Assessment of the family’s precariousness in children admitted to a rehabilitation center for acquired brain injury using the EPICES Score

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Keywords: Precariousness; Traumatic brain injury; Child; Assessment; Care and needs; Social work

Introduction—The outcome after acquired brain injury (ABI) in children is strongly influenced by socio-economic status and family functioning. Precariousness may negatively influence outcome and must be considered in the rehabilitation process. The objective of this study was to assess families’ precariousness in children with ABI hospitalized in a rehabilitation department in order to study its impact on the length of stay and to optimize support.

Materials and methods—We conducted a cross-sectional study in March 2012 in a rehabilitation department for children with ABI aged 0 to 15 years. The EPICES Score (Precariousness and health inequities assessment in health care centers) allows an individual assessment of precariousness. It was proposed to the families of all hospitalized children. It is comprised of 11 binary questions leading to a score between 0 (no precariousness) to 100 (maximum precariousness). The cut-off score is 30.2. Subjective analysis of precariousness was conducted by doctors and the social worker.

Results—Forty-nine out of 53 families responded. The majority lived in Seine-Saint-Denis (41%) and Val-de-Marne (23%). The average age of the children was 6 years 10 months with a majority of boys (55%). The main causes were encephalitis (14%). The children suffered motor (61%), cognitive (83%) and behavioral trouble disorders (45%). According EPICES, 70% of families were precarious, significantly more than the subjective assessment by doctors (44%) and the social worker (42%); P = 0.02. For seven children (14%), length of stay was prolonged for social reasons. Contrary to our predictions, families of children with TBI were less precarious than others families (44% vs 80%).

Conclusion—The validated EPICES questionnaire, easy to answer and which gives an overview of precariousness, allows to better identify families in situations of social vulnerability and thus to anticipate the support required after discharge. It completes the assessment by PMSI. It can also reflect the intensity of care and help required by families.

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How parents perceive the pain of their multidisabled children?

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Keywords: Pain; Cognitive impairment; Parents

Introduction—The pain experience in the child with a significant cognitive impairment is complex and confusing. Therefore family members can assess the intensity of the pain only from the behavior exhibited by the children. Thus, to determine the agreement, children with neurological and cognitive impairment were observed and assessed for pain by parents using a self-questionnaire.

Methods—Questionnaires, assessing with the help of “Echelle Douleur Enfant San Salvador” (DESS) translated into Arabic and using the Face Pain Scale Revised, were administered to the parents of children with neurological and cognitive disability. The figure of man to help parents locate the children’s pain was also used.

Results—The average age was 13.8 ± 8 years. The average value of the Faces Scale was 1.3 ± 0.6 and that of DESS was 5.25 ± 4.35. The parents observed the child’s pain with the Facial Pain Scale in the majority of cases (87.5%). Major parents’ perceptions of children’s pain were related to pain behavior at physiotherapy and dressing. All the children had a lot of hypertonic reactions that interfere with physical therapy, dressing and equipments. Parents assessed that their children feel a moderate pain with the DESS and that was not correlated with the Facial Pain Scale. The parents underestimated the child’s pain with the DESS. The analgesic treatment was not more provided.

Discussion—Adequate information of pain in children with cognitive impairment should be provided to the parents to promote children’s pain management at home.

Pour en savoir plus


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Multidisciplinary program for adolescent obesity. Short-term effects on anthropometric data, health related quality of life and fatigue

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Keywords: Obesity; Adolescent; Weight-loss multidisciplinary program; Health related quality of life; Therapeutic intervention

Introduction—The prevalence of adolescent obesity has significantly increased in France [1]. The main concerns in this population are the short-term psychosocial consequences (decreased health related quality of life (HROQL)