Hypnotic Intervention for Pain Management in a Child With Sickle Cell Anemia

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INTRODUCTION

ultiple intervention approaches to helping Lither to cope with acute of procedure-related pain have been suggested; however, not all interventions are efficacious for all children, and determining which interventions are appropriate for which children can be difficult. Behavioral treatment approaches such as desensitization, positive reinforcement, relaxation, and cognitive approaches such as memory change, positive self-statements and thought stopping are effective in treatment of pain in child population. Cognitive-behavioral treatment techniques such as distraction, modeling and rehearsal have also been found to be efficacious for helping children to cope with acute pain (1). Hypnosis has been shown in a few controlled studies to reduce the distress of children with cancer undergoing a variety of stressful procedures and chemotherapy (2). We presented the efficacy of hypnotic intervention for helping a child with sickle cell anemia to cope acute pain.

CASE REPORT

A is a nine year-old girl. She had sickle cell anemia for five years. She complained serious pain in

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her back, knee, and shoes. She admitted to pediatric hematology-oncology department for his complaints. Her pain was resistant to paracetamol and other analgesic agents. Pain was relieving by administration of meperidine. She was depended on meperidine for ten months. She was also very anxious and depressive because of intense pain sensations. She was transferred to psychiatry department for helping her to cope pain. At a hypnotic assessment session, a Turkish translation of the Stanford Hypnotic Clinical Scale for Children was administrated. She had a score of 6 in 7-item scale. The hypnosis intervention was induced by relaxation and visual imagery. Following several minutes of hypnotic involvement, the patient was given analgesic suggestions. Hypnotic suggestions included the following (3):

Request for numbness. "We will do some strong magic now.First you have to make your low back (knee or shoe) go to sleep for a few minutes.I'll show you how to do it. I'll just put my hand up on your back (knee or shoe) to help it become numb. sleepy and numb. soft and sleepy."

Topical anesthesia. "Just imagine painting numbing medicine onto your back (knee or shoe)."

Local anesthesia. "Imagine injecting an anesthetic into your low back (nee or shoe). . . . Feel it flow into your body. . . . Notice the change in feeling as the area becomes numb."

Glove anesthesia. "Pay attention to your hand... Notice how you can feel tingling feelings in that hand.... Let it become numb.... When it is very numb, touch that hand to your low back (knee or shoe).... Let the numb feeling transfer from the

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hand to the back."

The session ended with a posthypnotic suggestion that the hypnotic experience would be repeated during pain paroxysm. Then she learned self-hypnosis and used it during her paroxysm. She was remitted for severe pain paroxysm and meperidine dependency in a six-month follow up.

DISCUSSION

We describe a patient who had medicationrefractory pain paroxysms due to sickle cell anemia. We used hypnosis for helping this child to cope acute pain and to remit drug dependency. Although hypnotherapy have been reported as effective in procedure-related pain and children with cancer, to our knowledge, it has not been previously reported as effective approach, in children, in pain paroxysms due to sickle cell anemia. The primary goals of hypnosis intervention are to capture attention, reduce distress, reframe pain experiences, and help children dissociate from the pain (1). Hypnosis seems to be equally effective as cognitive-behavioral approaches for pain management (3). Posthypnotic suggestions can facilitate feelings of well-being as well as anxiety. Hypnosis may become an integral part of a multidisciplinary approach to the management of pain in children with sickle cell anemia. Future research should clarify the efficacy of hypnosis in this population.

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