BACKGROUND | A child’s description of pain depends on the child’s age, cognitive level and previous pain experience [1]. Children’s ability to express subjective experiences increases as their biological and psychosocial systems mature, i.e., as children age their perceptions and construct of pain are transformed [2] from simple sensory information to abstract thoughts [3]. Pain has been extensively studied among children, but little is known about the role of illness experience on their descriptions of pain. 

AIM | To compare the choice of pain descriptors between healthy and cancer children. 

METHODS | As part of a larger study [4], healthy (n=24) and cancer (n=24) children (8-17 years old; 50% female) were asked to recall their pain experiences and to sort 67 pain descriptors from the Adolescent Pediatric Pain Tool [5] in three groups: words that they don’t know; words that they know and use to describe pain and words that they know but don’t use to describe pain.

RESULTS & DISCUSSION

Table 1. Results of the Mann-Whitney U test. Dependent variable: percentage of words used to describe pain; Independent variable: health condition

<table>
<thead>
<tr>
<th>Health condition</th>
<th>n</th>
<th>Median</th>
<th>U</th>
<th>p level</th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>24</td>
<td>53.73</td>
<td>124.00</td>
<td>0.001</td>
<td>0.49</td>
</tr>
<tr>
<td>With cancer</td>
<td>24</td>
<td>41.04</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No significant differences between healthy and cancer children.

Chronic pain experience has no effect on the number of words known by the children and adolescents.

Chronic pain patients seem to avoid focusing on sensory aspects of pain as it may worsen their painful experiences [7] and also seem to avoid emotional involvement in order to reduce suffering associated with pain [8, 9].

Table 2. Results of the Mann-Whitney U test. Dependent variable: percentage of words used from sensory and affective dimensions to describe pain; Independent variable: health condition

<table>
<thead>
<tr>
<th>Health condition</th>
<th>n</th>
<th>Median</th>
<th>U</th>
<th>p level</th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>24</td>
<td>60.72</td>
<td>66.00</td>
<td>0.000</td>
<td>-0.65</td>
</tr>
<tr>
<td>With cancer</td>
<td>24</td>
<td>27.94</td>
<td>90.00</td>
<td>0.030</td>
<td>-0.31</td>
</tr>
</tbody>
</table>

Cancer children use less sensory and affective words to describe pain.

It has been suggested that chronic pain patients exhibit a neural pain network with stronger and effective connections due to repeated pain experience. This stronger neural network may be responsible for the more detailed brain processing of pain experiences and, consequently, for narrowing the vocabulary related to pain.

Cancer children use less words to describe pain.

SUMMARY STATEMENT | Paediatric cancer patients experience frequent and intense episodes of pain. Exposure to repeated pain is associated with different sorting of pain descriptors. The choice of fewer words to describe their pain experiences, especially regarding sensory and affective dimensions of pain, may suggest a more precise representation of pain.

IMPLICATIONS | Further research with larger samples is needed to confirm these results. Also, other influencing factors should be examined, such as age and gender. Understanding the role of illness experience on sensory and affective dimensions of pain may be helpful to determine better therapeutic approaches for pain management.

REFERENCES