, a must needed step in the direction of helping to improve the care provided to children and adolescents with pain. It aspires

















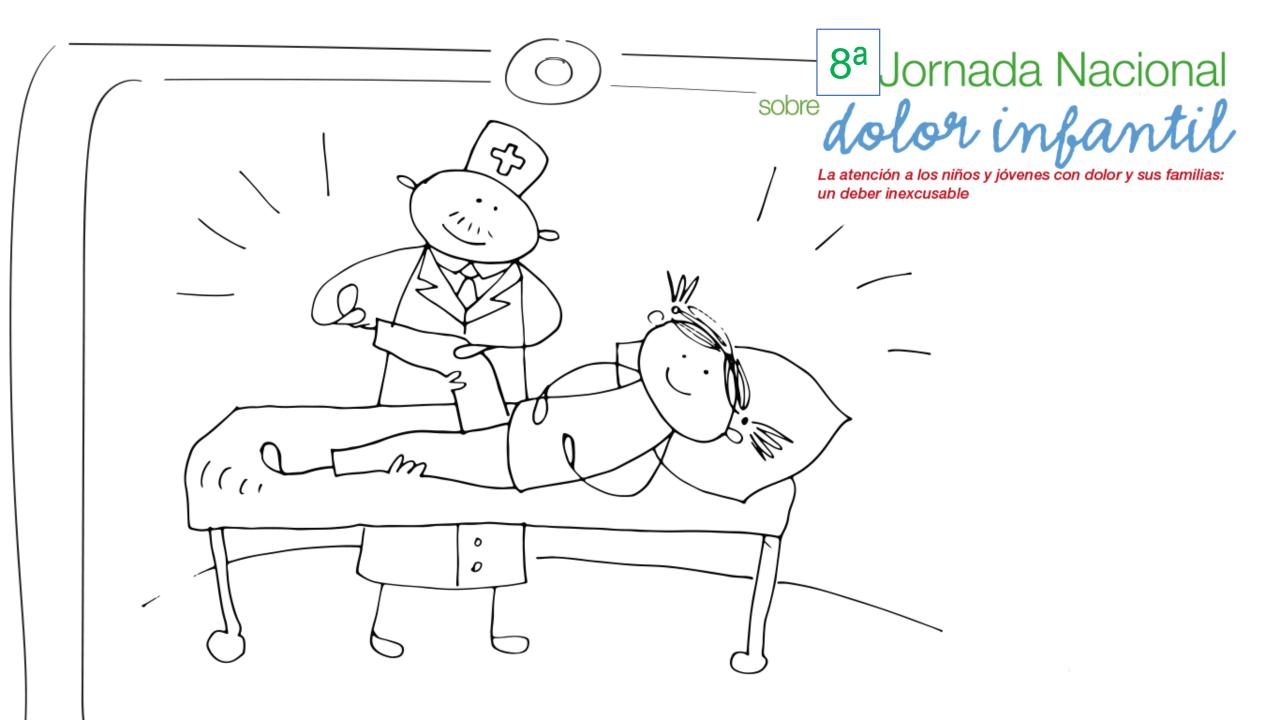


INTERNATIONAL NETWORK ON CHRONIC PAIN IN CHILDHOOD (IN-ChildPain)



Coordinación: Prof. Dr. Jordi Miró (España)

Miembros: EUROPA (Alemania, Bélgica, Finlandia, Francia, Italia, Letonia, Noruega, Portugal, Reino Unido, Suecia y Suiza); también Australia, Canadá y los Estados Unidos





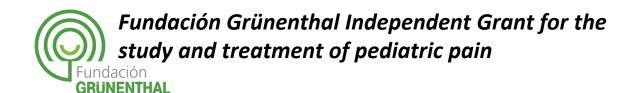




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- Ariadna Sampietro, MSci
- Elisabet Sánchez-Rodríguez, PhD
- Ester Solé, PhD



















¡GRACIAS!



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XVIII Reunión Iberoamericana de Dolor - AGOSTO 2022





- 1. El dolor debe ser conceptualizado como una **patología transversal** y no como un mero síntoma, particularmente en el caso del dolor crónico.
- 2. El dolor es una experiencia de **naturaleza biopsicosocial** y, por su complejidad, precisa de una atención interdisciplinar, no solo médica.
- 3. Los niños y jóvenes con dolor tienen derecho a que se les reconozca su dolor y a **no ser estigmatizados** por ello.
- 4. El tratamiento del dolor es un derecho inalienable.
- 5. Para que esto sea posible, es preciso que **el dolor infantil importe** y que todos los agentes implicados en facilitar su tratamiento se sientan obligados a tomar las acciones encaminadas a hacerlo viable.

- 6. **Gobiernos nacionales**: (1) redactar leyes y planes que promuevan programas educativos dirigidos a los profesionales sanitarios que incluyan, entre otros aspectos, el manejo del dolor; (2) facilitar el acceso a los jóvenes con dolor al mejor tratamiento posible; (3) ejecutar programas para sensibilizar y educar a la población sobre el dolor infantil y su tratamiento; y (4) aportar recursos para dotar adecuadamente la investigación sobre el dolor infantil.
- 7. **Instituciones sanitarias**: habilitar los sistemas que promuevan el acceso a los jóvenes con dolor al mejor tratamiento posible.
- 8. **Profesionales sanitarios**: administrar el mejor tratamiento en base a los conocimientos disponibles.
- 9. **Sociedades científicas y profesionales**: asegurar que sus congresos y jornadas incluyen contenidos específicos sobre dolor infantil.
- 10. La voz de los **niños y adolescentes**: sus posiciones deberían ser escuchadas e incorporadas en la elaboración de leyes, programas de formación, campañas de sensibilización, fomento de la investigación y planificación de congresos científicos.

Research Paper

PAIN 164 (2023) 2606-2614



Validation of the pediatric version of the Graded Chronic Pain Scale Revised in school-aged children and adolescents

Josep Roman-Juan^a, Ester Solé^a, Elisabet Sánchez-Rodríguez^a, Elena Castarlenas^a, Mark P. Jensen^b, Jordi Miró^{a,*}

Abstract

The Graded Chronic Pain Scale (GCPS) was originally developed to grade the severity of chronic pain conditions in adults. A revised version of this instrument (ie, GCPS-R) has been developed for use with adults to account for advances in pain metrics and new operational definitions of chronic pain and high-impact chronic pain. The purpose of the current study was to adapt the GCPS-R for use with pediatric samples (P-GCPS-R) and evaluate the adapted measure's concurrent validity. One thousand five hundred sixty-four school-aged children and adolescents (55% girls; 8-18 years) completed the P-GCPS-R and provided responses to measures of physical health, anxiety and depressive symptoms, maladaptive pain coping strategies, and activity limitations. Results showed that 14% of participants had chronic pain, of which 37% (5% of the whole sample) had mild chronic pain, 45% (6% of the whole sample) bothersome chronic pain, and 18% (3% of the whole sample) high-impact chronic pain. Participants without chronic pain and those with mild chronic pain showed no significant between-group differences in any of the study measures. Participants with bothersome chronic pain and high-impact chronic pain reported worse physical health, more anxiety and depressive symptoms, pain catastrophizing, and activity limitations than those with mild chronic pain. Participants with high-impact chronic pain reported more activity limitations than those with bothersome chronic pain. The findings support the concurrent validity of the P-GCPS-R for use with pediatric samples.

Keywords: Chronic pain, Chronic pain severity, P-GCPS-R, Children, Adolescents

1. Introduction

The Graded Chronic Pain Scale (GCPS³⁴) was developed to classify the severity of pain conditions in adults and has a great deal of evidence supporting its reliability and validity ^{5,6,17}

individuals with chronic pain, facilitating direct comparison of the frequencies and correlates of chronic pain in epidemiological research, ¹⁸ which is crucial to understand the prevalence and impact of chronic pain.²

Proyecto EPIDOL (Cátedra de Dolor Infantil URV-FG)

N=1564 (8-18 años); 55% chicas; 14% DC

- 5% DC leve (*mild*)
- 6% DC molesto (bothersome)
- 3% DC de alto impacto (high impact)